

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: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/28/2020 11:42 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 RESURRECTION MEDICAL CENTER (14-0117) 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) MICHAEL MULAY
 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	-347,863	46,802	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	98,180	79		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	-249,683	46,881	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: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 11:42 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 7435 WEST TALCOTT			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60631		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis			RESURRECTION MEDICAL CENTER RDF	142335	16974		07/01/2004			
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			0	3,567	0	49	4,982	191		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	284	0	0	454		25.00		
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						2	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0	35.00		
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0	37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00		
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.						Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.						N			60.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 11:42 am
		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	5,328,365 118.01
		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	5.60	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 11:42 am	
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: PRSENCE CARE TRANSFORMATION CORP		Contractor's Name: NGS		Contractor's Number: 00131				141.00
142.00	Street: 200 SOUTH WACKER DRIVE		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	
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.					N	N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 11:42 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)	Y		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 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		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.	Y		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.	Y		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 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2020	Y 11/13/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 11:42 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			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.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/28/2020 11:42 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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 11:42 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	186	62,156	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)		186	62,156	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	41	15,006	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		227	77,162	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,202		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		274			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		17	6,222			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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 11:42 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)	24,249	1,007	46,692			1.00
2.00	HMO and other (see instructions)	10,561	6,843				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,236	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)	24,249	1,007	46,692			7.00
8.00	INTENSIVE CARE UNIT	2,982	692	10,372			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		5	1,709			13.00
14.00	Total (see instructions)	27,231	1,704	58,773	70.00	1,021.83	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	6,623	81	10,185	0.00	47.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			214			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				70.00	1,068.83	27.00
28.00	Observation Bed Days		116	1,867			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	242	484			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1			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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 11:42 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	4,760	421	11,791	1.00
2.00 HMO and other (see instructions)			1,697	1,345		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				34		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,760	421	11,791	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	563	14	839	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 11:42 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	85,085,878	-3,270,419	81,815,459	2,223,174.92	36.80
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		1,334,831	0	1,334,831	12,739.23	104.78
5.00	Physician and Non Physician-Part B		407,380	0	407,380	6,080.30	67.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	5,062,242	5,062,242	172,520.00	29.34
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,268,698	-485,552	3,783,146	104,937.33	36.05
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,192,433	0	6,192,433	145,263.09	42.63
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		14,397,286	0	14,397,286	288,919.00	49.83
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,173,068	0	16,173,068		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		939,857	0	939,857		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		259,186	0	259,186		
23.00	Physician Part B		106,849	0	106,849		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,871,159	0	1,871,159		
25.50	Home office wage-related (core)		2,251,730	0	2,251,730		
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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 11:42 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	723,344	0	723,344	35,683.00	20.27	26.00
27.00	Administrative & General	5.00	4,105,590	330,701	4,436,291	124,722.00	35.57	27.00
28.00	Administrative & General under contract (see inst.)		682,779	0	682,779	4,700.00	145.27	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	57,974	0	57,974	3,072.00	18.87	31.00
32.00	Housekeeping	9.00	-38,626	38,626	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,378,715	0	3,378,715	133,321.00	25.34	33.00
34.00	Dietary	10.00	75,098	-51,040	24,058	28.84	834.19	34.00
35.00	Dietary under contract (see instructions)		3,470,829	2,222,719	5,693,548	40,068.00	142.10	35.00
36.00	Cafeteria	11.00	0	48,019	48,019	57.55	834.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,221,616	-504,000	1,717,616	37,204.00	46.17	38.00
39.00	Central Services and Supply	14.00	335,925	0	335,925	16,709.00	20.10	39.00
40.00	Pharmacy	15.00	2,499,458	-9,345	2,490,113	54,452.00	45.73	40.00
41.00	Medical Records & Medical Records Library	16.00	899,165	0	899,165	19,216.00	46.79	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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/28/2020 11:42 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)	90,875,990	-6,109,942	84,766,048	2,209,924.39	38.36	1.00
2.00	Excluded area salaries (see instructions)	4,268,698	-485,552	3,783,146	104,937.33	36.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,607,292	-5,624,390	80,982,902	2,104,987.06	38.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,589,719	0	20,589,719	434,182.09	47.42	4.00
5.00	Subtotal wage-related costs (see inst.)	18,424,798	0	18,424,798	0.00	22.75	5.00
6.00	Total (sum of lines 3 thru 5)	125,621,809	-5,624,390	119,997,419	2,539,169.15	47.26	6.00
7.00	Total overhead cost (see instructions)	18,411,867	2,075,680	20,487,547	469,233.39	43.66	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/28/2020 11:42 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,514,372	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,195,410	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)	7,929,881	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	-82,870	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-16,609	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)	211,768	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,388,308	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,004,153	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	118,937	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	86,769	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,350,119	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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/28/2020 11:42 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	6,192,433	19,350,119	1.00
2.00	Hospital	6,192,433	16,173,068	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	748,934	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,428,117	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:
11/28/2020 11:42 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00	0.00	0.00	3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	12	0	0		0		6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						5		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)			0	0	0	0	22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:
11/28/2020 11:42 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142335	0	23.00

Health Financial Systems		PRESENCE RESURRECTION MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/28/2020 11:42 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)			0.183794	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			18,843,123	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			196,370,106	6.00
7.00	Medicaid cost (line 1 times line 6)			36,091,647	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)			17,248,524	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)			17,248,524	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)	31,550,133	1,901,783	33,451,916	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,798,725	1,901,783	7,700,508	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)	5,798,725	1,901,783	7,700,508	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)			7,008,685	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,116,502	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,717,695	27.01
28.00	Non-Medicare bad debt expense (see instructions)			5,290,990	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,573,645	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,274,153	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			26,522,677	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet A Date/Time Prepared: 11/28/2020 11:42 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			
	GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,994,340	7,994,340	1,555,437	9,549,777	1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	12,485,045	12,485,045	2.00		
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	723,344	13,550,207	14,273,551	-29,534	14,244,017	4.00		
5.10	01160	COMMUNICATIONS	0	175,251	175,251	-65	175,186	5.10		
5.20	00550	DATA PROCESSING	0	0	0	0	0	5.20		
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.30		
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.50		
5.60	00592	ADMINISTRATION & GENERAL	4,105,590	72,549,603	76,655,193	-3,281,559	73,373,634	5.60		
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90		
6.00	00600	MAINTENANCE & REPAIRS	0	33,267	33,267	-30,424	2,843	6.00		
7.00	00700	OPERATION OF PLANT	0	7,318,833	7,318,833	-504,833	6,814,000	7.00		
7.01	00701	ELECTRICITY	0	0	0	0	0	7.01		
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02		
8.00	00800	LAUNDRY & LINEN SERVICE	57,974	905,168	963,142	-33	963,109	8.00		
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01		
9.00	00900	HOUSEKEEPING	-38,626	4,603,460	4,564,834	-20,075	4,544,759	9.00		
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01		
10.00	01000	DIETARY	75,098	5,659,913	5,735,011	-3,895,985	1,839,026	10.00		
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01		
11.00	01100	CAFETERIA	0	0	0	3,593,978	3,593,978	11.00		
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00		
13.00	01300	NURSING ADMINISTRATION	2,221,616	1,505,884	3,727,500	-557,718	3,169,782	13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	335,925	1,014,896	1,350,821	-1,308,455	42,366	14.00		
15.00	01500	PHARMACY	2,499,458	9,376,035	11,875,493	-8,920,375	2,955,118	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	899,165	570,823	1,469,988	-9,404	1,460,584	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00		
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01		
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	5,062,242	5,062,242	21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,436,561	4,978,088	9,414,649	-2,604,270	6,810,379	22.00		
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00		
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	20,811,812	4,887,573	25,699,385	-2,072,510	23,626,875	30.00		
31.00	03100	INTENSIVE CARE UNIT	8,400,812	1,944,986	10,345,798	-1,001,523	9,344,275	31.00		
41.00	04100	SUBPROVIDER - IRF	3,401,551	489,893	3,891,444	-170,805	3,720,639	41.00		
43.00	04300	NURSERY	1,075,151	1,561,292	2,636,443	-68,748	2,567,695	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,540,812	20,234,527	23,775,339	-16,979,542	6,795,797	50.00		
50.01	03330	AMBULATORY SURGERY	2,171,506	1,110,289	3,281,795	-796,067	2,485,728	50.01		
51.00	05100	RECOVERY ROOM	790,381	91,971	882,352	-30,837	851,515	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	139,604	2,387,404	2,527,008	-443,114	2,083,894	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,213,254	4,003,740	8,216,994	-2,751,306	5,465,688	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	787,040	964,184	1,751,224	25,640	1,776,864	55.00		
56.00	05600	RADIOISOTOPE	358,354	673,751	1,032,105	-420,927	611,178	56.00		
57.00	05700	CT SCAN	750,508	344,319	1,094,827	-132,074	962,753	57.00		
58.00	05800	MRI	414,156	454,058	868,214	-319,602	548,612	58.00		
59.00	05900	CARDIAC CATHETERIZATION	1,783,928	6,173,744	7,957,672	-6,668,753	1,288,919	59.00		
60.00	06000	LABORATORY	0	10,626,813	10,626,813	-420,911	10,205,902	60.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,062,411	1,062,411	-1,049,795	12,616	62.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	2,333,817	758,579	3,092,396	-328,216	2,764,180	65.00		
66.00	06600	PHYSICAL THERAPY	2,999,334	256,674	3,256,008	-142,207	3,113,801	66.00		
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01		
66.02	06602	DAY REHABILITATION FACILITY	404,668	117,112	521,780	-13,250	508,530	66.02		
67.00	06700	OCCUPATIONAL THERAPY	1,592,803	137,052	1,729,855	84,044	1,813,899	67.00		
68.00	06800	SPEECH PATHOLOGY	1,028,574	425,922	1,454,496	-298,742	1,155,754	68.00		
69.00	06900	ELECTROCARDIOLOGY	851,639	1,190,292	2,041,931	-177,600	1,864,331	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	73,029	1,788,573	1,861,602	-80,306	1,781,296	70.00		
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,532,596	17,532,596	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,162,079	13,162,079	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,517,951	11,517,951	73.00		
74.00	07400	RENAL DIALYSIS	1,920	1,381,727	1,383,647	-13,055	1,370,592	74.00		
76.97	07697	CARDIAC REHABILITATION	412,831	124,473	537,304	1,810	539,114	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		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A

