

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: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/28/2020 10:40 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT FRANCIS HOSPITAL (14-0080) 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) FLAVIO MARIN
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 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	942,615	-37,940	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
200.00	Total	0	942,615	-37,940	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: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:40 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 355 RIDGE AVENUE			PO Box:				1.00		
2.00	City: EVANSTON			State: IL		Zip Code: 60202		County: COOK 2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		PRESENCE SAINT FRANCIS HOSPITAL	140080	16974	1	07/01/1966	N	P O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2020 10:40 am

MCRIF32 - 16.4.169.5

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:40 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

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			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 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.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.96	37.74	0.024806		64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
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)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907		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)		1.61	40.58	0.038161		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.81	49.75	0.053463		67.00

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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	6,408,394		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06		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	

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		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE CARE TRANSPORTATION CORP	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00131		141.00	
142.00	Street: 200 S WACKER DR	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
161.20	OUTPATIENT PHYSICAL THERAPY			N		N	
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N		N	
161.40	OUTPATIENT SPEECH PATHOLOGY			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:40 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 10:40 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/16/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2020	Y
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: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 10:40 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	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.		Y	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.		Y	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.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)451-8283	PATRICK.GILLILAND@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 10:40 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	136	50,015	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)		136	50,015	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	10	3,660	0.00	0	9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		162	59,531	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		162				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: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,817	645	23,447			1.00
2.00	HMO and other (see instructions)	4,824	8,422				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)	8,817	645	23,447			7.00
8.00	INTENSIVE CARE UNIT	1,566	0	4,185			8.00
9.00	CORONARY CARE UNIT						9.00
9.02	SURGICAL HEART UNIT	750	0	2,106			9.02
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		89	180			13.00
14.00	Total (see instructions)	11,133	734	29,918	94.57	621.71	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						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)			316			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				94.57	621.71	27.00
28.00	Observation Bed Days		349	2,412			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	61	93			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			2			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: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,354	356	6,529	1.00
2.00 HMO and other (see instructions)			904	1,247		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
9.02 SURGICAL HEART UNIT						9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,354	356	6,529	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 10:40 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	47,965,632	222,860	48,188,492	1,293,146.73	37.26 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		86,026	0	86,026	187.00	460.03 4.00
4.01	Physicians - Part A - Teaching		156,124	0	156,124	1,481.40	105.39 4.01
5.00	Physician and Non Physician-Part B		115,066	0	115,066	400.65	287.20 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	5,726,252	5,726,252	195,340.59	29.31 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		172,888	0	172,888	4,994.86	34.61 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,613,637	0	4,613,637	104,545.37	44.13 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		9,195,265	0	9,195,265	182,132.00	50.49 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,055,148	0	10,055,148		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		44,703	0	44,703		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		7,325	0	7,325		
22.01	Physician Part A - Teaching		20,729	0	20,729		
23.00	Physician Part B		10,778	0	10,778		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,301,607	0	1,301,607		
25.50	Home office wage-related (core)		1,485,153	0	1,485,153		
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: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 10:40 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-184,602	222,860	38,258	252.50	151.52	26.00
27.00	Administrative & General	5.00	2,403,012	0	2,403,012	47,771.22	50.30	27.00
28.00	Administrative & General under contract (see inst.)		445,232	0	445,232	3,071.00	144.98	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	666,987	0	666,987	33,468.95	19.93	30.00
31.00	Laundry & Linen Service	8.00	43,451	0	43,451	2,398.54	18.12	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,975,294	0	1,975,294	80,232.09	24.62	33.00
34.00	Dietary	10.00	46,284	-32,791	13,493	75.09	179.69	34.00
35.00	Dietary under contract (see instructions)		2,410,497	-1,707,771	702,726	25,496.80	27.56	35.00
36.00	Cafeteria	11.00	0	32,791	32,791	182.79	179.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,544,939	0	1,544,939	27,647.47	55.88	38.00
39.00	Central Services and Supply	14.00	343,976	0	343,976	16,367.39	21.02	39.00
40.00	Pharmacy	15.00	1,783,807	0	1,783,807	40,845.98	43.67	40.00
41.00	Medical Records & Medical Records Library	16.00	35,958	0	35,958	1,028.79	34.95	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/28/2020 10:40 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,525,465	-7,211,163	45,314,302	1,204,723.98	37.61	1.00
2.00	Excluded area salaries (see instructions)	172,888	0	172,888	4,994.86	34.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,352,577	-7,211,163	45,141,414	1,199,729.12	37.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,808,902	0	13,808,902	286,677.37	48.17	4.00
5.00	Subtotal wage-related costs (see inst.)	11,547,626	0	11,547,626	0.00	25.58	5.00
6.00	Total (sum of lines 3 thru 5)	77,709,105	-7,211,163	70,497,942	1,486,406.49	47.43	6.00
7.00	Total overhead cost (see instructions)	11,514,835	-1,484,911	10,029,924	278,838.61	35.97	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/28/2020 10:40 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,109,967	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,772,090	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	-2,245	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-3,803	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)	127,708	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	885,849	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,421,502	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	71,265	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	57,958	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,440,291	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,613,637	11,440,291	1.00
2.00	Hospital	4,613,637	10,055,148	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	1,385,143	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/28/2020 10:40 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.188625		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		31,698,361		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?		Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		237,367,913		6.00
7.00	Medicaid cost (line 1 times line 6)		44,773,523		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)		13,075,162		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)		13,075,162		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	29,905,855	1,139,612	31,045,467	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,640,992	1,139,612	6,780,604	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,640,992	1,139,612	6,780,604	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,178,916		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,287,904		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,981,391		27.01
28.00	Non-Medicare bad debt expense (see instructions)		5,197,525		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,673,870		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,454,474		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,529,636		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,386,243	4,386,243	1,458,495	5,844,738	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,201,514	7,201,514	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-184,602	7,995,259	7,810,657	0	7,810,657	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	3,317	3,317	-800	2,517	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	2,403,012	57,133,137	59,536,149	-2,159,971	57,376,178	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	666,987	4,368,742	5,035,729	-321,526	4,714,203	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,451	597,503	640,954	0	640,954	8.00
9.00	00900	HOUSEKEEPING	0	2,577,204	2,577,204	-1,552	2,575,652	9.00
10.00	01000	DIETARY	46,284	3,551,011	3,597,295	-2,554,024	1,043,271	10.00
11.00	01100	CAFETERIA	0	0	0	2,535,349	2,535,349	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,544,939	890,686	2,435,625	-75,030	2,360,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	343,976	1,295,382	1,639,358	-59,209	1,580,149	14.00
15.00	01500	PHARMACY	1,783,807	12,701,612	14,485,419	-12,294,709	2,190,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,958	67,813	103,771	0	103,771	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,042,755	6,042,755	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,062,240	3,177,789	10,240,029	-6,059,601	4,180,428	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	135,246	118,165	253,411	-79,748	173,663	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,676,834	2,641,169	13,318,003	-1,046,456	12,271,547	30.00
31.00	03100	INTENSIVE CARE UNIT	3,049,740	1,434,564	4,484,304	-619,600	3,864,704	31.00
32.02	03202	SURGICAL HEART UNIT	1,601,004	643,691	2,244,695	-174,064	2,070,631	32.02
43.00	04300	NURSERY	284,228	355,542	639,770	-29,106	610,664	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,158,625	8,157,230	11,315,855	-5,993,492	5,322,363	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05340	GASTRO INTESTINAL SERVICES	412,888	565,667	978,555	-425,773	552,782	50.02
50.03	05002	WOUND CARE CENTER	0	6,537	6,537	0	6,537	50.03
51.00	05100	RECOVERY ROOM	1,529,732	213,505	1,743,237	-79,615	1,663,622	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	90,781	90,781	52.00
53.00	05300	ANESTHESIOLOGY	82,365	2,626,173	2,708,538	-331,079	2,377,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,571,386	1,339,028	3,910,414	-1,018,640	2,891,774	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	253,156	536,651	789,807	-72,587	717,220	55.00
56.00	05600	RADIOISOTOPE	147,851	74,818	222,669	-58,732	163,937	56.00
58.00	05800	MRI	230,372	322,639	553,011	-306,575	246,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	585,612	1,244,395	1,830,007	-1,367,132	462,875	59.00
60.00	06000	LABORATORY	0	7,469,751	7,469,751	-184,128	7,285,623	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	685,247	685,247	0	685,247	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,624,528	3,086,090	4,710,618	-2,866,184	1,844,434	64.00
65.00	06500	RESPIRATORY THERAPY	1,140,852	576,341	1,717,193	-286,249	1,430,944	65.00
66.00	06600	PHYSICAL THERAPY	1,546,209	158,916	1,705,125	-18,101	1,687,024	66.00
69.00	06900	ELECTROCARDIOLOGY	501,274	107,090	608,364	-28,997	579,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,553	6,855	40,408	-4,423	35,985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,612,502	6,612,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,551,295	3,551,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,545,373	15,545,373	73.00
73.02	07302	INPT RENAL DIALYSIS	0	728,813	728,813	-11,199	717,614	73.02
76.97	07697	CARDIAC REHABILITATION	88,816	6,683	95,499	-328	95,171	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	648,938	304,516	953,454	-143,144	810,310	90.01
91.00	09100	EMERGENCY	3,878,729	5,078,961	8,957,690	-890,600	8,067,090	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet A Date/Time Prepared: 11/28/2020 10:40 am	
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	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)			47,927,990	3,442,901	3,442,901	-3,442,901	0	113.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	0	0	190.00
190.01	19001	POB RX			0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE			0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER			0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	4,463	4,463	0	4,463	192.00
192.02	19202	OUTREACH TRANSPORTATION			0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER			0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER			0	0	0	0	0	192.04
192.05	19205	OTHER NRCC			37,642	2,930,035	2,967,677	-32,789	2,934,888	192.05
192.06	19206	ASBURY STREET SNF			0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)			47,965,632	143,612,134	191,577,766	0	191,577,766	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-398,097	5,446,641	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	439,839	7,641,353	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	492,704	8,303,361	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	0	2,517	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,931,126	7,931,126	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-5,901,676	51,474,502	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,285,457	5,999,660	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	640,954	8.00
9.00	00900	HOUSEKEEPING	-286	2,575,366	9.00
10.00	01000	DIETARY	0	1,043,271	10.00
11.00	01100	CAFETERIA	-551,117	1,984,232	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	96,376	2,456,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,580,149	14.00
15.00	01500	PHARMACY	198,994	2,389,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,283	155,054	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,042,755	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-109	4,180,319	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-173,805	-142	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-79,907	12,191,640	30.00
31.00	03100	INTENSIVE CARE UNIT	527,110	4,391,814	31.00
32.02	03202	SURGICAL HEART UNIT	-309,907	1,760,724	32.02
43.00	04300	NURSERY	-289,649	321,015	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,866	5,327,229	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	552,782	50.02
50.03	05002	WOUND CARE CENTER	0	6,537	50.03
51.00	05100	RECOVERY ROOM	0	1,663,622	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	90,781	52.00
53.00	05300	ANESTHESIOLOGY	-2,286,186	91,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,700	2,897,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-357,639	359,581	55.00
56.00	05600	RADIOISOTOPE	-7,770	156,167	56.00
58.00	05800	MRI	0	246,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	-14	462,861	59.00
60.00	06000	LABORATORY	185,398	7,471,021	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	685,247	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,844,434	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,430,944	65.00
66.00	06600	PHYSICAL THERAPY	0	1,687,024	66.00
69.00	06900	ELECTROCARDIOLOGY	-29,481	549,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,612,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,551,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,545,373	73.00
73.02	07302	INPT RENAL DIALYSIS	0	717,614	73.02
76.97	07697	CARDIAC REHABILITATION	-4,338	90,833	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-13,177	797,133	90.01
91.00	09100	EMERGENCY	-3,492,282	4,574,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,676,587	185,961,828	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,463	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	0	2,934,888	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,676,587	188,901,179	200.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:40 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,442,901	1.00	
	TOTALS		0	3,442,901		
	B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	222,860	0	1.00	
	TOTALS		222,860	0		
	C - SOCOAL SERVICE					
1.00		0.00	0	0	1.00	
	TOTALS		0	0		
	D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,551,295	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
	TOTALS		0	3,551,295		
	E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,545,373	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	TOTALS		0	15,545,373		
	F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,612,502	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:40 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
TOTALS		0	6,612,502		
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	65,237	25,544	1.00
TOTALS		65,237	25,544		
H - CAFETERIA					
1.00	CAFETERIA	11.00	32,791	2,502,558	1.00
TOTALS		32,791	2,502,558		
I - ALLOCATED DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,201,514	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
TOTALS		0	7,201,514		
J - RESIDENTS COST					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	5,726,252	316,503	1.00
TOTALS		5,726,252	316,503		
L - SALARY CREDIT RECLASS					
1.00		0.00	0	0	1.00
TOTALS		0	0	0	
500.00	Grand Total: Increases		6,047,140	39,198,190	500.00