Date/Time Prepared:
11/28/2020 11:42 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	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	171,398	68,552	239,950	-28,046	211,904	90.00
90.01	09001	WELLNESS PROGRAM	194,936	43,290	238,226	-2,313	235,913	90.01
90.02	09002	WOUND CARE CENTER	191,005	830,078	1,021,083	-341,990	679,093	90.02
91.00	09100	EMERGENCY	5,010,987	1,336,844	6,347,831	-436,732	5,911,099	91.00
91.01	04040	FAMILY PRACTICE	3,190,319	657,441	3,847,760	-3,090,548	757,212	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,806,497	331,476	2,137,973	-162,130	1,975,843	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,157,701	5,157,701	-5,157,701	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,218,731	201,852,509	286,071,240	258,742	286,329,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	132,369	24,245	156,614	-3,425	153,189	192.00
193.00	19300	NONPAID WORKERS	0	197	197	226,037	226,234	193.00
194.00	07950	OTHER	734,778	56,155	790,933	-481,354	309,579	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	85,085,878	201,933,106	287,018,984	0	287,018,984	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A

Date/Time Prepared:
11/28/2020 11:42 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	794,685	10,344,462	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	759,778	13,244,823	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-284,861	13,959,156	4.00
5.10	01160	COMMUNICATIONS	0	175,186	5.10
5.20	00550	DATA PROCESSING	14,664,127	14,664,127	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,439,938	13,439,938	5.50
5.60	00592	ADMINISTRATION & GENERAL	-17,397,654	55,975,980	5.60
5.90	00593	RNP ADMINISTRATION	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	2,147,114	2,149,957	6.00
7.00	00700	OPERATION OF PLANT	0	6,814,000	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	963,109	8.00
8.01	00801	RNP LAUNDRY	0	0	8.01
9.00	00900	HOUSEKEEPING	0	4,544,759	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	9.01
10.00	01000	DIETARY	0	1,839,026	10.00
10.01	01001	RNP DIETARY	0	0	10.01
11.00	01100	CAFETERIA	-1,009,614	2,584,364	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	163,445	3,333,227	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,366	14.00
15.00	01500	PHARMACY	336,925	3,292,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	86,566	1,547,150	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	17.01
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	5,062,242	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-46,500	6,763,879	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-896,157	22,730,718	30.00
31.00	03100	INTENSIVE CARE UNIT	621,482	9,965,757	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,720,639	41.00
43.00	04300	NURSERY	-1,410,089	1,157,606	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,725,438	5,070,359	50.00
50.01	03330	AMBULATORY SURGERY	0	2,485,728	50.01
51.00	05100	RECOVERY ROOM	0	851,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,919,329	164,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-508,466	4,957,222	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,776,864	55.00
56.00	05600	RADIOISOTOPE	0	611,178	56.00
57.00	05700	CT SCAN	0	962,753	57.00
58.00	05800	MRI	0	548,612	58.00
59.00	05900	CARDIAC CATHETERIZATION	-88,848	1,200,071	59.00
60.00	06000	LABORATORY	210,867	10,416,769	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,616	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,764,180	65.00
66.00	06600	PHYSICAL THERAPY	0	3,113,801	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	508,530	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,813,899	67.00
68.00	06800	SPEECH PATHOLOGY	-7,187	1,148,567	68.00
69.00	06900	ELECTROCARDIOLOGY	-770,783	1,093,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,648,759	132,537	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,532,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,162,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,517,951	73.00
74.00	07400	RENAL DIALYSIS	0	1,370,592	74.00
76.97	07697	CARDIAC REHABILITATION	-65,299	473,815	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-10,500	201,404	90.00
90.01	09001	WELLNESS PROGRAM	-25,843	210,070	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	WOUND CARE CENTER	0	679,093	90.02
91.00	09100	EMERGENCY	-10,000	5,901,099	91.00
91.01	04040	FAMILY PRACTICE	0	757,212	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,975,843	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,399,600	291,729,582	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	153,189	192.00
193.00	19300	NONPAID WORKERS	0	226,234	193.00
194.00	07950	OTHER	0	309,579	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	5,399,600	292,418,584	200.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 11:42 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
B - DRUGS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	11,517,951		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
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
TOTALS		0	11,517,951		
C - SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,532,596		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

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 11:42 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
TOTALS			0	17,532,596		
D - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,162,079		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
TOTALS			0	13,162,079		
E - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,157,701		1.00
2.00		0.00	0	0		2.00
TOTALS			0	5,157,701		
F - CAFETERIA						
1.00	CAFETERIA	11.00	48,019	3,545,959		1.00
2.00	NONPAID WORKERS	193.00	3,021	223,064		2.00
TOTALS			51,040	3,769,023		
G - HOUSKEEPENG SALARY CORRECTION						
1.00	HOUSEKEEPING	9.00	38,626	0		1.00
TOTALS			38,626	0		
H - CONTRACTED SERVICES IN SALARY						
1.00	NURSING ADMINISTRATION	13.00	0	504,000		1.00
2.00	PHARMACY	15.00	0	9,345		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	360,476		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,052,774		4.00
5.00	SUBPROVIDER - IRF	41.00	0	42,593		5.00
6.00	NURSERY	43.00	0	54,374		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,800		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	39,147		8.00
9.00	RESPIRATORY THERAPY	65.00	0	36,278		9.00
10.00	EMERGENCY	91.00	0	1,128,815		10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	76,443		11.00
TOTALS			0	3,309,045		
I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-THERAPEUTIC	55.00	105,316	53,996		1.00
2.00	RADIOISOTOPE	56.00	144,797	74,237		2.00
3.00	CT SCAN	57.00	100,428	51,489		3.00
4.00	MRI	58.00	55,420	28,414		4.00
TOTALS			405,961	208,136		

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	K - THERAPY SUPV					
1.00	OCCUPATIONAL THERAPY	67.00	87,820	0		1.00
2.00	SPEECH PATHOLOGY	68.00	41,125	0		2.00
	TOTALS		128,945	0		
	L - CARDIOLOGY SUPV					
1.00	CARDIAC REHABILITATION	76.97	17,547	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	3,104	0		2.00
	TOTALS		20,651	0		
	M - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,485,045		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
	TOTALS		0	12,485,045		
	O - I & R					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	5,062,242	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		5,062,242	0		
	P - RESIDENT SALARIES					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	730,210	0		1.00
	TOTALS		730,210	0		
	Q - FAMILY PRACTICE CENTER					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	637,245	399,376		1.00
	TOTALS		637,245	399,376		
	R - OB PHYS RECLASS					
1.00	ADMINISTRATION & GENERAL	5.60	304,937	242,881		1.00
	TOTALS		304,937	242,881		
	S - MAPPING CORRECTION					
1.00	ADMINISTRATION & GENERAL	5.60	25,764	2,015		1.00
2.00	EMERGENCY	91.00	420,216	32,862		2.00
	TOTALS		445,980	34,877		
500.00	Grand Total: Increases		7,825,837	67,818,710		500.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 11:42 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12	0		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	665	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	12	0		3.00
4.00	OPERATION OF PLANT	7.00	0	217	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	24	0		5.00
6.00	HOUSEKEEPING	9.00	0	741	0		6.00
7.00	DIETARY	10.00	0	38,375	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	25,134	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	95,416	0		9.00
10.00	PHARMACY	15.00	0	8,768,132	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,876	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	237,224	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	91,921	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	12,968	0		14.00
15.00	NURSERY	43.00	0	1,906	0		15.00
16.00	OPERATING ROOM	50.00	0	100,879	0		16.00
17.00	AMBULATORY SURGERY	50.01	0	58,485	0		17.00
18.00	RECOVERY ROOM	51.00	0	4,489	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	35,112	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	108,277	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,445	0		21.00
22.00	RADIOISOTOPE	56.00	0	152,855	0		22.00
23.00	CT SCAN	57.00	0	125,347	0		23.00
24.00	MRI	58.00	0	21,038	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	72,002	0		25.00
26.00	LABORATORY	60.00	0	168,412	0		26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,049,795	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	1,748	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	60	0		29.00
30.00	DAY REHABILITATION FACILITY	66.02	0	95	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	3	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	13,290	0		32.00
33.00	RENAL DIALYSIS	74.00	0	5,794	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	197	0		34.00
35.00	CLINIC	90.00	0	13,587	0		35.00
36.00	WOUND CARE CENTER	90.02	0	8,756	0		36.00
37.00	EMERGENCY	91.00	0	189,440	0		37.00
38.00	FAMILY PRACTICE	91.01	0	72,177	0		38.00
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	30,094	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,951	0		40.00
	TOTALS		0	11,517,951			
	C - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,371	0		1.00
2.00	COMMUNICATIONS	5.10	0	65	0		2.00
3.00	ADMINISTRATION & GENERAL	5.60	0	316,554	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	445	0		4.00
5.00	OPERATION OF PLANT	7.00	0	120	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	9	0		6.00
7.00	HOUSEKEEPING	9.00	0	8,740	0		7.00
8.00	DIETARY	10.00	0	766	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	1,447	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,131,551	0		10.00
11.00	PHARMACY	15.00	0	118,575	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	159	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	112	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	1,663,061	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	818,533	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	135,589	0		16.00
17.00	NURSERY	43.00	0	26,057	0		17.00
18.00	OPERATING ROOM	50.00	0	6,868,042	0		18.00
19.00	AMBULATORY SURGERY	50.01	0	628,500	0		19.00
20.00	RECOVERY ROOM	51.00	0	25,978	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	330,737	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	592,810	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,510	0		23.00
24.00	RADIOISOTOPE	56.00	0	476,973	0		24.00
25.00	CT SCAN	57.00	0	81,758	0		25.00
26.00	MRI	58.00	0	63,075	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	2,593,104	0		27.00
28.00	LABORATORY	60.00	0	80,820	0		28.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	RESPIRATORY THERAPY	65.00	0	281,027	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	8,791	0		30.00
31.00	DAY REHABILITATION FACILITY	66.02	0	10,297	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	3,711	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	329,564	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	75,753	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,702	0		35.00
36.00	RENAL DIALYSIS	74.00	0	7,261	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	4,934	0		37.00
38.00	CLINIC	90.00	0	14,459	0		38.00
39.00	WELLNESS PROGRAM	90.01	0	2,313	0		39.00
40.00	WOUND CARE CENTER	90.02	0	76,587	0		40.00
41.00	EMERGENCY	91.00	0	597,722	0		41.00
42.00	FAMILY PRACTICE	91.01	0	9,151	0		42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	126,844	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	474	0		44.00
45.00	NONPAID WORKERS	193.00	0	48	0		45.00
46.00	OTHER	194.00	0	497	0		46.00
TOTALS			0	17,532,596			
D - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,549	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	159	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	26,390	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	14,886	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	505	0		5.00
6.00	NURSERY	43.00	0	257	0		6.00
7.00	OPERATING ROOM	50.00	0	8,957,568	0		7.00
8.00	AMBULATORY SURGERY	50.01	0	34,459	0		8.00
9.00	RECOVERY ROOM	51.00	0	370	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	2,997	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,722	0		11.00
12.00	RADIOISOTOPE	56.00	0	847	0		12.00
13.00	CT SCAN	57.00	0	1,568	0		13.00
14.00	MRI	58.00	0	322	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	3,821,121	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	2,961	0		16.00
17.00	DAY REHABILITATION FACILITY	66.02	0	1,132	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	62	0		18.00
19.00	WOUND CARE CENTER	90.02	0	243,247	0		19.00
20.00	EMERGENCY	91.00	0	8,736	0		20.00
21.00	FAMILY PRACTICE	91.01	0	29	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,192	0		22.00
TOTALS			0	13,162,079			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,157,701	11		1.00
2.00		0.00	0	0	11		2.00
TOTALS			0	5,157,701			
F - CAFETERIA							
1.00	DIETARY	10.00	51,040	3,769,023	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			51,040	3,769,023			
G - HOUSKEEPENG SALARY CORRECTION							
1.00	HOUSEKEEPING	9.00	0	38,626	0		1.00
TOTALS			0	38,626			
H - CONTRACTED SERVICES IN SALARY							
1.00	NURSING ADMINISTRATION	13.00	504,000	0	0		1.00
2.00	PHARMACY	15.00	9,345	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	360,476	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	1,052,774	0	0		4.00
5.00	SUBPROVIDER - IRF	41.00	42,593	0	0		5.00
6.00	NURSERY	43.00	54,374	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	4,800	0	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	39,147	0	0		8.00
9.00	RESPIRATORY THERAPY	65.00	36,278	0	0		9.00
10.00	EMERGENCY	91.00	1,128,815	0	0		10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	76,443	0	0		11.00
TOTALS			3,309,045	0			

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	405,961	208,136	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		405,961	208,136			
	K - THERAPY SUPV						
1.00	PHYSICAL THERAPY	66.00	128,945	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		128,945	0			
	L - RADIOLOGY SUPV						
1.00	RESPIRATORY THERAPY	65.00	20,651	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		20,651	0			
	M - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,602,264	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,151	9		2.00
3.00	ADMINISTRATION & GENERAL	5.60	0	3,539,937	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	29,967	0		4.00
5.00	OPERATION OF PLANT	7.00	0	504,496	0		5.00
6.00	HOUSEKEEPING	9.00	0	10,594	0		6.00
7.00	DIETARY	10.00	0	36,781	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	531,137	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,939	0		9.00
10.00	PHARMACY	15.00	0	33,668	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,369	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	145,835	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	76,183	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	21,743	0		14.00
15.00	NURSERY	43.00	0	40,528	0		15.00
16.00	OPERATING ROOM	50.00	0	1,053,053	0		16.00
17.00	AMBULATORY SURGERY	50.01	0	74,623	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	74,268	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,409,400	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	117,717	0		20.00
21.00	RADIOISOTOPE	56.00	0	9,286	0		21.00
22.00	CT SCAN	57.00	0	75,318	0		22.00
23.00	MRI	58.00	0	319,001	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	182,526	0		24.00
25.00	LABORATORY	60.00	0	171,679	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	24,790	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	1,450	0		27.00
28.00	DAY REHABILITATION FACILITY	66.02	0	1,726	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	10,303	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	88,557	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	81,708	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	10,606	0		32.00
33.00	WOUND CARE CENTER	90.02	0	13,400	0		33.00
34.00	EMERGENCY	91.00	0	91,494	0		34.00
35.00	FAMILY PRACTICE	91.01	0	5,548	0		35.00
	TOTALS		0	12,485,045			
	O - I & R						
1.00	I&R SERVICES-OTHER PRGM	22.00	3,823,012	0	0		1.00
2.00	COSTS APPRV	91.00	2,418	0	0		2.00
3.00	FAMILY PRACTICE	91.01	1,236,812	0	0		3.00
	TOTALS		5,062,242	0			
	P - RESIDENT SALARIES						
1.00	FAMILY PRACTICE	91.01	730,210	0	0		1.00
	TOTALS		730,210	0			
	Q - FAMILY PRACTICE CENTER						
1.00	FAMILY PRACTICE	91.01	637,245	399,376	0		1.00
	TOTALS		637,245	399,376			
	R - OB PHYS RECLASS						
1.00	I&R SERVICES-OTHER PRGM	22.00	304,937	242,881	0		1.00
	COSTS APPRV						
	TOTALS		304,937	242,881			
	S - MAPPING CORRECTION						
1.00	OTHER	194.00	445,980	34,877	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		445,980	34,877			
500.00	Grand Total: Decreases		11,096,256	64,548,291			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,590,000	0	0	0	0	1.00	
2.00	Land Improvements	2,279,000	0	0	0	0	2.00	
3.00	Buildings and Fixtures	85,841,979	12,675,839	0	12,675,839	0	3.00	
4.00	Building Improvements	0	1,433,956	0	1,433,956	0	4.00	
5.00	Fixed Equipment	0	6,247,106	0	6,247,106	0	5.00	
6.00	Movable Equipment	31,019,999	0	0	0	3,998,835	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	164,730,978	20,356,901	0	20,356,901	3,998,835	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	164,730,978	20,356,901	0	20,356,901	3,998,835	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,590,000	0				1.00	
2.00	Land Improvements	2,279,000	0				2.00	
3.00	Buildings and Fixtures	98,517,818	0				3.00	
4.00	Building Improvements	1,433,956	0				4.00	
5.00	Fixed Equipment	6,247,106	0				5.00	
6.00	Movable Equipment	27,021,164	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	181,089,044	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	181,089,044	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/28/2020 11:42 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	7,994,340	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)	7,994,340	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	7,994,340				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,994,340				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/28/2020 11:42 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	154,067,880	0	154,067,880	0.850785	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,021,164	0	27,021,164	0.149215	0	2.00
3.00	Total (sum of lines 1-2)	181,089,044	0	181,089,044	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,823,884	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,244,823	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,068,707	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	1,520,578	0	0	0	10,344,462	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,244,823	2.00
3.00	Total (sum of lines 1-2)	1,520,578	0	0	0	23,589,285	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
11/28/2020 11:42 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	-3,637,123	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	-10,517,310			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	20,406,802			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,009,614	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	905,062	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	759,778	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	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-833,762	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
11/28/2020 11:42 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	
33.01	MISC REVENUE	B	-536,661	ADMINISTRATION & GENERAL	5.60	0	33.01
33.02	MISC REVENUE	B	-460	PHARMACY	15.00	0	33.02
33.07	ALCOHOL COST		0		0.00	0	33.07
33.12	MISC REVENUE	B	0	ADULTS & PEDIATRICS	30.00	0	33.12
33.16	MISC REVENUE	B	0	NURSING ADMINISTRATION	13.00	0	33.16
33.19	MISC REVENUE	B	-404	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	MISC REVENUE	B	-46,500	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.20
33.25	MISC REVENUE	B	-1,870	ADULTS & PEDIATRICS	30.00	0	33.25
33.50	MISC REVENUE	B	-5,519	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
40.00	MISC REVENUE	B	15,510	CARDIAC CATHETERIZATION	59.00	0	40.00
41.00	MISC REVENUE	B	-7,187	SPEECH PATHOLOGY	68.00	0	41.00
43.00	MISC REVENUE	B	-65,299	CARDIAC REHABILITATION	76.97	0	43.00
44.00	MISC REVENUE	B	-25,843	WELLNESS PROGRAM	90.01	0	44.00
45.00	MISC REVENUE		0		0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,399,600				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: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 11:42 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 COST REPORT	3,526,746	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST REPORT	746,056	0	2.00
3.00	5.20	DATA PROCESSING	HOME OFFICE COST REPORT	14,664,127	0	3.00
3.01	5.50	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COST REPORT	13,439,938	0	3.01
3.02	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST REPORT	33,171,364	49,003,744	3.02
3.03	13.00	NURSING ADMINISTRATION	HOME OFFICE COST REPORT	163,445	0	3.03
3.04	15.00	PHARMACY	HOME OFFICE COST REPORT	337,385	0	3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	86,970	0	3.05
3.06	31.00	INTENSIVE CARE UNIT	HOME OFFICE COST REPORT	856,534	0	3.06
3.07	6.00	MAINTENANCE & REPAIRS	HOME OFFICE COST REPORT	2,147,114	0	3.07
3.08	60.00	LABORATORY	ALVERNO	10,478,714	10,207,847	3.08
3.09	0.00			0	0	3.09
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
3.12	0.00			0	0	3.12
3.13	0.00			0	0	3.13
3.14	0.00			0	0	3.14
3.15	0.00			0	0	3.15
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			79,618,393	59,211,591	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	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: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 11:42 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	3,526,746	9		1.00
2.00	746,056	0		2.00
3.00	14,664,127	0		3.00
3.01	13,439,938	0		3.01
3.02	-15,832,380	0		3.02
3.03	163,445	0		3.03
3.04	337,385	0		3.04
3.05	86,970	0		3.05
3.06	856,534	0		3.06
3.07	2,147,114	0		3.07
3.08	270,867	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
4.00	0	0		4.00
5.00	20,406,802			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	HEALTH CARE		6.00
7.00	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: 14-0117

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

Worksheet A-8-2

Date/Time Prepared:

11/28/2020 11:42 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	197,155	197,155	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	5.60	ADMINISTRATION & GENERAL	1,028,613	1,028,613	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	894,287	894,287	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	235,052	235,052	0	0	0	6.00
7.00	43.00	NURSERY	1,410,089	1,410,089	0	0	0	7.00
8.00	50.00	OPERATING ROOM	1,725,438	1,725,438	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	1,919,329	1,919,329	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	502,947	502,947	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	104,358	104,358	0	0	0	11.00
12.00	60.00	LABORATORY	60,000	60,000	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	770,783	770,783	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	1,648,759	1,648,759	0	0	0	14.00
15.00	90.00	CLINIC	10,500	10,500	0	0	0	15.00
16.00	91.00	EMERGENCY	10,000	10,000	0	0	0	16.00
200.00			10,517,310	10,517,310	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	5.60	ADMINISTRATION & GENERAL	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	197,155		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	5.60	ADMINISTRATION & GENERAL	0	0	0	1,028,613		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	894,287		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	235,052		6.00
7.00	43.00	NURSERY	0	0	0	1,410,089		7.00
8.00	50.00	OPERATING ROOM	0	0	0	1,725,438		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	1,919,329		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	502,947		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	104,358		11.00
12.00	60.00	LABORATORY	0	0	0	60,000		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	770,783		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,648,759		14.00
15.00	90.00	CLINIC	0	0	0	10,500		15.00
16.00	91.00	EMERGENCY	0	0	0	10,000		16.00
200.00			0	0	0	10,517,310		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.10	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,344,462	10,344,462			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,244,823	13,244,823			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,959,156	125,294	58,362	14,142,812	4.00
5.10	01160	COMMUNICATIONS	175,186	60,401	0	0	5.10
5.20	00550	DATA PROCESSING	14,664,127	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,439,938	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	55,975,980	1,726,040	312,464	773,707	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	2,149,957	75,508	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,814,000	1,955,969	156,881	0	7.00
7.01	00701	ELECTRICITY	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	963,109	74,934	0	10,111	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	4,544,759	124,924	7,810	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	1,839,026	234,332	26,497	4,196	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	2,584,364	86,302	0	8,375	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,333,227	68,886	904,781	299,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,366	157,995	201,484	58,587	14.00
15.00	01500	PHARMACY	3,292,043	131,022	35,971	434,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,547,150	124,656	4,038	156,818	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
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	5,062,242	0	0	882,875	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,763,879	67,368	0	292,313	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,730,718	1,792,744	426,505	3,566,815	30.00
31.00	03100	INTENSIVE CARE UNIT	9,965,757	337,782	214,485	1,281,527	31.00
41.00	04100	SUBPROVIDER - IRF	3,720,639	508,511	64,129	585,816	41.00
43.00	04300	NURSERY	1,157,606	0	119,533	178,028	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,070,359	274,855	3,105,862	617,532	50.00
50.01	03330	AMBULATORY SURGERY	2,485,728	173,650	220,092	378,719	50.01
51.00	05100	RECOVERY ROOM	851,515	23,591	0	137,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	164,565	27,662	218,296	24,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,957,222	542,475	3,857,159	663,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,776,864	140,260	259,363	155,630	55.00
56.00	05600	RADIOISOTOPE	611,178	75,482	27,388	87,752	56.00
57.00	05700	CT SCAN	962,753	33,697	132,587	148,407	57.00
58.00	05800	MRI	548,612	64,280	940,858	81,896	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,200,071	125,026	538,340	304,297	59.00
60.00	06000	LABORATORY	10,416,769	176,598	481,078	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,616	6,750	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,764,180	39,476	73,115	397,098	65.00
66.00	06600	PHYSICAL THERAPY	3,113,801	96,930	4,277	500,607	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	508,530	69,294	3,056	70,576	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,813,899	99,431	0	293,107	67.00
68.00	06800	SPEECH PATHOLOGY	1,148,567	21,703	30,388	186,560	68.00
69.00	06900	ELECTROCARDIOLOGY	1,093,548	160,521	247,563	148,529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,537	0	233,426	13,278	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,532,596	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,162,079	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,517,951	47,846	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,370,592	70,468	0	335	74.00
76.97	07697	CARDIAC REHABILITATION	473,815	0	31,281	75,060	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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	Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00	2.00	4.00	5.10
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	201,404	95,042	0	29,892	6,796	90.00
90.01	09001	WELLNESS PROGRAM	210,070	27,725	0	33,998	566	90.01
90.02	09002	WOUND CARE CENTER	679,093	0	39,522	33,312	0	90.02
91.00	09100	EMERGENCY	5,901,099	218,536	264,141	749,932	6,796	91.00
91.01	04040	FAMILY PRACTICE	757,212	8,357	4,091	102,210	11,893	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,975,843	0	0	301,728	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,729,582	10,272,323	13,244,823	14,068,831	235,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	566	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	153,189	0	0	23,086	0	192.00
193.00	19300	NONPAID WORKERS	226,234	72,139	0	527	0	193.00
194.00	07950	OTHER	309,579	0	0	50,368	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	292,418,584	10,344,462	13,244,823	14,142,812	235,587	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	14,664,127					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	533,158	539,387				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	560,735	0	14,011,433			5.50
5.60	00592	ADMINISTRATION & GENERAL	1,971,763	60,722	0	60,864,282	60,864,282	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	17	0	2,231,145	591,965	6.00
7.00	00700	OPERATION OF PLANT	82,731	17	0	9,013,562	2,391,469	7.00
7.01	00701	ELECTRICITY	0	0	0	4,531	1,202	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	2	0	1,048,722	278,246	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	382	0	4,678,441	1,241,279	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	45,962	0	0	2,153,977	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	39,068	0	0	2,721,507	722,068	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	335,521	1,625	0	4,954,359	1,314,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71,240	12,970	0	545,208	144,654	14.00
15.00	01500	PHARMACY	866,381	6,027	0	4,770,827	1,265,791	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,654,626	182	0	3,503,327	929,499	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	5,945,117	1,577,352	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27,576	596	0	7,157,961	1,899,143	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	875,572	49,566	1,976,001	31,440,574	8,341,800	30.00
31.00	03100	INTENSIVE CARE UNIT	197,637	21,448	601,290	12,621,059	3,348,607	31.00
41.00	04100	SUBPROVIDER - IRF	85,030	3,985	271,964	5,241,773	1,390,742	41.00
43.00	04300	NURSERY	85,030	238	144,832	1,686,400	447,434	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	167,762	247,709	1,080,961	10,567,872	2,803,857	50.00
50.01	03330	AMBULATORY SURGERY	0	24,524	231,822	3,514,535	932,473	50.01
51.00	05100	RECOVERY ROOM	55,155	264	214,363	1,283,300	340,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,497	285,684	732,184	194,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,962,571	16,568	747,986	12,759,044	3,385,217	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	110,308	459	280,568	2,730,248	724,387	55.00
56.00	05600	RADIOISOTOPE	252,790	11,025	156,153	1,224,033	324,759	56.00
57.00	05700	CT SCAN	0	966	641,053	1,919,463	509,270	57.00
58.00	05800	MRI	0	506	164,965	1,801,117	477,871	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,997	630,586	2,819,883	748,169	59.00
60.00	06000	LABORATORY	2,691,065	11,696	1,365,735	15,156,533	4,021,316	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	392,973	0	77,497	490,402	130,113	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	85,030	3,045	370,834	3,735,610	991,128	65.00
66.00	06600	PHYSICAL THERAPY	130,990	287	268,165	4,121,286	1,093,455	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	528	27,025	679,009	180,154	66.02
67.00	06700	OCCUPATIONAL THERAPY	222,915	175	119,168	2,552,659	677,269	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,676	38,933	1,433,393	380,306	68.00
69.00	06900	ELECTROCARDIOLOGY	55,155	1,606	408,248	2,120,267	562,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,155	96	13,622	448,680	119,043	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	634,679	18,167,275	4,820,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	693,880	13,855,959	3,676,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,267,782	12,833,579	3,404,992	73.00
74.00	07400	RENAL DIALYSIS	229,809	0	85,718	1,758,055	466,445	74.00
76.97	07697	CARDIAC REHABILITATION	0	197	29,602	609,955	161,833	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								
90.00	09000	CLINIC	365,397	1,131	7,071	706,733	187,510	90.00
90.01	09001	WELLNESS PROGRAM	0	135	11,514	284,008	75,353	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
90.02	09002	WOUND CARE CENTER	0	2,288	77,031	831,246	220,545	90.02
91.00	09100	EMERGENCY	225,213	15,637	876,308	8,257,662	2,190,915	91.00
91.01	04040	FAMILY PRACTICE	229,809	765	0	1,114,337	295,655	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,742	210,393	2,491,706	661,097	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,664,127	539,296	14,011,433	291,582,805	60,642,534	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	566	150	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	86	0	176,361	46,792	192.00
193.00	19300	NONPAID WORKERS	0	0	0	298,900	79,304	193.00
194.00	07950	OTHER	0	5	0	359,952	95,502	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	14,664,127	539,387	14,011,433	292,418,584	60,864,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	0					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	2,823,110				6.00
7.00	00700	OPERATION OF PLANT	0	2,026,977	13,432,008			7.00
7.01	00701	ELECTRICITY	0	0	0	5,733		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	157,237	67	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	23,496	262,132	112	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	119,593	491,709	210	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	181,091	77	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,499	144,546	62	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	106	331,527	142	0	14.00
15.00	01500	PHARMACY	0	1,560	274,930	117	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,432	261,570	112	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	204	141,360	60	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,174	3,761,792	1,604	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	708,782	303	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,325	1,067,029	455	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	512,892	576,739	246	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	364,377	156	0	50.01
51.00	05100	RECOVERY ROOM	0	0	49,503	21	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	58,043	25	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,168	1,138,298	486	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	523	294,313	126	0	55.00
56.00	05600	RADIOISOTOPE	0	8,112	158,388	68	0	56.00
57.00	05700	CT SCAN	0	220	70,707	30	0	57.00
58.00	05800	MRI	0	220	134,881	58	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	262,346	112	0	59.00
60.00	06000	LABORATORY	0	50,608	370,562	158	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	14,163	6	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	204	82,835	35	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,161	203,393	87	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	7,531	145,403	62	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,161	208,640	89	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	989	45,540	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,857	336,828	144	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,200	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100,398	43	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,393	147,866	63	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19,661	199,430	85	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	58,177	25	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	458,564	196	0	91.00
91.01	04040	FAMILY PRACTICE	0	3,844	17,536	7	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,823,110	13,280,635	5,668	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	151,373	65	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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	2,823,110	13,432,008	5,733	0	202.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,484,272					8.00
8.01	00801	RNP LAUNDRY	0	0				8.01
9.00	00900	HOUSEKEEPING	0	0	6,205,460			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0		9.01
10.00	01000	DIETARY	0	0	163,110	0	2,928,599	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	40,777	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,573	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,745	0	20,389	0	0	14.00
15.00	01500	PHARMACY	0	0	48,059	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	172	0	30,583	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	24,815	0	7,282	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	548,210	0	2,296,164	0	2,211,339	30.00
31.00	03100	INTENSIVE CARE UNIT	131,856	0	332,045	0	241,992	31.00
41.00	04100	SUBPROVIDER - IRF	86,393	0	366,997	0	475,268	41.00
43.00	04300	NURSERY	0	0	50,244	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,619	0	766,034	0	0	50.00
50.01	03330	AMBULATORY SURGERY	79,581	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	32,960	0	14,563	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,396	0	14,563	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,886	0	142,721	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,704	0	91,749	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	29,127	0	0	56.00
57.00	05700	CT SCAN	39	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,378	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	166,508	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	10,194	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	27,670	0	0	65.00
66.00	06600	PHYSICAL THERAPY	27,860	0	43,690	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,170	0	58,254	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,496	0	36,408	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,924	0	8,738	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,282	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,222	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,536	0	294,666	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	8,337	0	0	0	0	90.02