RECLASSIFICATIONS					Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet A-6 Date/Time Prepared: 11/28/2020 10:40 am
	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,442,901	11		1.00
	TOTALS		0	3,442,901			
B - ALLOCATED BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	222,860	0		1.00
	TOTALS		0	222,860			
C - SOCOAL SERVICE							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
D - CHARGEABLE IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	17,728	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	17,562	0		2.00
3.00	OPERATING ROOM	50.00	0	2,649,710	0		3.00
4.00	GASTRO INTESTINAL SERVICES	50.02	0	309	0		4.00
5.00	RECOVERY ROOM	51.00	0	8	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	404	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	99,851	0		7.00
8.00	MRI	58.00	0	300	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	728,094	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	3,550	0		10.00
11.00	EMERGENCY	91.00	0	33,779	0		11.00
	TOTALS		0	3,551,295			
E - CHARGEABLE DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35,561	0		1.00
2.00	OPERATION OF PLANT	7.00	0	96	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	33,225	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,123	0		4.00
5.00	PHARMACY	15.00	0	12,269,702	0		5.00
6.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	75,833	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	70,064	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	27,668	0		8.00
9.00	SURGICAL HEART UNIT	32.02	0	7,717	0		9.00
10.00	NURSERY	43.00	0	556	0		10.00
11.00	OPERATING ROOM	50.00	0	65,734	0		11.00
12.00	GASTRO INTESTINAL SERVICES	50.02	0	4,212	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,278	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	58,852	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	131,081	0		15.00
16.00	RADIOISOTOPE	56.00	0	348	0		16.00
17.00	MRI	58.00	0	9,275	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	35,054	0		18.00
19.00	LABORATORY	60.00	0	7,830	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	2,601,881	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	563	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	32	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,896	0		23.00
24.00	INPT RENAL DIALYSIS	73.02	0	2,474	0		24.00
25.00	OPD	90.01	0	334	0		25.00
26.00	EMERGENCY	91.00	0	77,984	0		26.00
	TOTALS		0	15,545,373			
F - CHARGEABLE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	712,578	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	443,042	0		2.00
3.00	SURGICAL HEART UNIT	32.02	0	83,967	0		3.00
4.00	NURSERY	43.00	0	1,746	0		4.00
5.00	OPERATING ROOM	50.00	0	2,856,309	0		5.00
6.00	GASTRO INTESTINAL SERVICES	50.02	0	195,411	0		6.00
7.00	RECOVERY ROOM	51.00	0	46,173	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	202,785	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	365,142	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,770	0		10.00
11.00	RADIOISOTOPE	56.00	0	43,503	0		11.00
12.00	MRI	58.00	0	19,749	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	449,500	0		13.00
14.00	LABORATORY	60.00	0	67,825	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	161,048	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	249,050	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	15,269	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	8,680	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,332	0		19.00
20.00	INPT RENAL DIALYSIS	73.02	0	6,463	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	328	0		21.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:40 am

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
22.00	OPD	90.01	0	20,380	0		22.00
23.00	EMERGENCY	91.00	0	653,452	0		23.00
	TOTALS		0	6,612,502			
G - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	65,237	25,544	0		1.00
	TOTALS		65,237	25,544			
H - CAFETERIA							
1.00	DIETARY	10.00	32,791	2,502,558	0		1.00
	TOTALS		32,791	2,502,558			
I - ALLOCATED DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,984,406	9		1.00
2.00	ADMITTING	5.04	0	800	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,124,410	9		3.00
4.00	OPERATION OF PLANT	7.00	0	321,430	9		4.00
5.00	HOUSEKEEPING	9.00	0	1,552	9		5.00
6.00	DIETARY	10.00	0	18,675	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	41,805	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,086	9		8.00
9.00	PHARMACY	15.00	0	25,007	9		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	16,846	9		10.00
11.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	3,915	9		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	155,305	9		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	131,328	9		13.00
14.00	SURGICAL HEART UNIT	32.02	0	82,380	9		14.00
15.00	NURSERY	43.00	0	26,804	9		15.00
16.00	OPERATING ROOM	50.00	0	421,739	9		16.00
17.00	GASTRO INTESTINAL SERVICES	50.02	0	225,841	9		17.00
18.00	RECOVERY ROOM	51.00	0	32,156	9		18.00
19.00	ANESTHESIOLOGY	53.00	0	69,038	9		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	422,566	9		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	63,817	9		21.00
22.00	RADIOISOTOPE	56.00	0	14,881	9		22.00
23.00	MRI	58.00	0	277,251	9		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	154,484	9		24.00
25.00	LABORATORY	60.00	0	108,473	9		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	99,705	9		26.00
27.00	RESPIRATORY THERAPY	65.00	0	36,636	9		27.00
28.00	PHYSICAL THERAPY	66.00	0	2,800	9		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	18,421	9		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,091	9		30.00
31.00	INPT RENAL DIALYSIS	73.02	0	2,262	9		31.00
32.00	OPD	90.01	0	122,430	9		32.00
33.00	EMERGENCY	91.00	0	125,385	9		33.00
34.00	OTHER NRCC	192.05	0	32,789	9		34.00
35.00		0.00	0	0	9		35.00
36.00		0.00	0	0	9		36.00
	TOTALS		0	7,201,514			
J - RESIDENTS COST							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	5,726,252	316,503	0		1.00
	TOTALS		5,726,252	316,503			
L - SALARY CREDIT RECLASS							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
500.00	Grand Total: Decreases		5,824,280	39,421,050			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/28/2020 10:40 am

		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	15,000,000	0	0	0	0	1.00
2.00	Land Improvements	352,750	0	0	0	0	2.00
3.00	Buildings and Fixtures	39,359,106	3,072,899	0	3,072,899	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	6,527,919	0	6,527,919	0	5.00
6.00	Movable Equipment	21,024,845	0	0	0	4,336,712	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	75,736,701	9,600,818	0	9,600,818	4,336,712	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	75,736,701	9,600,818	0	9,600,818	4,336,712	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	15,000,000	0				1.00
2.00	Land Improvements	352,750	0				2.00
3.00	Buildings and Fixtures	42,432,005	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	6,527,919	0				5.00
6.00	Movable Equipment	16,688,133	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	81,000,807	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	81,000,807	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,386,243	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,386,243	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,386,243				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,386,243				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	64,312,674	0	64,312,674	0.793976	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,688,133	0	16,688,133	0.206024	0	2.00
3.00	Total (sum of lines 1-2)	81,000,807	0	81,000,807	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	1,969,183	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,641,353	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,610,536	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,477,458	0	0	0	5,446,641	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,641,353	2.00
3.00	Total (sum of lines 1-2)	3,477,458	0	0	0	13,087,994	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,321,625	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,033,309			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	7,608,088			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-551,118	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-40	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	1	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	-432,654	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	439,839	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	REFERENCE LAB REVENUE	B	0	LABORATORY	60.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
36.00	TAXES & ASSESSMENTS	A	-713	OPERATION OF PLANT	7.00	0	36.00
37.00	TAXES & ASSESSMENTS	A	0	OTHER NRCC	192.05	0	37.00
38.00	TAXES & ASSESSMENTS	A	-40	OPERATING ROOM	50.00	0	38.00
39.00	TAXES & ASSESSMENTS	A	-57	EMERGENCY	91.00	0	39.00
41.02	EQUIP TRADE-IN CREDIT MEMO	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	41.02
41.03	SAVE THE DAY/COMMUNITY OUTREACH	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.03
41.04	MISC REVENUE	B	-189,499	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.04
41.06	MISC REVENUE	B	-14,305	OPERATION OF PLANT	7.00	0	41.06
41.08	MISC REVENUE	B	-286	HOUSEKEEPING	9.00	0	41.08
41.11	MISC REVENUE	B	-75	NURSING ADMINISTRATION	13.00	0	41.11
41.12	MISC REVENUE	B	-103	PHARMACY	15.00	0	41.12
41.13	MISC REVENUE	B	-109	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	41.13
41.15	MISC REVENUE	B	-173,805	PARAMEDICAL EDUCATION PROGRAM	23.00	0	41.15
41.16	MISC REVENUE	B	-240	ADULTS & PEDIATRICS	30.00	0	41.16
41.17	MISC REVENUE	B	0	NURSERY	43.00	0	41.17
41.18	MISC REVENUE	B	0	RECOVERY ROOM	51.00	0	41.18
41.19	MISC REVENUE	B	5,700	RADIOLOGY-DIAGNOSTIC	54.00	0	41.19
41.20	MISC REVENUE	B	-7,770	RADIOISOTOPE	56.00	0	41.20
41.21	MISC REVENUE	B	-14	CARDIAC CATHETERIZATION	59.00	0	41.21
41.22	MISC REVENUE	B	0	INTRAVENOUS THERAPY	64.00	0	41.22
41.23	MISC REVENUE	B	285	ELECTROCARDIOLOGY	69.00	0	41.23
41.24	MISC REVENUE	B	-4,338	CARDIAC REHABILITATION	76.97	0	41.24
41.25	MISC REVENUE	B	-400	OPD	90.01	0	41.25
42.00	MISC REVENUE	B	0	EMERGENCY	91.00	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,676,587				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 10:40 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	2,356,182	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	492,704	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	9,794,763	0	3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COSTS	7,931,126	0	3.01
3.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	22,173,338	37,603,812	3.02
3.03	7.00	OPERATION OF PLANT	HOME OFFICE COSTS	1,300,475	0	3.03
3.04	13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	96,451	0	3.04
3.05	15.00	PHARMACY	HOME OFFICE COSTS	199,097	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COSTS	51,323	0	3.06
4.00	31.00	INTENSIVE CARE UNIT	HOME OFFICE COSTS	572,243	0	4.00
4.01	60.00	LABORATORY	ALVERNO LABS	7,476,219	7,232,021	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			52,443,921	44,835,833	5.00

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

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

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

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

6.00	B		100.00	PRESENCE CARE	100.00	6.00
7.00	C		66.67	ALVERNO LAB	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 10:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,356,182	11		1.00
2.00	492,704	0		2.00
3.00	9,794,763	0		3.00
3.01	7,931,126	0		3.01
3.02	-15,430,474	0		3.02
3.03	1,300,475	0		3.03
3.04	96,451	0		3.04
3.05	199,097	0		3.05
3.06	51,323	0		3.06
4.00	572,243	9		4.00
4.01	244,198	0		4.01
5.00	7,608,088			5.00