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			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	188,869	0	368,939	0	0	91.00
91.01	04040	FAMILY PRACTICE	1,104	0	69,904	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,484,272	0	5,529,233	0	2,928,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5,097	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	551,613	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	116,507	0	0	193.00
194.00	07950	OTHER	0	0	3,010	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,484,272	0	6,205,460	0	2,928,599	202.00

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	0					10.01
11.00	01100	CAFETERIA	0	3,665,520				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	66,365	0	6,504,890		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,806	0	0	1,073,577	14.00
15.00	01500	PHARMACY	0	97,133	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,278	0	52,437	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	307,744	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	62,801	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,060,200	0	2,947,892	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	307,204	0	1,089,586	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	174,400	0	446,402	0	41.00
43.00	04300	NURSERY	0	38,768	0	156,094	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	156,450	0	253,060	0	50.00
50.01	03330	AMBULATORY SURGERY	0	93,404	0	300,665	0	50.01
51.00	05100	RECOVERY ROOM	0	28,493	0	115,011	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,681	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	204,392	0	99,641	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,091	0	40,521	0	55.00
56.00	05600	RADIOISOTOPE	0	27,808	0	0	0	56.00
57.00	05700	CT SCAN	0	44,003	0	0	0	57.00
58.00	05800	MRI	0	23,721	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,665	0	101,099	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
65.00	06500	RESPIRATORY THERAPY	0	111,908	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	136,426	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	19,642	0	4,052	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	76,826	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	43,081	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	47,068	0	15,851	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,895	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	613,220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	460,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	68	0	277	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	18,302	0	49,449	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								
90.00	09000	CLINIC	0	6,277	0	933	0	90.00
90.01	09001	WELLNESS PROGRAM	0	6,308	0	7,754	0	90.01

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	10,362	0	30,034	0	90.02
91.00	09100	EMERGENCY	0	190,408	0	522,255	0	91.00
91.01	04040	FAMILY PRACTICE	0	18,050	0	21,820	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	89,699	0	250,057	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,652,727	0	6,504,890	1,073,577	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,996	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	7	0	0	0	193.00
194.00	07950	OTHER	0	10,790	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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	3,665,520	0	6,504,890	1,073,577	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
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	6,458,417					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,814,410				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	334,195	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,225	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	26,753	0	0	0	41.00
43.00	04300	NURSERY	0	152,018	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,511	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	14,533	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	25,723	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,198,540	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	188,814	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	564,641	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	276,568	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	36,229	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	147,119	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	73,607	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	50,715	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	683,584	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	203,740	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	286,673	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	6,458,417	75,478	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	272,526	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	150,218	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,458,417	4,814,410	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	6,458,417	4,814,410	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOSUEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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
17.01	01701	RNP SOCIAL SERVICE					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		7,830,213			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			9,293,626		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,472,043	5,307,839	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	556,938	661,026	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	55,142	65,448	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	485,253	575,943	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,142	65,448	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	110,285	130,896	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	275,712	327,240	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	275,712	327,240	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	55,142	65,448	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		20.00	21.00	22.00	23.00	24.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	110,285	130,896	0	1,943,538 90.00
90.01	09001	WELLNESS PROGRAM	0	110,285	130,896	0	672,806 90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	1,100,524 90.02
91.00	09100	EMERGENCY	0	827,135	981,721	0	14,136,882 91.00
91.01	04040	FAMILY PRACTICE	0	441,139	523,585	0	2,506,981 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	3,492,559 92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,830,213	9,293,626	0	290,520,599 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,813 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	776,762 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	646,156 193.00
194.00	07950	OTHER	0	0	0	0	469,254 194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,830,213	9,293,626	0	292,418,584 202.00