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

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

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

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

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

6.00	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0080

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2020 10:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	76,466	76,466	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	79,667	79,667	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	45,133	45,133	0	0	0	3.00
4.00	32.02	SURGICAL HEART UNIT	309,907	309,907	0	0	0	4.00
5.00	43.00	NURSERY	289,649	289,649	0	0	0	5.00
6.00	50.00	OPERATING ROOM	-4,906	-4,906	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	2,286,186	2,286,186	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	357,639	357,639	0	0	0	8.00
9.00	60.00	LABORATORY	58,800	58,800	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	29,766	29,766	0	0	0	10.00
11.00	90.01	OPD	12,777	12,777	0	0	0	11.00
12.00	91.00	EMERGENCY	3,492,225	3,492,225	0	0	0	12.00
200.00			7,033,309	7,033,309	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	90.01	OPD	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	76,466		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	79,667		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	45,133		3.00
4.00	32.02	SURGICAL HEART UNIT	0	0	0	309,907		4.00
5.00	43.00	NURSERY	0	0	0	289,649		5.00
6.00	50.00	OPERATING ROOM	0	0	0	-4,906		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,286,186		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	357,639		8.00
9.00	60.00	LABORATORY	0	0	0	58,800		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	29,766		10.00
11.00	90.01	OPD	0	0	0	12,777		11.00
12.00	91.00	EMERGENCY	0	0	0	3,492,225		12.00
200.00			0	0	0	7,033,309		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	5,446,641	5,446,641			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,641,353		7,641,353		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,303,361	23,629	0	8,326,990	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	2,517	17,113	2,172	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,931,126	88,237	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	51,474,502	530,221	408,892	415,572	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,999,660	80,981	323,223	115,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	640,954	0	0	7,514	8.00
9.00	00900	HOUSEKEEPING	2,575,366	262,335	1,735	0	9.00
10.00	01000	DIETARY	1,043,271	44,433	12,679	2,333	10.00
11.00	01100	CAFETERIA	1,984,232	200,145	0	5,671	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,456,971	38,198	48,168	267,179	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,580,149	233,533	89,846	59,487	14.00
15.00	01500	PHARMACY	2,389,704	41,441	18,843	308,488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	155,054	65,923	0	6,219	16.00
17.00	01700	SOCIAL SERVICE	0	27,180	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,042,755	0	0	990,287	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,180,319	251,444	45,746	231,043	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-142	15,492	10,631	23,389	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,191,640	1,271,325	415,398	1,835,132	30.00
31.00	03100	INTENSIVE CARE UNIT	4,391,814	119,933	356,624	527,416	31.00
32.02	03202	SURGICAL HEART UNIT	1,760,724	116,620	223,704	276,874	32.02
43.00	04300	NURSERY	321,015	15,156	66,527	49,154	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,327,229	271,018	1,132,746	546,246	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	552,782	34,954	613,276	71,404	50.02
50.03	05002	WOUND CARE CENTER	6,537	0	0	0	50.03
51.00	05100	RECOVERY ROOM	1,663,622	175,007	86,506	264,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,781	88,140	0	11,282	52.00
53.00	05300	ANESTHESIOLOGY	91,273	11,087	187,474	14,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,897,474	266,320	1,044,361	444,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	359,581	99,842	173,296	43,780	55.00
56.00	05600	RADIOISOTOPE	156,167	43,273	40,410	25,569	56.00
58.00	05800	MRI	246,436	69,838	752,880	39,840	58.00
59.00	05900	CARDIAC CATHETERIZATION	462,861	107,504	419,504	101,275	59.00
60.00	06000	LABORATORY	7,471,021	229,884	294,560	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	685,247	10,234	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,844,434	47,327	55,212	280,943	64.00
65.00	06500	RESPIRATORY THERAPY	1,430,944	47,258	99,486	197,297	65.00
66.00	06600	PHYSICAL THERAPY	1,687,024	63,071	7,603	267,398	66.00
69.00	06900	ELECTROCARDIOLOGY	549,886	55,577	50,023	86,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,985	10,318	6,357	5,803	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,612,502	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,551,295	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,545,373	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	717,614	6,222	6,143	0	73.02
76.97	07697	CARDIAC REHABILITATION	90,833	31,319	0	15,360	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	797,133	14,191	330,218	112,226	90.01
91.00	09100	EMERGENCY	4,574,808	136,292	317,110	670,780	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,961,828	5,262,015	7,641,353	8,320,480	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,579	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,463	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	2,934,888	158,047	0	6,510	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	188,901,179	5,446,641	7,641,353	8,326,990	0	202.00

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	
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	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMITTING	0	0	21,802			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	8,019,363		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	52,829,187	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	6,519,211	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	648,468	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,839,436	9.00
10.00	01000	DIETARY	0	0	0	0	1,102,716	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,190,048	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,810,516	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,963,015	14.00
15.00	01500	PHARMACY	0	0	0	0	2,758,476	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	227,196	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	27,180	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,033,042	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,708,552	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	49,370	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	3,037	1,103,374	16,819,906	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	587	213,449	5,609,823	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	229	83,153	2,461,304	32.02
43.00	04300	NURSERY	0	0	35	12,765	464,652	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,633	593,357	7,872,229	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	255	92,632	1,365,303	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	132	6,669	50.03
51.00	05100	RECOVERY ROOM	0	0	440	159,968	2,350,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12	4,227	194,442	52.00
53.00	05300	ANESTHESIOLOGY	0	0	389	141,354	445,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,763	640,613	5,295,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	199	72,381	749,079	55.00
56.00	05600	RADIOISOTOPE	0	0	141	51,161	316,721	56.00
58.00	05800	MRI	0	0	203	73,924	1,183,121	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	533	193,754	1,285,431	59.00
60.00	06000	LABORATORY	0	0	2,343	851,319	8,849,127	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	129	46,860	742,470	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	295	107,116	2,335,327	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	905	328,958	2,104,848	65.00
66.00	06600	PHYSICAL THERAPY	0	0	289	105,010	2,130,395	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	671	243,620	986,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	14	5,268	63,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	901	327,194	6,940,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	565	205,314	3,757,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,937	1,527,613	17,076,923	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	101	36,674	766,754	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	8	2,881	140,401	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	250	91,001	1,345,019	90.01
91.00	09100	EMERGENCY	0	0	1,938	704,291	6,405,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	21,802	8,019,363	185,770,692	118.00

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26,579	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,463	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	3,099,445	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	0	0	21,802	8,019,363	188,901,179	202.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL	52,829,187					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,531,045	0	9,050,256			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	251,764	0	0	900,232		8.00
9.00	00900	HOUSEKEEPING	1,102,394	0	504,456	32	4,446,318	9.00
10.00	01000	DIETARY	428,123	0	85,443	0	50,625	10.00
11.00	01100	CAFETERIA	850,273	0	384,868	0	226,984	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,091,166	0	73,452	0	14,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	762,129	0	449,071	3,281	11,411	14.00
15.00	01500	PHARMACY	1,070,962	0	79,689	0	17,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,207	0	126,766	0	28,425	16.00
17.00	01700	SOCIAL SERVICE	10,552	0	52,266	0	7,054	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,730,536	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,828,067	0	483,512	26,896	102,288	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	19,168	0	29,789	0	7,677	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,530,228	0	2,444,688	326,325	1,898,451	30.00
31.00	03100	INTENSIVE CARE UNIT	2,177,980	0	230,625	75,696	171,794	31.00
32.02	03202	SURGICAL HEART UNIT	955,587	0	224,253	137	270,970	32.02
43.00	04300	NURSERY	180,398	0	29,144	0	14,109	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,056,346	0	521,152	124,891	353,548	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	530,071	0	67,214	33,969	7,262	50.02
50.03	05002	WOUND CARE CENTER	2,589	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	912,409	0	336,528	0	81,333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,491	0	169,487	0	96,894	52.00
53.00	05300	ANESTHESIOLOGY	173,087	0	21,320	0	9,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,055,838	0	512,118	61,299	198,352	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	290,825	0	191,991	0	78,220	55.00
56.00	05600	RADIOISOTOPE	122,965	0	83,211	27,624	28,425	56.00
58.00	05800	MRI	459,340	0	134,294	8,423	23,653	58.00
59.00	05900	CARDIAC CATHETERIZATION	499,061	0	206,724	0	137,560	59.00
60.00	06000	LABORATORY	3,435,620	0	442,054	0	50,418	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	288,260	0	19,680	0	1,660	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	906,677	0	91,008	0	78,220	64.00
65.00	06500	RESPIRATORY THERAPY	817,195	0	90,874	0	30,500	65.00
66.00	06600	PHYSICAL THERAPY	827,113	0	121,281	8,342	14,524	66.00
69.00	06900	ELECTROCARDIOLOGY	382,990	0	106,871	11,960	29,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,749	0	19,842	0	7,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,694,645	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,458,700	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,630,062	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	297,688	0	11,964	0	9,959	73.02
76.97	07697	CARDIAC REHABILITATION	54,510	0	60,224	51	7,262	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	522,196	0	27,289	31,874	14,109	90.01
91.00	09100	EMERGENCY	2,486,788	0	262,082	157,446	276,572	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,613,794	0	8,695,230	898,246	4,356,064	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,319	0	51,110	0	7,054	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,733	0	0	1,986	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	1,203,341	0	303,916	0	83,200	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	52,829,187	0	9,050,256	900,232	4,446,318	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,666,907					10.00
11.00	01100	CAFETERIA	0	3,652,173				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	83,504	0	4,072,954		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49,449	0	0	3,238,356	14.00
15.00	01500	PHARMACY	0	123,402	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,079	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	567,876	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	72,382	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	11,687	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,471,574	986,649	0	1,587,933	0	30.00
31.00	03100	INTENSIVE CARE UNIT	129,932	208,665	0	585,548	0	31.00
32.02	03202	SURGICAL HEART UNIT	65,401	113,475	0	270,450	0	32.02
43.00	04300	NURSERY	0	13,635	0	42,869	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	217,085	0	297,515	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	31,604	0	53,142	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	105,432	0	244,768	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,786	0	15,212	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,812	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	196,539	0	34,177	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,959	0	6,914	0	55.00
56.00	05600	RADIOISOTOPE	0	9,802	0	0	0	56.00
58.00	05800	MRI	0	17,593	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,474	0	48,203	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	132,701	0	183,724	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	97,704	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	107,694	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	33,238	0	2,371	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,142	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,106,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,131,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	5,781	0	18,175	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	53,093	0	19,755	0	90.01
91.00	09100	EMERGENCY	0	326,538	0	640,467	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,666,907	3,648,780	0	4,051,223	3,238,356	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	3,393	0	21,731	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,666,907	3,652,173	0	4,072,954	3,238,356	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,050,372					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	473,673				16.00
17.00	01700	SOCIAL SERVICE	0	0	97,052			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0			23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	65,233	72,129	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,619	8,230	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	4,916	8,618	0	0	32.02
43.00	04300	NURSERY	0	755	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,080	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	5,477	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	8	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	9,458	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	250	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,357	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,874	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,279	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,025	0	0	0	56.00
58.00	05800	MRI	0	4,370	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,455	0	0	0	59.00
60.00	06000	LABORATORY	0	50,331	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,770	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	6,333	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,448	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,208	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	14,403	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	311	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,344	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,138	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,050,372	89,874	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	2,168	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	170	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	5,380	0	0	0	90.01
91.00	09100	EMERGENCY	0	41,639	8,075	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,050,372	473,673	97,052	0	0	118.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,050,372	473,673	97,052	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,331,454					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,221,697				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			117,691			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,902,541	2,727,880	0	0	38,833,537	30.00
31.00	03100	INTENSIVE CARE UNIT	821,737	574,395	0	0	10,607,044	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	4,375,111	32.02
43.00	04300	NURSERY	0	0	0	0	745,562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	766,803	535,996	0	0	13,780,645	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	129,688	90,652	0	0	2,314,382	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	9,266	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	4,040,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	624,089	436,239	0	0	1,618,890	52.00
53.00	05300	ANESTHESIOLOGY	181,790	127,071	0	0	978,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,010,889	706,612	0	0	10,108,919	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,291	10,688	0	0	1,363,246	55.00
56.00	05600	RADIOISOTOPE	71,357	49,879	0	0	713,009	56.00
58.00	05800	MRI	50,969	35,628	0	0	1,917,391	58.00
59.00	05900	CARDIAC CATHETERIZATION	335,830	234,746	0	0	2,801,484	59.00
60.00	06000	LABORATORY	165,367	115,591	0	0	13,108,508	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,054,840	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,733,990	64.00
65.00	06500	RESPIRATORY THERAPY	118,362	82,735	0	0	3,361,666	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,215,557	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,567,346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	119,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,761,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,359,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,847,231	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	1,088,533	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	286,574	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	79,285	55,421	0	0	2,153,421	90.01
91.00	09100	EMERGENCY	1,257,240	878,812	117,691	0	12,858,569	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,531,238	6,662,345	117,691	0	182,723,341	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	95,062	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	452,493	316,293	0	0	776,968	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	347,723	243,059	0	0	5,305,808	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,331,454	7,221,697	117,691	0	188,901,179	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
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	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,630,421	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,396,132	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,302,799	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	-220,340	50.02
50.03	05002	WOUND CARE CENTER	0	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,060,328	52.00
53.00	05300	ANESTHESIOLOGY	-308,861	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,717,501	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-25,979	55.00
56.00	05600	RADIOISOTOPE	-121,236	56.00
58.00	05800	MRI	-86,597	58.00
59.00	05900	CARDIAC CATHETERIZATION	-570,576	59.00
60.00	06000	LABORATORY	-280,958	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	-201,097	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-134,706	90.01
91.00	09100	EMERGENCY	-2,136,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,193,583 166,529,758	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 95,062	190.00
190.01	19001	POB RX	0 0	190.01
190.02	19002	MOBILE MEDICAL CARE	0 0	190.02
190.03	19003	ARTHRITIS CENTER	0 0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-768,786 8,182	192.00
192.02	19202	OUTREACH TRANSPORTATION	0 0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0 0	192.03
192.04	19204	WOMENS HEALTH CENTER	0 0	192.04
192.05	19205	OTHER NRCC	-590,782 4,715,026	192.05
192.06	19206	ASBURY STREET SNF	0 0	192.06
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118 through 201)	-17,553,151 171,348,028	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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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	23,629	0	23,629	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	17,113	2,172	19,285	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	88,237	0	88,237	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	34,842	530,221	408,892	973,955	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,591	80,981	323,223	408,795	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	522	262,335	1,735	264,592	9.00
10.00	01000	DIETARY	5,490	44,433	12,679	62,602	10.00
11.00	01100	CAFETERIA	0	200,145	0	200,145	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,277	38,198	48,168	94,643	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	96,177	233,533	89,846	419,556	14.00
15.00	01500	PHARMACY	37,042	41,441	18,843	97,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	65,923	0	65,923	16.00
17.00	01700	SOCIAL SERVICE	0	27,180	0	27,180	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,284	251,444	45,746	300,474	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	11,419	15,492	10,631	37,542	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,944	1,271,325	415,398	1,720,667	30.00
31.00	03100	INTENSIVE CARE UNIT	3,260	119,933	356,624	479,817	31.00
32.02	03202	SURGICAL HEART UNIT	5,874	116,620	223,704	346,198	32.02
43.00	04300	NURSERY	2,256	15,156	66,527	83,939	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	279,294	271,018	1,132,746	1,683,058	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	6,437	34,954	613,276	654,667	50.02
50.03	05002	WOUND CARE CENTER	4,121	0	0	4,121	50.03
51.00	05100	RECOVERY ROOM	11,766	175,007	86,506	273,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	88,140	0	88,140	52.00
53.00	05300	ANESTHESIOLOGY	6	11,087	187,474	198,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,469	266,320	1,044,361	1,320,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,978	99,842	173,296	275,116	55.00
56.00	05600	RADIOISOTOPE	71	43,273	40,410	83,754	56.00
58.00	05800	MRI	2,309	69,838	752,880	825,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,470	107,504	419,504	529,478	59.00
60.00	06000	LABORATORY	10,814	229,884	294,560	535,258	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,791	10,234	0	12,025	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,413	47,327	55,212	104,952	64.00
65.00	06500	RESPIRATORY THERAPY	4,007	47,258	99,486	150,751	65.00
66.00	06600	PHYSICAL THERAPY	3,021	63,071	7,603	73,695	66.00
69.00	06900	ELECTROCARDIOLOGY	7,741	55,577	50,023	113,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	111	10,318	6,357	16,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	1,520	6,222	6,143	13,885	73.02
76.97	07697	CARDIAC REHABILITATION	102	31,319	0	31,421	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	5,193	14,191	330,218	349,602	90.01
91.00	09100	EMERGENCY	10,859	136,292	317,110	464,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

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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
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,471	5,262,015	7,641,353	13,515,839	23,611
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,579	0	26,579	0
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	0	158,047	0	158,047	18
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	612,471	5,446,641	7,641,353	13,700,465	23,629

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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	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	19,285		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	88,237	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,672	12,148	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	517	2,350	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	201	915	32.02
43.00	04300	NURSERY	0	0	0	31	141	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,437	6,533	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	224	1,020	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	1	50.03
51.00	05100	RECOVERY ROOM	0	0	0	387	1,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10	47	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	342	1,556	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,552	7,053	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	175	797	55.00
56.00	05600	RADIOISOTOPE	0	0	0	124	563	56.00
58.00	05800	MRI	0	0	0	179	814	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	469	2,133	59.00
60.00	06000	LABORATORY	0	0	0	2,062	9,373	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	113	516	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	259	1,179	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	797	3,622	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	254	1,156	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	590	2,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13	58	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	792	3,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	497	2,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,566	16,765	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	89	404	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	7	32	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	220	1,002	90.01
91.00	09100	EMERGENCY	0	0	0	1,706	7,754	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	19,285	88,237	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	19,285	88,237	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL	975,135					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	46,717	0	455,839			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,647	0	0	4,668		8.00
9.00	00900	HOUSEKEEPING	20,347	0	25,408	0	310,347	9.00
10.00	01000	DIETARY	7,902	0	4,304	0	3,534	10.00
11.00	01100	CAFETERIA	15,694	0	19,385	0	15,843	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,140	0	3,700	0	999	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,067	0	22,619	17	797	14.00
15.00	01500	PHARMACY	19,767	0	4,014	0	1,245	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,628	0	6,385	0	1,984	16.00
17.00	01700	SOCIAL SERVICE	195	0	2,632	0	492	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	50,399	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33,741	0	24,353	139	7,140	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	354	0	1,500	0	536	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	120,531	0	123,135	1,694	132,509	30.00
31.00	03100	INTENSIVE CARE UNIT	40,200	0	11,616	392	11,991	31.00
32.02	03202	SURGICAL HEART UNIT	17,638	0	11,295	1	18,913	32.02
43.00	04300	NURSERY	3,330	0	1,468	0	985	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,412	0	26,249	648	24,677	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	9,784	0	3,385	176	507	50.02
50.03	05002	WOUND CARE CENTER	48	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	16,841	0	16,950	0	5,677	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,393	0	8,537	0	6,763	52.00
53.00	05300	ANESTHESIOLOGY	3,195	0	1,074	0	652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,946	0	25,794	318	13,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,368	0	9,670	0	5,460	55.00
56.00	05600	RADIOISOTOPE	2,270	0	4,191	143	1,984	56.00
58.00	05800	MRI	8,478	0	6,764	44	1,651	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,211	0	10,412	0	9,601	59.00
60.00	06000	LABORATORY	63,413	0	22,265	0	3,519	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,321	0	991	0	116	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	16,735	0	4,584	0	5,460	64.00
65.00	06500	RESPIRATORY THERAPY	15,083	0	4,577	0	2,129	65.00
66.00	06600	PHYSICAL THERAPY	15,266	0	6,109	43	1,014	66.00
69.00	06900	ELECTROCARDIOLOGY	7,069	0	5,383	62	2,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	457	0	999	0	507	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,736	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,924	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	122,416	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	5,495	0	603	0	695	73.02
76.97	07697	CARDIAC REHABILITATION	1,006	0	3,033	0	507	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	9,638	0	1,374	165	985	90.01
91.00	09100	EMERGENCY	45,900	0	13,200	816	19,304	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	952,702	0	437,958	4,658	304,048	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	0	2,574	0	492	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32	0	0	10	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	22,211	0	15,307	0	5,807	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	975,135	0	455,839	4,668	310,347	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	78,349					10.00
11.00	01100	CAFETERIA	0	251,083				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,741	0	125,982		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,400	0	0	460,625	14.00
15.00	01500	PHARMACY	0	8,484	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	212	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	39,041	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,976	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	803	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,168	67,832	0	49,116	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,107	14,346	0	18,112	0	31.00
32.02	03202	SURGICAL HEART UNIT	3,074	7,801	0	8,365	0	32.02
43.00	04300	NURSERY	0	937	0	1,326	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,924	0	9,203	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,173	0	1,644	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	7,248	0	7,571	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	467	0	471	0	52.00
53.00	05300	ANESTHESIOLOGY	0	812	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,512	0	1,057	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,097	0	214	0	55.00
56.00	05600	RADIOISOTOPE	0	674	0	0	0	56.00
58.00	05800	MRI	0	1,209	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,920	0	1,491	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	9,123	0	5,683	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,717	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,404	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,285	0	73	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	216	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	299,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	160,977	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	397	0	562	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	3,650	0	611	0	90.01
91.00	09100	EMERGENCY	0	22,449	0	19,811	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,349	250,850	0	125,310	460,625	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	233	0	672	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	78,349	251,083	0	125,982	460,625	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	131,712					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	76,150				16.00
17.00	01700	SOCIAL SERVICE	0	0	30,499			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,447	22,667			30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,021	2,586			31.00
32.02	03202	SURGICAL HEART UNIT	0	787	2,708			32.02
43.00	04300	NURSERY	0	121	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,618	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	877	0			50.02
50.03	05002	WOUND CARE CENTER	0	1	0			50.03
51.00	05100	RECOVERY ROOM	0	1,515	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40	0			52.00
53.00	05300	ANESTHESIOLOGY	0	1,338	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,065	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	685	0			55.00
56.00	05600	RADIOISOTOPE	0	484	0			56.00
58.00	05800	MRI	0	700	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,835	0			59.00
60.00	06000	LABORATORY	0	8,060	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	444	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,014	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	3,115	0			65.00
66.00	06600	PHYSICAL THERAPY	0	994	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,307	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	50	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,098	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,944	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,712	14,686	0			73.00
73.02	07302	INPT RENAL DIALYSIS	0	347	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	27	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	862	0			90.01
91.00	09100	EMERGENCY	0	6,668	2,538			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	131,712	76,150	30,499	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	0	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	131,712	76,150	30,499	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	92,252					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		371,479				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			40,752			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,337,783	30.00
31.00	03100	INTENSIVE CARE UNIT					591,552	31.00
32.02	03202	SURGICAL HEART UNIT					418,682	32.02
43.00	04300	NURSERY					92,418	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,830,310	50.00
50.01	05001	AMBULATORY PRE/POST OP					0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES					674,660	50.02
50.03	05002	WOUND CARE CENTER					4,171	50.03
51.00	05100	RECOVERY ROOM					331,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					105,900	52.00
53.00	05300	ANESTHESIOLOGY					207,576	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,428,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					298,706	55.00
56.00	05600	RADIOISOTOPE					94,260	56.00
58.00	05800	MRI					844,979	58.00
59.00	05900	CARDIAC CATHETERIZATION					567,838	59.00
60.00	06000	LABORATORY					643,950	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					19,526	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
64.00	06400	INTRAVENOUS THERAPY					149,787	64.00
65.00	06500	RESPIRATORY THERAPY					187,351	65.00
66.00	06600	PHYSICAL THERAPY					106,694	66.00
69.00	06900	ELECTROCARDIOLOGY					136,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					19,102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					356,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					192,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					289,145	73.00
73.02	07302	INPT RENAL DIALYSIS					21,518	73.02
76.97	07697	CARDIAC REHABILITATION					37,036	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD					368,428	90.01
91.00	09100	EMERGENCY					606,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
			21.00	22.00	23.00	23.01	24.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	12,963,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					29,835	190.00
190.01	19001	POB RX					0	190.01
190.02	19002	MOBILE MEDICAL CARE					0	190.02
190.03	19003	ARTHRITIS CENTER					0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES					42	192.00
192.02	19202	OUTREACH TRANSPORTATION					0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER					0	192.03
192.04	19204	WOMENS HEALTH CENTER					0	192.04
192.05	19205	OTHER NRCC					202,295	192.05
192.06	19206	ASBURY STREET SNF					0	192.06
200.00		Cross Foot Adjustments	92,252	371,479	40,752	0	504,483	200.00
201.00		Negative Cost Centers	0	0	49	0	49	201.00
202.00		TOTAL (sum lines 118 through 201)	92,252	371,479	40,801	0	13,700,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
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	00591	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
23.01	02301	RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,337,783	30.00
31.00	03100	INTENSIVE CARE UNIT	0	591,552	31.00
32.02	03202	SURGICAL HEART UNIT	0	418,682	32.02
43.00	04300	NURSERY	0	92,418	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,830,310	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	674,660	50.02
50.03	05002	WOUND CARE CENTER	0	4,171	50.03
51.00	05100	RECOVERY ROOM	0	331,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	105,900	52.00
53.00	05300	ANESTHESIOLOGY	0	207,576	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,428,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	298,706	55.00
56.00	05600	RADIOISOTOPE	0	94,260	56.00
58.00	05800	MRI	0	844,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	567,838	59.00
60.00	06000	LABORATORY	0	643,950	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	19,526	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	149,787	64.00
65.00	06500	RESPIRATORY THERAPY	0	187,351	65.00
66.00	06600	PHYSICAL THERAPY	0	106,694	66.00
69.00	06900	ELECTROCARDIOLOGY	0	136,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	356,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	192,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	289,145	73.00
73.02	07302	INPT RENAL DIALYSIS	0	21,518	73.02
76.97	07697	CARDIAC REHABILITATION	0	37,036	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	368,428	90.01
91.00	09100	EMERGENCY	0	606,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			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	389,560					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,813,957				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	0	48,150,234			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,224	800	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	150,576	2,403,012	7	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,792	119,028	666,987	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	43,451	0	0	8.00
9.00	00900	HOUSEKEEPING	18,763	639	0	0	0	9.00
10.00	01000	DIETARY	3,178	4,669	13,493	0	0	10.00
11.00	01100	CAFETERIA	14,315	0	32,791	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,732	17,738	1,544,939	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,703	33,086	343,976	0	0	14.00
15.00	01500	PHARMACY	2,964	6,939	1,783,807	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,715	0	35,958	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,944	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,726,252	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	16,846	1,335,988	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	1,108	3,915	135,246	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,929	152,972	10,611,597	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,578	131,328	3,049,740	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	8,341	82,380	1,601,004	0	0	32.02
43.00	04300	NURSERY	1,084	24,499	284,228	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,384	417,138	3,158,625	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,500	225,841	412,888	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	12,517	31,856	1,529,732	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,304	0	65,237	0	0	52.00
53.00	05300	ANESTHESIOLOGY	793	69,038	82,365	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,048	384,590	2,571,386	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,141	63,817	253,156	0	0	55.00
56.00	05600	RADIOISOTOPE	3,095	14,881	147,851	0	0	56.00
58.00	05800	MRI	4,995	277,251	230,372	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,689	154,484	585,612	0	0	59.00
60.00	06000	LABORATORY	16,442	108,473	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,385	20,332	1,624,528	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,380	36,636	1,140,852	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,511	2,800	1,546,209	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,975	18,421	501,274	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738	2,341	33,553	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	445	2,262	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	2,240	0	88,816	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,015	121,604	648,938	0	0	90.01
91.00	09100	EMERGENCY	9,748	116,777	3,878,729	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	376,355	2,813,957	48,112,592	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	11,304	0	37,642	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,446,641	7,641,353	8,326,990	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.981520	2.715519	0.172938	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			23,629	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000491	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND 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	14,609,382					5.03
5.04	00570	ADMITTING	0	882,861,865				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	882,861,865			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	646,863	0	0	-52,829,187	136,071,992	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	84	0	0	0	6,519,211	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	648,468	8.00
9.00	00900	HOUSEKEEPING	6,860	0	0	0	2,839,436	9.00
10.00	01000	DIETARY	140	0	0	0	1,102,716	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,190,048	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,383	0	0	0	2,810,516	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,490	0	0	0	1,963,015	14.00
15.00	01500	PHARMACY	12,190	0	0	0	2,758,476	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	439	0	0	0	227,196	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	27,180	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,033,042	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,164	0	0	0	4,708,552	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	14,619	0	0	0	49,370	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	318,450	121,476,800	121,476,800	0	16,819,906	30.00
31.00	03100	INTENSIVE CARE UNIT	188,469	23,499,845	23,499,845	0	5,609,823	31.00
32.02	03202	SURGICAL HEART UNIT	35,366	9,154,744	9,154,744	0	2,461,304	32.02
43.00	04300	NURSERY	1,885	1,405,349	1,405,349	0	464,652	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,375,594	65,326,067	65,326,067	0	7,872,229	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	111,810	10,198,445	10,198,445	0	1,365,303	50.02
50.03	05002	WOUND CARE CENTER	0	14,487	14,487	0	6,669	50.03
51.00	05100	RECOVERY ROOM	45,886	17,611,827	17,611,827	0	2,350,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	465,366	465,366	0	194,442	52.00
53.00	05300	ANESTHESIOLOGY	75,116	15,562,449	15,562,449	0	445,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,820	70,528,745	70,528,745	0	5,295,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,132	7,968,790	7,968,790	0	749,079	55.00
56.00	05600	RADIOISOTOPE	3,546	5,632,625	5,632,625	0	316,721	56.00
58.00	05800	MRI	320	8,138,702	8,138,702	0	1,183,121	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,773	21,331,469	21,331,469	0	1,285,431	59.00
60.00	06000	LABORATORY	54,151	93,726,674	93,726,674	0	8,849,127	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,159,076	5,159,076	0	742,470	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	68,651	11,792,996	11,792,996	0	2,335,327	64.00
65.00	06500	RESPIRATORY THERAPY	34,178	36,216,939	36,216,939	0	2,104,848	65.00
66.00	06600	PHYSICAL THERAPY	7,350	11,561,109	11,561,109	0	2,130,395	66.00
69.00	06900	ELECTROCARDIOLOGY	3,536	26,821,554	26,821,554	0	986,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,278	579,935	579,935	0	63,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,610,452	36,022,707	36,022,707	0	6,940,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,551,295	22,604,225	22,604,225	0	3,757,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	168,147,700	168,147,700	0	17,076,923	73.00
73.02	07302	INPT RENAL DIALYSIS	4,757	4,037,653	4,037,653	0	766,754	73.02
76.97	07697	CARDIAC REHABILITATION	196	317,220	317,220	0	140,401	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	10,688	10,018,876	10,018,876	0	1,345,019	90.01
91.00	09100	EMERGENCY	171,385	77,539,491	77,539,491	0	6,405,219	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,608,316	882,861,865	882,861,865	-52,829,187	132,941,505
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	26,579	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	452	0	0	4,463	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	614	0	0	3,099,445	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	21,802	8,019,363	52,829,187	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000025	0.009083	0.388244	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	19,285	88,237	975,135	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000022	0.000100	0.007166	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	336,620				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	879,065			8.00
9.00	00900	HOUSEKEEPING	0	18,763	31	21,430		9.00
10.00	01000	DIETARY	0	3,178	0	244	67,109	10.00
11.00	01100	CAFETERIA	0	14,315	0	1,094	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	69	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	3,204	55	0	14.00
15.00	01500	PHARMACY	0	2,964	0	86	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	137	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,944	0	34	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	26,264	493	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	0	37	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	90,929	318,652	9,150	59,245	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	73,916	828	5,231	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	134	1,306	2,633	32.02
43.00	04300	NURSERY	0	1,084	0	68	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	121,954	1,704	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,500	33,170	35	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	0	392	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	0	467	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	45	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	59,858	956	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	0	377	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	26,974	137	0	56.00