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
5.10	01160	COMMUNICATIONS			5.10
5.20	00550	DATA PROCESSING			5.20
5.30	00560	PURCHASING RECEIVING AND STORES			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.50
5.60	00592	ADMINISTRATION & GENERAL			5.60
5.90	00593	RNP ADMINISTRATION			5.90
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	ELECTRICITY			7.01
7.02	00702	RNP OPERATION OF PLANT			7.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	RNP LAUNDRY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	RNP HOSUEKEEPING			9.01
10.00	01000	DIETARY			10.00
10.01	01001	RNP DIETARY			10.01
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
17.01	01701	RNP SOCIAL SERVICE			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,779,882	52,955,944	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,217,964	18,802,659	31.00
41.00	04100	SUBPROVIDER - IRF	0	9,279,537	41.00
43.00	04300	NURSERY	-120,590	2,530,958	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,061,196	15,771,280	50.00
50.01	03330	AMBULATORY SURGERY	0	5,285,191	50.01
51.00	05100	RECOVERY ROOM	0	1,878,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,039,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-120,590	19,069,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,138,476	55.00
56.00	05600	RADIOISOTOPE	0	2,336,936	56.00
57.00	05700	CT SCAN	0	2,543,732	57.00
58.00	05800	MRI	0	2,437,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,024,652	59.00
60.00	06000	LABORATORY	-241,181	20,042,253	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	681,107	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-602,952	5,096,509	65.00
66.00	06600	PHYSICAL THERAPY	0	5,700,965	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	50,715	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	1,035,853	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,576,068	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,903,328	68.00
69.00	06900	ELECTROCARDIOLOGY	-602,952	3,845,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-120,590	788,220	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,887,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,992,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,880,189	73.00
74.00	07400	RENAL DIALYSIS	0	2,384,389	74.00
76.97	07697	CARDIAC REHABILITATION	0	839,539	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-241,181	1,702,357	90.00	
90.01	09001	WELLNESS PROGRAM	-241,181	431,625	90.01	
90.02	09002	WOUND CARE CENTER	0	1,100,524	90.02	
91.00	09100	EMERGENCY	-1,808,856	12,328,026	91.00	
91.01	04040	FAMILY PRACTICE	-964,724	1,542,257	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,492,559	92.01	
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,123,839	273,396,760	118.00	
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,813	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	776,762	192.00	
193.00	19300	NONPAID WORKERS	0	646,156	193.00	
194.00	07950	OTHER	0	469,254	194.00	
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05	
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)	-17,123,839	275,294,745	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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	3,288	125,294	58,362	186,944	4.00
5.10	01160	COMMUNICATIONS	0	60,401	0	60,401	5.10
5.20	00550	DATA PROCESSING	0	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	32,997	1,726,040	312,464	2,071,501	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	554	75,508	0	76,062	6.00
7.00	00700	OPERATION OF PLANT	11,446	1,955,969	156,881	2,124,296	7.00
7.01	00701	ELECTRICITY	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,526	74,934	0	76,460	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	4,195	124,924	7,810	136,929	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	19,965	234,332	26,497	280,794	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	86,302	0	86,302	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,060	68,886	904,781	981,727	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,287	157,995	201,484	464,766	14.00
15.00	01500	PHARMACY	30,431	131,022	35,971	197,424	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,866	124,656	4,038	167,560	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
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	7,785	67,368	0	75,153	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,898	1,792,744	426,505	2,249,147	30.00
31.00	03100	INTENSIVE CARE UNIT	11,191	337,782	214,485	563,458	31.00
41.00	04100	SUBPROVIDER - IRF	15,147	508,511	64,129	587,787	41.00
43.00	04300	NURSERY	0	0	119,533	119,533	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	282,604	274,855	3,105,862	3,663,321	50.00
50.01	03330	AMBULATORY SURGERY	6,745	173,650	220,092	400,487	50.01
51.00	05100	RECOVERY ROOM	114	23,591	0	23,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,873	27,662	218,296	250,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,974	542,475	3,857,159	4,475,608	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,797	140,260	259,363	414,420	55.00
56.00	05600	RADIOISOTOPE	3,420	75,482	27,388	106,290	56.00
57.00	05700	CT SCAN	0	33,697	132,587	166,284	57.00
58.00	05800	MRI	3,314	64,280	940,858	1,008,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,126	125,026	538,340	668,492	59.00
60.00	06000	LABORATORY	22,392	176,598	481,078	680,068	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	248	6,750	0	6,998	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	57,065	39,476	73,115	169,656	65.00
66.00	06600	PHYSICAL THERAPY	12,750	96,930	4,277	113,957	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	859	69,294	3,056	73,209	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	99,431	0	99,431	67.00
68.00	06800	SPEECH PATHOLOGY	444	21,703	30,388	52,535	68.00
69.00	06900	ELECTROCARDIOLOGY	6,348	160,521	247,563	414,432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	394	0	233,426	233,820	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,846	0	47,846	73.00
74.00	07400	RENAL DIALYSIS	1,807	70,468	0	72,275	74.00
76.97	07697	CARDIAC REHABILITATION	2,801	0	31,281	34,082	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,456	95,042	0	97,498	395 90.00
90.01	09001	WELLNESS PROGRAM	3,157	27,725	0	30,882	449 90.01
90.02	09002	WOUND CARE CENTER	2,672	0	39,522	42,194	440 90.02
91.00	09100	EMERGENCY	14,254	218,536	264,141	496,931	9,911 91.00
91.01	04040	FAMILY PRACTICE	8,995	8,357	4,091	21,443	1,351 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	496	0	0	496	3,988 92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	854,741	10,272,323	13,244,823	24,371,887	185,966 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	305 192.00
193.00	19300	NONPAID WORKERS	1,788	72,139	0	73,927	7 193.00
194.00	07950	OTHER	0	0	0	0	666 194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	856,529	10,344,462	13,244,823	24,445,814	186,944 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
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
5.10	01160	COMMUNICATIONS	60,401					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	1,597	0	1,597			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,759	0	0	2,759		5.50
5.60	00592	ADMINISTRATION & GENERAL	11,184	0	180	0	2,093,091	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,452	0	0	0	20,357	6.00
7.00	00700	OPERATION OF PLANT	1,016	0	0	0	82,240	7.00
7.01	00701	ELECTRICITY	1,162	0	0	0	41	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	145	0	0	0	9,569	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	145	0	1	0	42,686	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	1,016	0	0	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	871	0	0	0	24,831	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,759	0	5	0	45,204	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	145	0	38	0	4,974	14.00
15.00	01500	PHARMACY	1,307	0	18	0	43,529	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,065	0	1	0	31,964	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	54,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,597	0	2	0	65,309	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,808	0	147	202	286,909	30.00
31.00	03100	INTENSIVE CARE UNIT	290	0	64	128	115,155	31.00
41.00	04100	SUBPROVIDER - IRF	436	0	12	58	47,826	41.00
43.00	04300	NURSERY	290	0	1	31	15,387	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	726	0	731	230	96,421	50.00
50.01	03330	AMBULATORY SURGERY	0	0	73	49	32,067	50.01
51.00	05100	RECOVERY ROOM	145	0	1	46	11,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	290	0	31	61	6,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,049	0	49	159	116,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,742	0	1	60	24,911	55.00
56.00	05600	RADIOISOTOPE	581	0	33	33	11,168	56.00
57.00	05700	CT SCAN	0	0	3	136	17,513	57.00
58.00	05800	MRI	0	0	1	35	16,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	145	0	62	134	25,729	59.00
60.00	06000	LABORATORY	3,485	0	35	290	138,288	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	145	0	0	16	4,474	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	726	0	9	79	34,084	65.00
66.00	06600	PHYSICAL THERAPY	1,597	0	1	57	37,603	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	2	6	6,195	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,016	0	1	25	23,290	67.00
68.00	06800	SPEECH PATHOLOGY	145	0	20	8	13,078	68.00
69.00	06900	ELECTROCARDIOLOGY	1,307	0	5	87	19,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	145	0	0	3	4,094	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	135	165,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147	126,422	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	269	117,094	73.00
74.00	07400	RENAL DIALYSIS	290	0	0	18	16,040	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	1	6	5,565	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								
90.00	09000	CLINIC	1,742	0	3	2	6,448	90.00
90.01	09001	WELLNESS PROGRAM	145	0	0	2	2,591	90.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	7	16	7,584	90.02
91.00	09100	EMERGENCY	1,742	0	46	186	75,343	91.00
91.01	04040	FAMILY PRACTICE	3,049	0	2	0	10,167	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	11	45	22,734	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,256	0	1,597	2,759	2,085,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	145	0	0	0	5	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,609	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	2,727	193.00
194.00	07950	OTHER	0	0	0	0	3,284	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	60,401	0	1,597	2,759	2,093,091	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	0					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	97,871				6.00
7.00	00700	OPERATION OF PLANT	0	70,271	2,277,823			7.00
7.01	00701	ELECTRICITY	0	0	0	1,203		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	26,664	14		8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	815	44,453	23		9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	4,146	83,385	44		10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	30,710	16		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	87	24,512	13		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	56,221	30		14.00
15.00	01500	PHARMACY	0	54	46,623	25		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84	44,357	23		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	7	23,972	13		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	422	637,928	339	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	120,197	63		31.00
41.00	04100	SUBPROVIDER - IRF	0	115	180,949	96		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,781	97,804	52	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	61,792	33		50.01
51.00	05100	RECOVERY ROOM	0	0	8,395	4		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,843	5		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40	193,035	102		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18	49,910	26		55.00
56.00	05600	RADIOISOTOPE	0	281	26,860	14		56.00
57.00	05700	CT SCAN	0	8	11,991	6		57.00
58.00	05800	MRI	0	8	22,873	12		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	44,489	23		59.00
60.00	06000	LABORATORY	0	1,754	62,841	33		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,402	1		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	7	14,047	7		65.00
66.00	06600	PHYSICAL THERAPY	0	40	34,492	18		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	261	24,658	13		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	40	35,382	19		67.00
68.00	06800	SPEECH PATHOLOGY	0	34	7,723	4		68.00
69.00	06900	ELECTROCARDIOLOGY	0	550	57,120	30		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,026	9		73.00
74.00	07400	RENAL DIALYSIS	0	187	25,075	13		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	682	33,820	18	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	9,866	5		90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0		90.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	77,764	41	0	91.00
91.01	04040	FAMILY PRACTICE	0	133	2,974	2	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	97,871	2,252,153	1,189	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	25,670	14	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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	97,871	2,277,823	1,203	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	112,986					8.00
8.01	00801	RNP LAUNDRY	0	0				8.01
9.00	00900	HOUSEKEEPING	0	0	225,052			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0		9.01
10.00	01000	DIETARY	0	0	5,915	0	375,355	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	1,479	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	819	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	133	0	739	0	0	14.00
15.00	01500	PHARMACY	0	0	1,743	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13	0	1,109	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	1,889	0	264	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,730	0	83,275	0	283,425	30.00
31.00	03100	INTENSIVE CARE UNIT	10,037	0	12,042	0	31,016	31.00
41.00	04100	SUBPROVIDER - IRF	6,576	0	13,310	0	60,914	41.00
43.00	04300	NURSERY	0	0	1,822	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,812	0	27,782	0	0	50.00
50.01	03330	AMBULATORY SURGERY	6,058	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,509	0	528	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	411	0	528	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,648	0	5,176	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,728	0	3,327	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,056	0	0	56.00
57.00	05700	CT SCAN	3	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,389	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	6,039	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	370	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	1,004	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,121	0	1,585	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	89	0	2,113	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,017	0	1,320	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	146	0	317	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	264	0	0	73.00
74.00	07400	RENAL DIALYSIS	474	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,107	0	10,687	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	635	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	14,377	0	13,380	0	0	91.00
91.01	04040	FAMILY PRACTICE	84	0	2,535	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,986	0	200,528	0	375,355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	185	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	20,005	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	4,225	0	0	193.00
194.00	07950	OTHER	0	0	109	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	112,986	0	225,052	0	375,355	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	0					10.01
11.00	01100	CAFETERIA	0	144,320				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,613	0	1,061,698		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,174	0	0	528,998	14.00
15.00	01500	PHARMACY	0	3,824	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,350	0	8,559	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	12,117	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,473	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	41,740	0	481,141	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,095	0	177,837	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	6,867	0	72,860	0	41.00
43.00	04300	NURSERY	0	1,526	0	25,477	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,160	0	41,303	0	50.00
50.01	03330	AMBULATORY SURGERY	0	3,678	0	49,073	0	50.01
51.00	05100	RECOVERY ROOM	0	1,122	0	18,772	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	381	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,047	0	16,263	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,775	0	6,614	0	55.00
56.00	05600	RADIOISOTOPE	0	1,095	0	0	0	56.00
57.00	05700	CT SCAN	0	1,733	0	0	0	57.00
58.00	05800	MRI	0	934	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,428	0	16,501	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
65.00	06500	RESPIRATORY THERAPY	0	4,406	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,371	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	773	0	661	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,025	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,696	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,853	0	2,587	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	193	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	302,163	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	226,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3	0	45	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	721	0	8,071	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								
90.00	09000	CLINIC	0	247	0	152	0	90.00
90.01	09001	WELLNESS PROGRAM	0	248	0	1,266	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	408	0	4,902	0	90.02
91.00	09100	EMERGENCY	0	7,497	0	85,240	0	91.00
91.01	04040	FAMILY PRACTICE	0	711	0	3,561	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,532	0	40,813	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	143,816	0	1,061,698	528,998	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	79	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	425	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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	144,320	0	1,061,698	528,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
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	300,287					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	261,158				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	18,128	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,151	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,451	0	0		41.00
43.00	04300	NURSERY	0	8,246	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,709	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	788	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,395	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,018	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,242	0	0		55.00
56.00	05600	RADIOISOTOPE	0	30,629	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	15,002	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,965	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	7,980	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	3,993	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	2,751	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,081	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,052	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,551	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	300,287	4,094	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,783	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	8,149	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,287	261,158	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
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)	300,287	261,158	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOSUEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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
17.01	01701	RNP SOCIAL SERVICE					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		78,028			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			174,542		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				4,177,509	30.00
31.00	03100	INTENSIVE CARE UNIT				1,060,470	31.00
41.00	04100	SUBPROVIDER - IRF				986,999	41.00
43.00	04300	NURSERY				174,666	43.00
44.00	04400	SKILLED NURSING FACILITY				0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				3,969,994	50.00
50.01	03330	AMBULATORY SURGERY				558,315	50.01
51.00	05100	RECOVERY ROOM				69,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00	05300	ANESTHESIOLOGY				270,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				4,902,373	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				516,831	55.00
56.00	05600	RADIOISOTOPE				179,200	56.00
57.00	05700	CT SCAN				199,638	57.00
58.00	05800	MRI				1,049,830	58.00
59.00	05900	CARDIAC CATHETERIZATION				764,414	59.00
60.00	06000	LABORATORY				907,835	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				16,371	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00	06500	RESPIRATORY THERAPY				237,253	65.00
66.00	06600	PHYSICAL THERAPY				207,451	66.00
66.01	06601	RNRC PHYSICAL THERAPY				2,751	66.01
66.02	06602	DAY REHABILITATION FACILITY				106,711	66.02
67.00	06700	OCCUPATIONAL THERAPY				168,305	67.00
68.00	06800	SPEECH PATHOLOGY				77,709	68.00
69.00	06900	ELECTROCARDIOLOGY				539,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				249,987	70.00
70.01	07001	ELECTROPHYSIOLOGY				0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				483,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				353,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				486,889	73.00
74.00	07400	RENAL DIALYSIS				114,424	74.00
76.97	07697	CARDIAC REHABILITATION				49,438	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99	07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		20.00	21.00	22.00	23.00	24.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				167,584	90.00
90.01	09001	WELLNESS PROGRAM				45,454	90.01
90.02	09002	WOUND CARE CENTER				56,186	90.02
91.00	09100	EMERGENCY				790,607	91.00
91.01	04040	FAMILY PRACTICE				46,012	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				71,619	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	24,059,857	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				335	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				21,998	192.00
193.00	19300	NONPAID WORKERS				106,570	193.00
194.00	07950	OTHER				4,484	194.00
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05
200.00		Cross Foot Adjustments	0	78,028	174,542	0	252,570
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	78,028	174,542	0	24,445,814