58.00	05800	MRI	0	4,995	8,225	114	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	0	663	0	59.00
60.00	06000	LABORATORY	0	16,442	0	243	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	8	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	0	377	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	147	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	8,146	70	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975	11,679	140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	35	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	445	0	48	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,240	50	35	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	31,125	68	0	90.01
91.00	09100	EMERGENCY	0	9,748	153,744	1,333	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	323,415	877,126	20,995	67,109	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	34	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	1,939	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	11,304	0	401	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	9,050,256	900,232	4,446,318	1,666,907	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	26.885675	1.024079	207.481008	24.838800	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	455,839	4,668	310,347	78,349	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.354165	0.005310	14.481895	1.167489	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			CAFETERIA (FTEs SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG FTEs))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	58,126					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,329	0	20,617			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	787	0	0	10,161,747		14.00
15.00	01500	PHARMACY	1,964	0	0	0	15,545,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,038	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,152	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	186	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,703	0	8,038	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,321	0	2,964	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	1,806	0	1,369	0	0	32.02
43.00	04300	NURSERY	217	0	217	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,455	0	1,506	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	503	0	269	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	1,678	0	1,239	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108	0	77	0	0	52.00
53.00	05300	ANESTHESIOLOGY	188	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,128	0	173	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	254	0	35	0	0	55.00
56.00	05600	RADIOISOTOPE	156	0	0	0	0	56.00
58.00	05800	MRI	280	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	676	0	244	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,112	0	930	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,555	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,714	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	529	0	12	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,610,452	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,551,295	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,545,373	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	92	0	92	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	845	0	100	0	0	90.01
91.00	09100	EMERGENCY	5,197	0	3,242	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,072	0	20,507	10,161,747	15,545,373
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	54	0	110	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,652,173	0	4,072,954	3,238,356	4,050,372
203.00		Unit cost multiplier (Wkst. B, Part I)	62.832003	0.000000	197.553184	0.318681	0.260552
204.00		Cost to be allocated (per Wkst. B, Part II)	251,083	0	125,982	460,625	131,712
205.00		Unit cost multiplier (Wkst. B, Part II)	4.319633	0.000000	6.110588	0.045329	0.008473
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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	882,861,865					16.00
17.00	01700	SOCIAL SERVICE	0	10,000				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			18,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01	02301	RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,476,800	7,432	0	0	6,891	30.00
31.00	03100	INTENSIVE CARE UNIT	23,499,845	848	0	0	1,451	31.00
32.02	03202	SURGICAL HEART UNIT	9,154,744	888	0	0	0	32.02
43.00	04300	NURSERY	1,405,349	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,326,067	0	0	0	1,354	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	10,198,445	0	0	0	229	50.02
50.03	05002	WOUND CARE CENTER	14,487	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	17,611,827	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	465,366	0	0	0	1,102	52.00
53.00	05300	ANESTHESIOLOGY	15,562,449	0	0	0	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,528,745	0	0	0	1,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,968,790	0	0	0	27	55.00
56.00	05600	RADIOISOTOPE	5,632,625	0	0	0	126	56.00
58.00	05800	MRI	8,138,702	0	0	0	90	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,331,469	0	0	0	593	59.00
60.00	06000	LABORATORY	93,726,674	0	0	0	292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,159,076	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	11,792,996	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	36,216,939	0	0	0	209	65.00
66.00	06600	PHYSICAL THERAPY	11,561,109	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	26,821,554	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	579,935	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,022,707	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,604,225	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,147,700	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	4,037,653	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	317,220	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	10,018,876	0	0	0	140	90.01
91.00	09100	EMERGENCY	77,539,491	832	0	0	2,220	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	882,861,865	10,000	0	0	16,830	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	799	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	614	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	473,673	97,052	0	0	10,331,454	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000537	9.705200	0.000000	0.000000	566.324289	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	76,150	30,499	0	0	92,252	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000086	3.049900	0.000000	0.000000	5.056844	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00	23.00	23.01	
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	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18,243			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01	02301	RADIOLOGY SCHOOL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,891	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,451	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,354	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	229	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,102	0	0	52.00
53.00	05300	ANESTHESIOLOGY	321	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,785	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27	0	0	55.00
56.00	05600	RADIOISOTOPE	126	0	0	56.00
58.00	05800	MRI	90	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	593	0	0	59.00
60.00	06000	LABORATORY	292	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	140	0	0	90.01
91.00	09100	EMERGENCY	2,220	1,000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00	23.00	23.01	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,830	1,000	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	POB RX	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	799	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	192.04
192.05	19205	OTHER NRCC	614	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	192.06
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,221,697	117,691	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	395.861262	117.691000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	371,479	40,801	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.362824	40.752000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:40 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,203,116		32,203,116	0	32,203,116	30.00	
31.00	03100	INTENSIVE CARE UNIT	9,210,912		9,210,912	0	9,210,912	31.00	
32.02	03202	SURGICAL HEART UNIT	4,375,111		4,375,111	0	4,375,111	32.02	
43.00	04300	NURSERY	745,562		745,562	0	745,562	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,477,846		12,477,846	0	12,477,846	50.00	
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	50.01	
50.02	03340	GASTRO INTESTINAL SERVICES	2,094,042		2,094,042	0	2,094,042	50.02	
50.03	05002	WOUND CARE CENTER	9,266		9,266	0	9,266	50.03	
51.00	05100	RECOVERY ROOM	4,040,020		4,040,020	0	4,040,020	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	558,562		558,562	0	558,562	52.00	
53.00	05300	ANESTHESIOLOGY	669,734		669,734	0	669,734	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,391,418		8,391,418	0	8,391,418	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,337,267		1,337,267	0	1,337,267	55.00	
56.00	05600	RADIOISOTOPE	591,773		591,773	0	591,773	56.00	
58.00	05800	MRI	1,830,794		1,830,794	0	1,830,794	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,230,908		2,230,908	0	2,230,908	59.00	
60.00	06000	LABORATORY	12,827,550		12,827,550	0	12,827,550	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,054,840		1,054,840	0	1,054,840	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	3,733,990		3,733,990	0	3,733,990	64.00	
65.00	06500	RESPIRATORY THERAPY	3,160,569	0	3,160,569	0	3,160,569	65.00	
66.00	06600	PHYSICAL THERAPY	3,215,557	0	3,215,557	0	3,215,557	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,567,346		1,567,346	0	1,567,346	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	119,051		119,051	0	119,051	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,761,212		11,761,212	0	11,761,212	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,359,742		6,359,742	0	6,359,742	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	27,847,231		27,847,231	0	27,847,231	73.00	
73.02	07302	INPT RENAL DIALYSIS	1,088,533		1,088,533	0	1,088,533	73.02	
76.97	07697	CARDIAC REHABILITATION	286,574		286,574	0	286,574	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	2,018,715		2,018,715	0	2,018,715	90.01	
91.00	09100	EMERGENCY	10,722,517		10,722,517	0	10,722,517	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,003,736		3,003,736	0	3,003,736	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	169,533,494	0	169,533,494	0	169,533,494	200.00	
201.00		Less Observation Beds	3,003,736		3,003,736		3,003,736	201.00	
202.00		Total (see instructions)	166,529,758	0	166,529,758	0	166,529,758	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:40 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,528,657		108,528,657		30.00
31.00	03100	INTENSIVE CARE UNIT	23,499,845		23,499,845		31.00
32.02	03202	SURGICAL HEART UNIT	9,154,744		9,154,744		32.02
43.00	04300	NURSERY	1,405,349		1,405,349		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,264,806	37,061,261	65,326,067	0.191009	0.000000
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000
50.02	03340	GASTRO INTESTINAL SERVICES	1,997,958	8,200,487	10,198,445	0.205330	0.000000
50.03	05002	WOUND CARE CENTER	0	14,487	14,487	0.639608	0.000000
51.00	05100	RECOVERY ROOM	5,085,406	12,526,421	17,611,827	0.229392	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	465,366	0	465,366	1.200264	0.000000
53.00	05300	ANESTHESIOLOGY	6,110,738	9,451,711	15,562,449	0.043035	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,474,326	41,054,419	70,528,745	0.118979	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	553,765	7,415,025	7,968,790	0.167813	0.000000
56.00	05600	RADIOISOTOPE	1,835,229	3,797,396	5,632,625	0.105062	0.000000
58.00	05800	MRI	1,964,319	6,174,383	8,138,702	0.224949	0.000000
59.00	05900	CARDIAC CATHETERIZATION	12,849,261	8,482,208	21,331,469	0.104583	0.000000
60.00	06000	LABORATORY	57,921,262	35,805,412	93,726,674	0.136861	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,325,501	1,833,575	5,159,076	0.204463	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	51,863	11,741,133	11,792,996	0.316628	0.000000
65.00	06500	RESPIRATORY THERAPY	30,422,647	5,794,292	36,216,939	0.087268	0.000000
66.00	06600	PHYSICAL THERAPY	6,217,966	5,343,143	11,561,109	0.278136	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,933,747	11,887,807	26,821,554	0.058436	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	154,704	425,231	579,935	0.205283	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,133,059	13,889,648	36,022,707	0.326494	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,697,061	8,907,164	22,604,225	0.281352	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	60,308,394	107,839,306	168,147,700	0.165612	0.000000
73.02	07302	INPT RENAL DIALYSIS	3,774,332	263,321	4,037,653	0.269595	0.000000
76.97	07697	CARDIAC REHABILITATION	0	317,220	317,220	0.903392	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	9,416	10,009,460	10,018,876	0.201491	0.000000
91.00	09100	EMERGENCY	28,004,837	49,534,654	77,539,491	0.138285	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,145,048	11,803,095	12,948,143	0.231982	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	473,289,606	409,572,259	882,861,865		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	473,289,606	409,572,259	882,861,865		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.02	03202	SURGICAL HEART UNIT				32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191009			50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.205330			50.02
50.03	05002	WOUND CARE CENTER	0.639608			50.03
51.00	05100	RECOVERY ROOM	0.229392			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.200264			52.00
53.00	05300	ANESTHESIOLOGY	0.043035			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118979			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167813			55.00
56.00	05600	RADIOISOTOPE	0.105062			56.00
58.00	05800	MRI	0.224949			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104583			59.00
60.00	06000	LABORATORY	0.136861			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.204463			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.316628			64.00
65.00	06500	RESPIRATORY THERAPY	0.087268			65.00
66.00	06600	PHYSICAL THERAPY	0.278136			66.00
69.00	06900	ELECTROCARDIOLOGY	0.058436			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205283			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326494			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281352			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165612			73.00
73.02	07302	INPT RENAL DIALYSIS	0.269595			73.02
76.97	07697	CARDIAC REHABILITATION	0.903392			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.201491			90.01
91.00	09100	EMERGENCY	0.138285			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.231982			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:40 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	32,203,116		32,203,116	0	32,203,116	30.00
31.00	03100	INTENSIVE CARE UNIT	9,210,912		9,210,912	0	9,210,912	31.00
32.02	03202	SURGICAL HEART UNIT	4,375,111		4,375,111	0	4,375,111	32.02
43.00	04300	NURSERY	745,562		745,562	0	745,562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,477,846		12,477,846	0	12,477,846	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,094,042		2,094,042	0	2,094,042	50.02
50.03	05002	WOUND CARE CENTER	9,266		9,266	0	9,266	50.03
51.00	05100	RECOVERY ROOM	4,040,020		4,040,020	0	4,040,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	558,562		558,562	0	558,562	52.00
53.00	05300	ANESTHESIOLOGY	669,734		669,734	0	669,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,391,418		8,391,418	0	8,391,418	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,337,267		1,337,267	0	1,337,267	55.00
56.00	05600	RADIOISOTOPE	591,773		591,773	0	591,773	56.00
58.00	05800	MRI	1,830,794		1,830,794	0	1,830,794	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,230,908		2,230,908	0	2,230,908	59.00
60.00	06000	LABORATORY	12,827,550		12,827,550	0	12,827,550	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,054,840		1,054,840	0	1,054,840	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,733,990		3,733,990	0	3,733,990	64.00
65.00	06500	RESPIRATORY THERAPY	3,160,569	0	3,160,569	0	3,160,569	65.00
66.00	06600	PHYSICAL THERAPY	3,215,557	0	3,215,557	0	3,215,557	66.00
69.00	06900	ELECTROCARDIOLOGY	1,567,346		1,567,346	0	1,567,346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,051		119,051	0	119,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,761,212		11,761,212	0	11,761,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,359,742		6,359,742	0	6,359,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,847,231		27,847,231	0	27,847,231	73.00
73.02	07302	INPT RENAL DIALYSIS	1,088,533		1,088,533	0	1,088,533	73.02
76.97	07697	CARDIAC REHABILITATION	286,574		286,574	0	286,574	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	2,018,715		2,018,715	0	2,018,715	90.01
91.00	09100	EMERGENCY	10,722,517		10,722,517	0	10,722,517	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,003,736		3,003,736		3,003,736	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	169,533,494	0	169,533,494	0	169,533,494	200.00
201.00		Less Observation Beds	3,003,736		3,003,736		3,003,736	201.00
202.00		Total (see instructions)	166,529,758	0	166,529,758	0	166,529,758	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet C Part I Date/Time Prepared: 11/28/2020 10:40 am		
					Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
			Inpatient	Outpatient	Total (col. 6 + col. 7)						
			6.00	7.00	8.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	108,528,657		108,528,657						30.00
31.00	03100	INTENSIVE CARE UNIT	23,499,845		23,499,845						31.00
32.02	03202	SURGICAL HEART UNIT	9,154,744		9,154,744						32.02
43.00	04300	NURSERY	1,405,349		1,405,349						43.00
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	28,264,806	37,061,261	65,326,067	0.191009	0.000000				50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000				50.01
50.02	03340	GASTRO INTESTINAL SERVICES	1,997,958	8,200,487	10,198,445	0.205330	0.000000				50.02
50.03	05002	WOUND CARE CENTER	0	14,487	14,487	0.639608	0.000000				50.03
51.00	05100	RECOVERY ROOM	5,085,406	12,526,421	17,611,827	0.229392	0.000000				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	465,366	0	465,366	1.200264	0.000000				52.00
53.00	05300	ANESTHESIOLOGY	6,110,738	9,451,711	15,562,449	0.043035	0.000000				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,474,326	41,054,419	70,528,745	0.118979	0.000000				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	553,765	7,415,025	7,968,790	0.167813	0.000000				55.00
56.00	05600	RADIOISOTOPE	1,835,229	3,797,396	5,632,625	0.105062	0.000000				56.00
58.00	05800	MRI	1,964,319	6,174,383	8,138,702	0.224949	0.000000				58.00
59.00	05900	CARDIAC CATHETERIZATION	12,849,261	8,482,208	21,331,469	0.104583	0.000000				59.00
60.00	06000	LABORATORY	57,921,262	35,805,412	93,726,674	0.136861	0.000000				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,325,501	1,833,575	5,159,076	0.204463	0.000000				62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000				62.30
64.00	06400	INTRAVENOUS THERAPY	51,863	11,741,133	11,792,996	0.316628	0.000000				64.00
65.00	06500	RESPIRATORY THERAPY	30,422,647	5,794,292	36,216,939	0.087268	0.000000				65.00
66.00	06600	PHYSICAL THERAPY	6,217,966	5,343,143	11,561,109	0.278136	0.000000				66.00
69.00	06900	ELECTROCARDIOLOGY	14,933,747	11,887,807	26,821,554	0.058436	0.000000				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	154,704	425,231	579,935	0.205283	0.000000				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,133,059	13,889,648	36,022,707	0.326494	0.000000				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,697,061	8,907,164	22,604,225	0.281352	0.000000				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,308,394	107,839,306	168,147,700	0.165612	0.000000				73.00
73.02	07302	INPT RENAL DIALYSIS	3,774,332	263,321	4,037,653	0.269595	0.000000				73.02
76.97	07697	CARDIAC REHABILITATION	0	317,220	317,220	0.903392	0.000000				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000				76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000				76.99
OUTPATIENT SERVICE COST CENTERS											
90.01	09001	OPD	9,416	10,009,460	10,018,876	0.201491	0.000000				90.01
91.00	09100	EMERGENCY	28,004,837	49,534,654	77,539,491	0.138285	0.000000				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,145,048	11,803,095	12,948,143	0.231982	0.000000				92.00
OTHER REIMBURSABLE COST CENTERS											
99.10	09910	CORF	0	0	0						99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0						99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0						99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0						99.40
SPECIAL PURPOSE COST CENTERS											
113.00	11300	INTEREST EXPENSE									113.00
200.00		Subtotal (see instructions)	473,289,606	409,572,259	882,861,865						200.00
201.00		Less Observation Beds									201.00
202.00		Total (see instructions)	473,289,606	409,572,259	882,861,865						202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.02	03202	SURGICAL HEART UNIT				32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000			50.02
50.03	05002	WOUND CARE CENTER	0.000000			50.03
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.02	07302	INPT RENAL DIALYSIS	0.000000			73.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.000000			90.01
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
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/28/2020 10:40 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,337,783	0	2,337,783	25,859	90.41	30.00
31.00	INTENSIVE CARE UNIT	591,552		591,552	4,185	141.35	31.00
32.02	SURGICAL HEART UNIT	418,682		418,682	2,106	198.80	32.02
43.00	NURSERY	92,418		92,418	180	513.43	43.00
200.00	Total (lines 30 through 199)	3,440,435		3,440,435	32,330		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	8,817	797,145				
31.00	INTENSIVE CARE UNIT	1,566	221,354				
32.02	SURGICAL HEART UNIT	750	149,100				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	11,133	1,167,599				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/28/2020 10:40 am

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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,830,310	65,326,067	0.028018	16,007,983	448,512	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340 GASTRO INTESTINAL SERVICES	674,660	10,198,445	0.066153	902,133	59,679	50.02
50.03	05002 WOUND CARE CENTER	4,171	14,487	0.287913	0	0	50.03
51.00	05100 RECOVERY ROOM	331,980	17,611,827	0.018850	1,571,434	29,622	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	105,900	465,366	0.227563	1,849	421	52.00
53.00	05300 ANESTHESIOLOGY	207,576	15,562,449	0.013338	1,811,868	24,167	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,428,555	70,528,745	0.020255	11,591,598	234,788	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	298,706	7,968,790	0.037484	352,099	13,198	55.00
56.00	05600 RADIOISOTOPE	94,260	5,632,625	0.016735	733,138	12,269	56.00
58.00	05800 MRI	844,979	8,138,702	0.103822	702,917	72,978	58.00
59.00	05900 CARDIAC CATHETERIZATION	567,838	21,331,469	0.026620	6,055,827	161,206	59.00
60.00	06000 LABORATORY	643,950	93,726,674	0.006871	21,826,207	149,968	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	19,526	5,159,076	0.003785	1,131,054	4,281	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	149,787	11,792,996	0.012701	27,848	354	64.00
65.00	06500 RESPIRATORY THERAPY	187,351	36,216,939	0.005173	16,210,060	83,855	65.00
66.00	06600 PHYSICAL THERAPY	106,694	11,561,109	0.009229	2,663,201	24,579	66.00
69.00	06900 ELECTROCARDIOLOGY	136,065	26,821,554	0.005073	6,134,072	31,118	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	19,102	579,935	0.032938	66,356	2,186	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	356,876	36,022,707	0.009907	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	192,602	22,604,225	0.008521	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	289,145	168,147,700	0.001720	20,181,494	34,712	73.00
73.02	07302 INPT RENAL DIALYSIS	21,518	4,037,653	0.005329	1,672,372	8,912	73.02
76.97	07697 CARDIAC REHABILITATION	37,036	317,220	0.116752	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	368,428	10,018,876	0.036773	3,073	113	90.01
91.00	09100 EMERGENCY	606,311	77,539,491	0.007819	10,653,924	83,303	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	218,056	12,948,143	0.016841	8,474	143	92.00
200.00	Total (lines 50 through 199)	9,741,382	740,273,270		120,308,981	1,480,364	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 10:40 am	
						Title XVIII		Hospital		PPS	
Cost Center Description						Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
						1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT		0	0	0	0	0	0	0	32.02
43.00	04300	NURSERY		0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	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	25,859	0.00	8,817	30.00		
31.00	03100	INTENSIVE CARE UNIT			0	4,185	0.00	1,566	31.00		
32.02	03202	SURGICAL HEART UNIT			0	2,106	0.00	750	32.02		
43.00	04300	NURSERY			0	180	0.00	0	43.00		
200.00		Total (lines 30 through 199)			0	32,330		11,133	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		
32.02	03202	SURGICAL HEART UNIT		0					32.02		
43.00	04300	NURSERY		0					43.00		
200.00		Total (lines 30 through 199)		0					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:40 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	117,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	117,691	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:40 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	65,326,067	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	10,198,445	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	14,487	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	17,611,827	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	465,366	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,562,449	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	70,528,745	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,968,790	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,632,625	0.000000	56.00
58.00	05800	MRI	0	0	0	8,138,702	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,331,469	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	93,726,674	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,159,076	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,792,996	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	36,216,939	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,561,109	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,821,554	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	579,935	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,022,707	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,604,225	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,147,700	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	4,037,653	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	317,220	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	10,018,876	0.000000	90.01
91.00	09100	EMERGENCY	0	117,691	117,691	77,539,491	0.001518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,948,143	0.000000	92.00
200.00		Total (lines 50 through 199)	0	117,691	117,691	740,273,270		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:40 am	
				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	16,007,983	0	10,062,686	0	50.00
50.01	05001	AMBULATORY PRE/POST OP		0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0.000000	902,133	0	2,300,232	0	50.02
50.03	05002	WOUND CARE CENTER		0.000000	0	0	7,188	0	50.03
51.00	05100	RECOVERY ROOM		0.000000	1,571,434	0	2,441,129	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	1,849	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,811,868	0	1,955,863	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,591,598	0	10,532,724	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	352,099	0	2,043,738	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	733,138	0	1,227,269	0	56.00
58.00	05800	MRI		0.000000	702,917	0	1,549,041	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	6,055,827	0	3,720,849	0	59.00
60.00	06000	LABORATORY		0.000000	21,826,207	0	6,761,519	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	1,131,054	0	830,371	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.000000	27,848	0	3,809,678	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	16,210,060	0	1,461,860	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,663,201	0	82,957	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	6,134,072	0	3,762,650	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	66,356	0	87,543	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	137	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	20,181,494	0	44,520,780	0	73.00
73.02	07302	INPT RENAL DIALYSIS		0.000000	1,672,372	0	263,321	0	73.02
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	157,881	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0.000000	3,073	0	1,121,720	0	90.01
91.00	09100	EMERGENCY		0.001518	10,653,924	16,173	7,945,728	12,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	8,474	0	2,050,699	0	92.00
200.00		Total (lines 50 through 199)			120,308,981	16,173	108,697,563	12,062	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/28/2020 10:40 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.191009	10,062,686	17,966	2,021	1,922,064	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.205330	2,300,232	252	0	472,307	50.02
50.03	05002	WOUND CARE CENTER	0.639608	7,188	0	28	4,598	50.03
51.00	05100	RECOVERY ROOM	0.229392	2,441,129	0	0	559,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.200264	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043035	1,955,863	0	0	84,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118979	10,532,724	423	524	1,253,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167813	2,043,738	0	0	342,966	55.00
56.00	05600	RADIOISOTOPE	0.105062	1,227,269	0	0	128,939	56.00
58.00	05800	MRI	0.224949	1,549,041	1	135	348,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104583	3,720,849	1,858	94	389,138	59.00
60.00	06000	LABORATORY	0.136861	6,761,519	0	0	925,388	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.204463	830,371	0	63	169,780	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.316628	3,809,678	4	23	1,206,251	64.00
65.00	06500	RESPIRATORY THERAPY	0.087268	1,461,860	0	0	127,574	65.00
66.00	06600	PHYSICAL THERAPY	0.278136	82,957	0	0	23,073	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058436	3,762,650	0	0	219,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205283	87,543	0	0	17,971	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326494	137	0	0	45	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281352	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165612	44,520,780	0	160,931	7,373,175	73.00
73.02	07302	INPT RENAL DIALYSIS	0.269595	263,321	0	0	70,990	73.02
76.97	07697	CARDIAC REHABILITATION	0.903392	157,881	0	0	142,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.201491	1,121,720	121	2	226,016	90.01
91.00	09100	EMERGENCY	0.138285	7,945,728	0	230	1,098,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.231982	2,050,699	0	31	475,725	92.00
200.00		Subtotal (see instructions)		108,697,563	20,625	164,082	17,583,051	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		108,697,563	20,625	164,082	17,583,051	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 10:40 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,432	386					50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0					50.01
50.02	03340	GASTRO INTESTINAL SERVICES	52	0					50.02
50.03	05002	WOUND CARE CENTER	0	18					50.03
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50	62					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
58.00	05800	MRI	0	30					58.00
59.00	05900	CARDIAC CATHETERIZATION	194	10					59.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	13					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
64.00	06400	INTRAVENOUS THERAPY	1	7					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,652					73.00
73.02	07302	INPT RENAL DIALYSIS	0	0					73.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	24	0					90.01
91.00	09100	EMERGENCY	0	32					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7					92.00
200.00		Subtotal (see instructions)	3,753	27,217					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	3,753	27,217					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:40 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	117,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	117,691	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:40 am	
			Title XIX		Hospital		Cost	
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	65,326,067	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	10,198,445	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	14,487	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	17,611,827	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	465,366	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,562,449	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	70,528,745	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,968,790	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,632,625	0.000000	56.00
58.00	05800	MRI	0	0	0	8,138,702	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,331,469	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	93,726,674	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,159,076	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,792,996	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	36,216,939	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,561,109	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,821,554	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	579,935	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,022,707	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,604,225	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,147,700	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	4,037,653	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	317,220	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	10,018,876	0.000000	90.01
91.00	09100	EMERGENCY	0	117,691	117,691	77,539,491	0.001518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,948,143	0.000000	92.00
200.00		Total (lines 50 through 199)	0	117,691	117,691	740,273,270		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0080

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

Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0.000000	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
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	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0.000000	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.001518	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:40 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			25,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			25,859	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.			10,660	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			12,787	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)			8,817	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)			32,203,116	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)			32,203,116	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			109,090,143	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			109,090,143	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.295197	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)			8,531.33	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)			32,203,116	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)			1,245.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,980,075	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)			10,980,075	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:40 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	9,210,912	4,185	2,200.93	1,566	3,446,656	43.00
44.00 CORONARY CARE UNIT						44.00
44.02 SURGICAL HEART UNIT	4,375,111	2,106	2,077.45	750	1,558,088	44.02
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)					17,013,979	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,998,798	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)					1,167,599	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,496,537	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,664,136	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,334,662	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)					2,412	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,245.33	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,003,736	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,337,783	32,203,116	0.072595	3,003,736	218,056	90.00
91.00	Nursing School cost	0	32,203,116	0.000000	3,003,736	0	91.00
92.00	Allied health cost	0	32,203,116	0.000000	3,003,736	0	92.00
93.00	All other Medical Education	0	32,203,116	0.000000	3,003,736	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:40 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			25,859 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			25,859 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.			24,780 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			-1,333 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)			645 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)			180 15.00
16.00	Nursery days (title V or XIX only)			89 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)			32,203,116 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)			32,203,116 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)			32,203,116 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)			1,245.33 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			803,238 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)			803,238 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Title XIX		Hospital		Cost	
		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)	745,562	180	4,142.01	89	368,639	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,210,912	4,185	2,200.93	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,375,111	2,106	2,077.45	0	0	44.02
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,171,877	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					2,412	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,245.33	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,003,736	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 10:40 am

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,337,783	32,203,116	0.072595	3,003,736	218,056	90.00
91.00	Nursing School cost	0	32,203,116	0.000000	3,003,736	0	91.00
92.00	Allied health cost	0	32,203,116	0.000000	3,003,736	0	92.00
93.00	All other Medical Education	0	32,203,116	0.000000	3,003,736	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 10:40 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		40,687,558		30.00
31.00	03100	INTENSIVE CARE UNIT		7,858,405		31.00
32.02	03202	SURGICAL HEART UNIT		5,715,342		32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191009	16,007,983	3,057,669	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.205330	902,133	185,235	50.02
50.03	05002	WOUND CARE CENTER	0.639608	0	0	50.03
51.00	05100	RECOVERY ROOM	0.229392	1,571,434	360,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.200264	1,849	2,219	52.00
53.00	05300	ANESTHESIOLOGY	0.043035	1,811,868	77,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118979	11,591,598	1,379,157	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167813	352,099	59,087	55.00
56.00	05600	RADIOISOTOPE	0.105062	733,138	77,025	56.00
58.00	05800	MRI	0.224949	702,917	158,120	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104583	6,055,827	633,337	59.00
60.00	06000	LABORATORY	0.136861	21,826,207	2,987,157	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.204463	1,131,054	231,259	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.316628	27,848	8,817	64.00
65.00	06500	RESPIRATORY THERAPY	0.087268	16,210,060	1,414,620	65.00
66.00	06600	PHYSICAL THERAPY	0.278136	2,663,201	740,732	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058436	6,134,072	358,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205283	66,356	13,622	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326494	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281352	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165612	20,181,494	3,342,298	73.00
73.02	07302	INPT RENAL DIALYSIS	0.269595	1,672,372	450,863	73.02
76.97	07697	CARDIAC REHABILITATION	0.903392	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.201491	3,073	619	90.01
91.00	09100	EMERGENCY	0.138285	10,653,924	1,473,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.231982	8,474	1,966	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		120,308,981	17,013,979	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)		120,308,981		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 10:40 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,660,043	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,282,113	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		52,004	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		149,351	2.04
3.00	Managed Care Simulated Payments		9,615,666	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		155.19	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)		130.55	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)		12.07	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)		9.31	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.		0.72	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).		-5.00	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)		127.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		94.57	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		94.57	12.00
13.00	Total allowable FTE count for the prior year.		98.11	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.		97.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		96.79	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		96.79	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.623687	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.577968	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.577968	21.00
22.00	IME payment adjustment (see instructions)		6,558,140	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,633,885	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)		-33.02	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)		6,558,140	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,633,885	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.71	31.00
32.00	Sum of lines 30 and 31		39.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.51	33.00
34.00	Disproportionate share adjustment (see instructions)		1,287,490	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 10:40 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,026,111	1,860,421		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	510,691	1,392,774		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,903,465			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	33,892,606			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		36,526,491		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,645,764		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).		3,719,562		52.00
53.00	Nursing and Allied Health Managed Care payment		12,019		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)		16,173		58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,920,009		59.00
60.00	Primary payer payments		9,182		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,910,827		61.00
62.00	Deductibles billed to program beneficiaries		2,141,304		62.00
63.00	Coinsurance billed to program beneficiaries		106,084		63.00
64.00	Allowable bad debts (see instructions)		1,136,677		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		738,840		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		844,690		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,402,279		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-55,148		70.93
70.94	HRR adjustment amount (see instructions)		-200,340		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 10:40 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		41,146,791	71.00
71.01	Sequestration adjustment (see instructions)		687,151	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		39,517,025	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)		942,615	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		954,452	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: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2020 10:40 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,660,043	0	5,660,043		5,660,043
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,282,113	0		18,282,113	18,282,113
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	52,004	0	52,004		52,004
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	149,351	0		149,351	149,351
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	9,615,666	0	2,141,376	7,474,290	9,615,666
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.577968	0.577968	0.577968	0.577968	
6.00	IME payment adjustment (see instructions)	22.00	6,558,140	0	1,550,376	5,007,764	6,558,140
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,633,885	0	586,557	2,047,328	2,633,885
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	6,558,140	0	1,550,376	5,007,764	6,558,140
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,633,885	0	586,557	2,047,328	2,633,885
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2151	0.2151	0.2151	0.2151	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,287,490	0	304,369	983,121	1,287,490
11.01	Uncompensated care payments	36.00	1,903,465	0	1,635,482	415,470	2,050,952
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	33,892,606	0	9,202,274	24,690,332	33,892,606
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	36,526,491	0	9,788,831	26,737,660	36,526,491
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,645,764	0	647,195	1,998,569	2,645,764

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2020 10:40 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	10,436,026	28,736,229	39,172,255
		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	1,883,107	0	460,470	1,422,637	1,883,107
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	12,992	0	3,412	9,580	12,992
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	0.3981	0.3981	0.3981	0.3981	
23.00	Indirect medical education adjustment (see instructions)	6.00	749,665	0	183,313	566,352	749,665
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	2,645,764	0	647,195	1,998,569	2,645,764
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2020 10:40 am
			Title XVIII		Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,660,043	5,660,043		5,660,043	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,282,113		18,282,113	18,282,113	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	52,004	52,004		52,004	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	149,351		149,351	149,351	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,615,666	2,141,376	7,474,290	9,615,666	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.577968	0.577968	0.577968		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,558,140	1,550,376	5,007,764	6,558,140	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,633,885	586,557	2,047,328	2,633,885	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	6,558,140	1,550,376	5,007,764	6,558,140	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,633,885	586,557	2,047,328	2,633,885	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2151	0.2151	0.2151		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,287,490	304,369	983,121	1,287,490	11.00
11.01	Uncompensated care payments	36.00	1,903,465	481,373	1,515,420	1,996,793	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,892,606	8,048,165	25,844,441	33,892,606	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,526,491	8,634,722	27,891,769	36,526,491	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,645,764	647,195	1,998,569	2,645,764	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			9,281,917	29,890,338	39,172,255	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2020 10:40 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,883,107	460,470	1,422,637	1,883,107	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	12,992	3,412	9,580	12,992	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	0.3981	0.3981	0.3981		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	749,665	183,313	566,352	749,665	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,645,764	647,195	1,998,569	2,645,764	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	-55,148	-12,986	-42,162	-55,148	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	-200,340	-81,505	-118,835	-200,340	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 10:40 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		30,970	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,570,989	2.00	
3.00	OPPS payments		14,070,219	3.00	
4.00	Outlier payment (see instructions)		45,931	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		12,062	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,970	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		184,707	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)		184,707	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)		184,707	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		153,737	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)		30,970	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)		14,128,212	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,125	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,598,238	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)		11,556,819	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,985,953	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)		13,542,772	30.00	
31.00	Primary payer payments		142	31.00	
32.00	Subtotal (line 30 minus line 31)		13,542,630	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)		844,714	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		549,064	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		551,769	36.00	
37.00	Subtotal (see instructions)		14,091,694	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)		14,091,694	40.00	
40.01	Sequestration adjustment (see instructions)		235,331	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		13,894,303	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)		-37,940	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/28/2020 10:40 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		35,228,975		11,335,518	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		3,662,283		2,494,927	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/11/2020	625,767	02/11/2020	63,858	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)		625,767		63,858	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,517,025		13,894,303	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		942,615		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		37,940	6.02
7.00	Total Medicare program liability (see instructions)		40,459,640		13,856,363	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: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/28/2020 10:40 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2020 10:40 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	1,171,877			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,171,877	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,171,877	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	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		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,171,877		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	1,171,877		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/28/2020 10:40 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					11.15	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					1.36	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))					-4.50	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)					95.48	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					94.57	6.00
7.00	Enter the lesser of line 5 or line 6					94.57	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.	58.17	35.09	93.26		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.	58.17	35.09	93.26		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	58.17	35.09			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	61.89	34.96			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	59.45	38.11			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	59.84	36.05			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	59.84	36.05			17.00	
18.00	Per resident amount	115,953.27	109,797.52			18.00	
19.00	Approved amount for resident costs	6,938,644	3,958,201	10,896,845		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			10,896,845		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)	11,133	2,285	2,539			26.00
27.00	Total Inpatient Days (see instructions)	29,831	29,831	29,831			27.00
28.00	Ratio of inpatient days to total inpatient days	0.373202	0.076598	0.085113			28.00
29.00	Program direct GME amount	4,066,724	834,677	927,463	5,828,864		29.00
29.01	Percent reduction for MA DGME		7.00	7.00			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		58,427	64,922	123,349		30.00
31.00	Net Program direct GME amount				5,705,515		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 10:40 am
		Title XVIII	Hospital	PPS
				1.00
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	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)		32,998,798	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)		9,182	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,989,616	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,614,021	42.00
43.00	Primary payer payments (see instructions)		142	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,613,879	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		50,603,495	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.651924	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.348076	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,705,515	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,719,562	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,985,953	50.00

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

Provider CCN: 14-0080

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

Worksheet G

Date/Time Prepared:
11/28/2020 10:40 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	13,316	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	104,643,492	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-81,008,208	0	0	0	6.00
7.00 Inventory	4,595,628	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	221,795	0	0	0	9.00
10.00 Due from other funds	4,294,342	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	32,760,365	0	0	0	11.00
FIXED ASSETS					
12.00 Land	15,000,000	0	0	0	12.00
13.00 Land improvements	352,750	0	0	0	13.00
14.00 Accumulated depreciation	-87,852	0	0	0	14.00
15.00 Buildings	42,432,005	0	0	0	15.00
16.00 Accumulated depreciation	-4,037,026	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	6,527,919	0	0	0	19.00
20.00 Accumulated depreciation	-2,338,307	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	16,688,133	0	0	0	23.00
24.00 Accumulated depreciation	-6,407,701	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)	68,129,921	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	395,704	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	395,704	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	101,285,990	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	20,906,794	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	50,649,445	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	71,556,239	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	972,862	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	972,862	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	72,529,101	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	28,756,889				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)	28,756,889	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	101,285,990	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0080

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

Worksheet G-1

Date/Time Prepared:
11/28/2020 10:40 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		82,077,802		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-21,513,907				2.00
3.00	Total (sum of line 1 and line 2)		60,563,895		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER FROM AFFILIATES	3,226,424		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)		3,226,424		0		10.00
11.00	Subtotal (line 3 plus line 10)		63,790,319		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	35,033,430		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)		35,033,430		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		28,756,889		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER FROM AFFILIATES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS TO AFFILIATES		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: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,934,006		109,934,006	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	109,934,006		109,934,006	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,499,845		23,499,845	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	9,154,744		9,154,744	12.02
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)	32,654,589		32,654,589	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	142,588,595		142,588,595	17.00
18.00	Ancillary services	234,620,163	338,167,383	572,787,546	18.00
19.00	Outpatient services	96,138,514	71,347,209	167,485,723	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
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER INCOME	0	2,011,811	2,011,811	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	473,347,272	411,526,403	884,873,675	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		191,577,766		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)		191,577,766		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0080

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

Worksheet G-3

Date/Time Prepared:
11/28/2020 10:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	884,873,675	1.00
2.00	Less contractual allowances and discounts on patients' accounts	729,335,514	2.00
3.00	Net patient revenues (line 1 minus line 2)	155,538,161	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	191,577,766	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-36,039,605	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	151,470	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	551,118	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	119,679	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHILD CARE CENTER	0	24.00
24.01	REFERENCE LAB	0	24.01
24.02	GRANTS	0	24.02
24.04	MISCELLANEOUS REVENUE	2,727,982	24.04
24.05	BLUE CROSS BONUS	0	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	0	24.07
24.08	EMS REVENUE	0	24.08
24.09	340 B CONTRACT REVENUE	0	24.09
24.10	NET ASSETS RELEASED	97,442	24.10
24.11	OTHER (SPECIFY)	0	24.11
24.50	COVID-19 PHE Funding	10,878,007	24.50
25.00	Total other income (sum of lines 6-24)	14,525,698	25.00
26.00	Total (line 5 plus line 25)	-21,513,907	26.00
27.00	CHILD CARE CENTER	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-21,513,907	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0080	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/28/2020 10:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,883,107	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		12,992	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)		81.51	3.00
4.00	Number of interns & residents (see instructions)		96.79	4.00
5.00	Indirect medical education percentage (see instructions)		39.81	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)		749,665	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,645,764	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

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet L-1
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
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Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis		389,560	2,813,957	0	48,150,234	203.00
204.00		Unit Cost Multiplier		0.000000	0.000000	0	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

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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	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	0	0	14,609,382	882,861,865	882,861,865	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL	0					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	136,071,992	0	336,620	879,065	21,430	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	0					10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
From 07/01/2019
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	67,109	58,126	0	20,617	10,161,747	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0			32.02
43.00	04300	NURSERY	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0			50.02
50.03	05002	WOUND CARE CENTER	0	0	0			50.03
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0			90.01
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	0	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	15,545,373	882,861,865	10,000	0	0	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Intern & Res.		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			I&R	I&R				
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			0			23.00
23.01	02301	RADIOLOGY SCHOOL			0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					0	30.00
31.00	03100	INTENSIVE CARE UNIT					0	31.00
32.02	03202	SURGICAL HEART UNIT					0	32.02
43.00	04300	NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					0	50.00
50.01	05001	AMBULATORY PRE/POST OP					0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES					0	50.02
50.03	05002	WOUND CARE CENTER					0	50.03
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					0	56.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					0	65.00
66.00	06600	PHYSICAL THERAPY					0	66.00
69.00	06900	ELECTROCARDIOLOGY					0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					0	73.00
73.02	07302	INPT RENAL DIALYSIS					0	73.02
76.97	07697	CARDIAC REHABILITATION					0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD					0	90.01
91.00	09100	EMERGENCY					0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Intern & Res.		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			I&R SERVICES-SALAR Y & FRINGES APPRV	I&R SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
					23.00	23.01	24.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
190.01	19001	POB RX					0	190.01
190.02	19002	MOBILE MEDICAL CARE					0	190.02
190.03	19003	ARTHRITIS CENTER					0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.02	19202	OUTREACH TRANSPORTATION					0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER					0	192.03
192.04	19204	WOMENS HEALTH CENTER					0	192.04
192.05	19205	OTHER NRCC					0	192.05
192.06	19206	ASBURY STREET SNF					0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	18,243	18,243	1,000	0		203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
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	00591	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
23.01	02301	RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	32.02
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 14-0080

Period:
From 07/01/2019
To 06/30/2020Worksheet L-1
Part I
Date/Time Prepared:
11/28/2020 10:40 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		Cross Foot Adjustments		0	200.00
201.00		Negative Cost Centers		0	201.00
202.00		Total (sum of lines 118 and 190 through 201)	0	0	202.00
203.00		Total Statistical Basis			203.00
204.00		Unit Cost Multiplier			204.00