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 11:42 am

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
5.10	01160	COMMUNICATIONS			5.10
5.20	00550	DATA PROCESSING			5.20
5.30	00560	PURCHASING RECEIVING AND STORES			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.50
5.60	00592	ADMINISTRATION & GENERAL			5.60
5.90	00593	RNP ADMINISTRATION			5.90
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	ELECTRICITY			7.01
7.02	00702	RNP OPERATION OF PLANT			7.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	RNP LAUNDRY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	RNP HOSUEKEEPING			9.01
10.00	01000	DIETARY			10.00
10.01	01001	RNP DIETARY			10.01
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
17.01	01701	RNP SOCIAL SERVICE			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,177,509	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,060,470	31.00
41.00	04100	SUBPROVIDER - IRF	0	986,999	41.00
43.00	04300	NURSERY	0	174,666	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,969,994	50.00
50.01	03330	AMBULATORY SURGERY	0	558,315	50.01
51.00	05100	RECOVERY ROOM	0	69,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	270,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,902,373	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	516,831	55.00
56.00	05600	RADIOISOTOPE	0	179,200	56.00
57.00	05700	CT SCAN	0	199,638	57.00
58.00	05800	MRI	0	1,049,830	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	764,414	59.00
60.00	06000	LABORATORY	0	907,835	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	16,371	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	237,253	65.00
66.00	06600	PHYSICAL THERAPY	0	207,451	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	2,751	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	106,711	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	168,305	67.00
68.00	06800	SPEECH PATHOLOGY	0	77,709	68.00
69.00	06900	ELECTROCARDIOLOGY	0	539,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	249,987	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	483,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	353,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	486,889	73.00
74.00	07400	RENAL DIALYSIS	0	114,424	74.00
76.97	07697	CARDIAC REHABILITATION	0	49,438	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	167,584	90.00
90.01	09001	WELLNESS PROGRAM	0	45,454	90.01
90.02	09002	WOUND CARE CENTER	0	56,186	90.02
91.00	09100	EMERGENCY	0	790,607	91.00
91.01	04040	FAMILY PRACTICE	0	46,012	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	71,619	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,059,857	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	335	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,998	192.00
193.00	19300	NONPAID WORKERS	0	106,570	193.00
194.00	07950	OTHER	0	4,484	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	252,570	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	24,445,814	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.10	5.20	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	810,757					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,490,702				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,820	19,788	81,092,115			4.00
5.10	01160	COMMUNICATIONS	4,734	0	0	416		5.10
5.20	00550	DATA PROCESSING	0	0	0	0	7,049,040	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545	5.50
5.60	00592	ADMINISTRATION & GENERAL	135,280	105,942	4,436,291	77	947,826	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	5,918	0	0	10	0	6.00
7.00	00700	OPERATION OF PLANT	153,301	53,191	0	7	39,769	7.00
7.01	00701	ELECTRICITY	0	0	0	8	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	5,873	0	57,974	1	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	9,791	2,648	0	1	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	18,366	8,984	24,058	7	22,094	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	6,764	0	48,019	6	18,780	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,399	306,769	1,717,616	19	161,285	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,383	68,314	335,925	1	34,245	14.00
15.00	01500	PHARMACY	10,269	12,196	2,490,113	9	416,469	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,770	1,369	899,165	28	795,378	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	5,062,242	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,280	0	1,676,067	11	13,256	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,508	144,608	20,451,336	40	420,887	30.00
31.00	03100	INTENSIVE CARE UNIT	26,474	72,722	7,348,038	2	95,004	31.00
41.00	04100	SUBPROVIDER - IRF	39,855	21,743	3,358,958	3	40,874	41.00
43.00	04300	NURSERY	0	40,528	1,020,777	2	40,874	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,542	1,053,053	3,540,812	5	80,643	50.00
50.01	03330	AMBULATORY SURGERY	13,610	74,623	2,171,506	0	0	50.01
51.00	05100	RECOVERY ROOM	1,849	0	790,381	1	26,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,168	74,014	139,604	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,517	1,307,783	3,802,493	21	943,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,993	87,938	892,356	12	53,025	55.00
56.00	05600	RADIOISOTOPE	5,916	9,286	503,151	4	121,516	56.00
57.00	05700	CT SCAN	2,641	44,954	850,936	0	0	57.00
58.00	05800	MRI	5,038	319,001	469,576	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,799	182,526	1,744,781	1	0	59.00
60.00	06000	LABORATORY	13,841	163,111	0	24	1,293,593	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	0	0	1	188,902	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,094	24,790	2,276,888	5	40,874	65.00
66.00	06600	PHYSICAL THERAPY	7,597	1,450	2,870,389	11	62,967	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	5,431	1,036	404,668	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,793	0	1,680,623	7	107,155	67.00
68.00	06800	SPEECH PATHOLOGY	1,701	10,303	1,069,699	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,581	83,937	851,639	9	26,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,144	76,133	1	26,513	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,750	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,523	0	1,920	2	110,469	74.00
76.97	07697	CARDIAC REHABILITATION	0	10,606	430,378	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.10	5.20	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,449	0	171,398	12	175,646	90.00
90.01	09001	WELLNESS PROGRAM	2,173	0	194,936	1	0	90.01
90.02	09002	WOUND CARE CENTER	0	13,400	191,005	0	0	90.02
91.00	09100	EMERGENCY	17,128	89,558	4,299,970	12	108,260	91.00
91.01	04040	FAMILY PRACTICE	655	1,387	586,052	21	110,469	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,730,054	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	805,103	4,490,702	80,667,927	415	7,049,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	132,369	0	0	192.00
193.00	19300	NONPAID WORKERS	5,654	0	3,021	0	0	193.00
194.00	07950	OTHER	0	0	288,798	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	10,344,462	13,244,823	14,142,812	235,587	14,664,127	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.759017	2.949388	0.174404	566.314904	2.080301	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			186,944	60,401	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002305	145.194712	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:

11/28/2020 11:42 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COS T)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES	7,429,459					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,487,517,483				5.50
5.60	00592	ADMINISTRATION & GENERAL	836,374	0	-60,864,282	229,400,325		5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	231	0	0	2,231,145	0	6.00
7.00	00700	OPERATION OF PLANT	229	0	0	9,013,562	0	7.00
7.01	00701	ELECTRICITY	0	0	0	4,531	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	24	0	0	1,048,722	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	5,265	0	0	4,678,441	0	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	-2,153,977	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	2,721,507	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,377	0	0	4,954,359	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178,649	0	0	545,208	0	14.00
15.00	01500	PHARMACY	83,019	0	0	4,770,827	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,502	0	0	3,503,327	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	5,945,117	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,211	0	0	7,157,961	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	682,712	209,735,248	0	31,440,574	0	30.00
31.00	03100	INTENSIVE CARE UNIT	295,429	63,838,017	0	12,621,059	0	31.00
41.00	04100	SUBPROVIDER - IRF	54,895	28,873,938	0	5,241,773	0	41.00
43.00	04300	NURSERY	3,278	15,376,552	0	1,686,400	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,411,947	114,763,923	0	10,567,872	0	50.00
50.01	03330	AMBULATORY SURGERY	337,788	24,612,200	0	3,514,535	0	50.01
51.00	05100	RECOVERY ROOM	3,640	22,758,556	0	1,283,300	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	144,578	30,330,584	0	732,184	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	228,200	79,412,482	0	12,759,044	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,316	29,787,463	0	2,730,200	0	55.00
56.00	05600	RADIOISOTOPE	151,858	16,578,489	0	1,224,033	0	56.00
57.00	05700	CT SCAN	13,307	68,059,592	0	1,919,463	0	57.00
58.00	05800	MRI	6,963	17,514,021	0	1,801,117	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	289,205	66,948,266	0	2,819,883	0	59.00
60.00	06000	LABORATORY	161,095	144,997,880	0	15,156,533	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,227,780	0	490,402	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	41,948	39,370,847	0	3,735,610	0	65.00
66.00	06600	PHYSICAL THERAPY	3,956	28,470,640	0	4,121,286	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	7,278	2,869,226	0	679,009	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,407	12,651,831	0	2,552,659	0	67.00
68.00	06800	SPEECH PATHOLOGY	91,957	4,133,426	0	1,433,393	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,121	43,343,019	0	2,120,267	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,320	1,446,213	0	448,680	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	67,382,878	0	18,167,275	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,668,083	0	13,855,959	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	134,598,312	0	12,833,579	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,100,594	0	1,758,055	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,718	3,142,809	0	609,955	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COS T)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,576	750,736	0	706,733	0 90.00
90.01	09001	WELLNESS PROGRAM	1,860	1,222,408	0	284,008	0 90.01
90.02	09002	WOUND CARE CENTER	31,520	8,178,257	0	831,246	0 90.02
91.00	09100	EMERGENCY	215,386	93,036,168	0	8,257,662	0 91.00
91.01	04040	FAMILY PRACTICE	10,532	0	0	1,114,337	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	51,541	22,337,045	0	2,491,706	0 92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,428,212	1,487,517,483	-63,018,259	228,564,546	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	566	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,182	0	0	176,361	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	298,900	0 193.00
194.00	07950	OTHER	65	0	0	359,952	0 194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	539,387	14,011,433		60,864,282	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.072601	0.009419		0.265319	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,597	2,759		2,093,091	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000215	0.000002		0.009124	0.000000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0 206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEE T))	ELECTRICITY (SQUARE FEE T))	RNP OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	
		6.00	7.00	7.01	7.02	8.00	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS	1,230,250				6.00
7.00	00700	OPERATION OF PLANT	883,312	501,704			7.00
7.01	00701	ELECTRICITY	0	0	501,704		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	501,704	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,873	5,873	1,485,757	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	10,239	9,791	9,791	9,791	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	52,116	18,366	18,366	18,366	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	6,764	6,764	6,764	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,089	5,399	5,399	5,399	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	12,383	12,383	12,383	14.00
15.00	01500	PHARMACY	680	10,269	10,269	10,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,060	9,770	9,770	9,770	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
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	89	5,280	5,280	5,280	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,305	140,508	140,508	140,508	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,474	26,474	26,474	31.00
41.00	04100	SUBPROVIDER - IRF	1,449	39,855	39,855	39,855	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	223,507	21,542	21,542	21,542	50.00
50.01	03330	AMBULATORY SURGERY	0	13,610	13,610	13,610	50.01
51.00	05100	RECOVERY ROOM	0	1,849	1,849	1,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,168	2,168	2,168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	509	42,517	42,517	42,517	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	228	10,993	10,993	10,993	55.00
56.00	05600	RADIOISOTOPE	3,535	5,916	5,916	5,916	56.00
57.00	05700	CT SCAN	96	2,641	2,641	2,641	57.00
58.00	05800	MRI	96	5,038	5,038	5,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,799	9,799	9,799	59.00
60.00	06000	LABORATORY	22,054	13,841	13,841	13,841	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	529	529	529	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	89	3,094	3,094	3,094	65.00
66.00	06600	PHYSICAL THERAPY	506	7,597	7,597	7,597	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	3,282	5,431	5,431	5,431	66.02
67.00	06700	OCCUPATIONAL THERAPY	506	7,793	7,793	7,793	67.00
68.00	06800	SPEECH PATHOLOGY	431	1,701	1,701	1,701	68.00
69.00	06900	ELECTROCARDIOLOGY	6,910	12,581	12,581	12,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,750	3,750	3,750	73.00
74.00	07400	RENAL DIALYSIS	2,350	5,523	5,523	5,523	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,568	7,449	7,449	7,449	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEE T))	ELECTRICITY (SQUARE FEE T))	RNP OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	
			6.00	7.00	7.01	7.02	8.00	
90.01	09001	WELLNESS PROGRAM	0	2,173	2,173	2,173	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	8,345	90.02
91.00	09100	EMERGENCY	0	17,128	17,128	17,128	189,058	91.00
91.01	04040	FAMILY PRACTICE	1,675	655	655	655	1,105	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,230,250	496,050	496,050	496,050	1,485,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	5,654	5,654	5,654	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	2,823,110	13,432,008	5,733	0	1,484,272	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.294745	26.772774	0.011427	0.000000	0.999001	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	97,871	2,277,823	1,203	0	112,986	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.079554	4.540173	0.002398	0.000000	0.076046	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY	0				8.01
9.00	00900	HOUSEKEEPING	0	127,830			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0		9.01
10.00	01000	DIETARY	0	3,360	0	156,903	10.00
10.01	01001	RNP DIETARY	0	0	0	156,903	10.01
11.00	01100	CAFETERIA	0	840	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	465	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	420	0	0	14.00
15.00	01500	PHARMACY	0	990	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	630	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	150	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	47,300	0	118,475	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,840	0	12,965	31.00
41.00	04100	SUBPROVIDER - IRF	0	7,560	0	25,463	41.00
43.00	04300	NURSERY	0	1,035	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,780	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	300	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	300	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,940	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,890	0	0	55.00
56.00	05600	RADIOISOTOPE	0	600	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,430	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	210	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	570	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	900	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,200	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	750	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	180	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	150	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	6,070	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	113,900	0	156,903	156,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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	6,205,460	0	2,928,599	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	48.544630	0.000000	18.665029	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	225,052	0	375,355	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.760557	0.000000	2.392274	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:

11/28/2020 11:42 am

Cost Center Description			CAFETERIA (MEALS SERV ED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERV ED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
			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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOSUEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA	2,054,872					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	37,204	0	892,553			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,709	0	0	30,694,672		14.00
15.00	01500	PHARMACY	54,452	0	0	0	11,517,410	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,216	0	7,195	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	172,520	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	35,206	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	594,342	0	404,488	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	172,217	0	149,505	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	97,768	0	61,252	0	0	41.00
43.00	04300	NURSERY	21,733	0	21,418	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,705	0	34,723	0	0	50.00
50.01	03330	AMBULATORY SURGERY	52,362	0	41,255	0	0	50.01
51.00	05100	RECOVERY ROOM	15,973	0	15,781	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,427	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,581	0	13,672	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,278	0	5,560	0	0	55.00
56.00	05600	RADIOISOTOPE	15,589	0	0	0	0	56.00
57.00	05700	CT SCAN	24,668	0	0	0	0	57.00
58.00	05800	MRI	13,298	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,569	0	13,872	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
65.00	06500	RESPIRATORY THERAPY	62,735	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	76,480	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	11,011	0	556	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	43,068	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	24,151	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,386	0	2,175	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,744	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,532,593	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,162,079	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,517,410	73.00
74.00	07400	RENAL DIALYSIS	38	0	38	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	10,260	0	6,785	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,519	0	128	0	90.00
90.01	09001	WELLNESS PROGRAM	3,536	0	1,064	0	90.01
90.02	09002	WOUND CARE CENTER	5,809	0	4,121	0	90.02
91.00	09100	EMERGENCY	106,742	0	71,660	0	91.00
91.01	04040	FAMILY PRACTICE	10,119	0	2,994	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	50,285	0	34,311	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,047,700	0	892,553	30,694,672	11,517,410
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,119	0	0	0	192.00
193.00	19300	NONPAID WORKERS	4	0	0	0	193.00
194.00	07950	OTHER	6,049	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	194.05
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)	3,665,520	0	6,504,890	1,073,577	6,458,417
203.00		Unit cost multiplier (Wkst. B, Part I)	1.783819	0.000000	7.287959	0.034976	0.560753
204.00		Cost to be allocated (per Wkst. B, Part II)	144,320	0	1,061,698	528,998	300,287
205.00		Unit cost multiplier (Wkst. B, Part II)	0.070233	0.000000	1.189507	0.017234	0.026072
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE (RNP TIME S PENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,497	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE (RNP TIME S PENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,211	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,814,410	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.863972	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	261,158	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.426582	0.000000	0.000000	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)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))		
			21.00	22.00	23.00	
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
5.10	01160	COMMUNICATIONS				5.10
5.20	00550	DATA PROCESSING				5.20
5.30	00560	PURCHASING RECEIVING AND STORES				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION				5.90
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	ELECTRICITY				7.01
7.02	00702	RNP OPERATION OF PLANT				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	RNP LAUNDRY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	RNP HOSUEKEEPING				9.01
10.00	01000	DIETARY				10.00
10.01	01001	RNP DIETARY				10.01
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
17.01	01701	RNP SOCIAL SERVICE				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,420			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,420		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	811	811	0	30.00
31.00	03100	INTENSIVE CARE UNIT	101	101	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	10	10	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88	88	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	50.01
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	10	10	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	20	20	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
65.00	06500	RESPIRATORY THERAPY	50	50	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50	50	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED T IME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED T IME))		
			21.00	22.00	23.00	
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20	20	0	90.00
90.01	09001	WELLNESS PROGRAM	20	20	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	150	150	0	91.00
91.01	04040	FAMILY PRACTICE	80	80	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,420	1,420	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	194.05
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)	7,830,213	9,293,626	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,514.234507	6,544.807042	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	78,028	174,542	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	54.949296	122.916901	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 11:42 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,955,944		52,955,944	0	52,955,944	30.00
31.00	03100	INTENSIVE CARE UNIT	18,802,659		18,802,659	0	18,802,659	31.00
41.00	04100	SUBPROVIDER - IRF	9,279,537		9,279,537	0	9,279,537	41.00
43.00	04300	NURSERY	2,530,958		2,530,958	0	2,530,958	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,771,280		15,771,280	0	15,771,280	50.00
50.01	03330	AMBULATORY SURGERY	5,285,191		5,285,191	0	5,285,191	50.01
51.00	05100	RECOVERY ROOM	1,878,868		1,878,868	0	1,878,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,039,877		1,039,877	0	1,039,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,069,393		19,069,393	0	19,069,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,138,476		4,138,476	0	4,138,476	55.00
56.00	05600	RADIOISOTOPE	2,336,936		2,336,936	0	2,336,936	56.00
57.00	05700	CT SCAN	2,543,732		2,543,732	0	2,543,732	57.00
58.00	05800	MRI	2,437,868		2,437,868	0	2,437,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,024,652		4,024,652	0	4,024,652	59.00
60.00	06000	LABORATORY	20,042,253		20,042,253	0	20,042,253	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	681,107		681,107	0	681,107	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,096,509	0	5,096,509	0	5,096,509	65.00
66.00	06600	PHYSICAL THERAPY	5,700,965	0	5,700,965	0	5,700,965	66.00
66.01	06601	RNRC PHYSICAL THERAPY	50,715	0	50,715	0	50,715	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,035,853	0	1,035,853	0	1,035,853	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,576,068	0	3,576,068	0	3,576,068	67.00
68.00	06800	SPEECH PATHOLOGY	1,903,328	0	1,903,328	0	1,903,328	68.00
69.00	06900	ELECTROCARDIOLOGY	3,845,050		3,845,050	0	3,845,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	788,220		788,220	0	788,220	70.00
70.01	07001	ELECTROPHYSIOLOGY	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,887,291		23,887,291	0	23,887,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,992,565		17,992,565	0	17,992,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,880,189		22,880,189	0	22,880,189	73.00
74.00	07400	RENAL DIALYSIS	2,384,389		2,384,389	0	2,384,389	74.00
76.97	07697	CARDIAC REHABILITATION	839,539		839,539	0	839,539	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								
90.00	09000	CLINIC	1,702,357		1,702,357	0	1,702,357	90.00
90.01	09001	WELLNESS PROGRAM	431,625		431,625	0	431,625	90.01
90.02	09002	WOUND CARE CENTER	1,100,524		1,100,524	0	1,100,524	90.02
91.00	09100	EMERGENCY	12,328,026		12,328,026	0	12,328,026	91.00
91.01	04040	FAMILY PRACTICE	1,542,257		1,542,257	0	1,542,257	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,036,057		2,036,057	0	2,036,057	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,492,559		3,492,559	0	3,492,559	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	275,432,817	0	275,432,817	0	275,432,817	200.00
201.00		Less Observation Beds	2,036,057		2,036,057		2,036,057	201.00
202.00		Total (see instructions)	273,396,760	0	273,396,760	0	273,396,760	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/28/2020 11:42 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	198,863,872		198,863,872		30.00
31.00	03100	INTENSIVE CARE UNIT	63,838,017		63,838,017		31.00
41.00	04100	SUBPROVIDER - IRF	28,873,938		28,873,938		41.00
43.00	04300	NURSERY	15,376,552		15,376,552		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	69,785,729	44,978,194	114,763,923	0.137424	50.00
50.01	03330	AMBULATORY SURGERY	9,327,574	15,284,626	24,612,200	0.214739	50.01
51.00	05100	RECOVERY ROOM	12,027,267	10,731,289	22,758,556	0.082557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,875,264	14,455,320	30,330,584	0.034285	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,990,308	53,422,174	79,412,482	0.240131	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,894,181	27,893,282	29,787,463	0.138933	55.00
56.00	05600	RADIOISOTOPE	4,415,384	12,163,105	16,578,489	0.140962	56.00
57.00	05700	CT SCAN	29,105,283	38,954,309	68,059,592	0.037375	57.00
58.00	05800	MRI	5,083,361	12,430,660	17,514,021	0.139195	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,538,733	28,409,533	66,948,266	0.060116	59.00
60.00	06000	LABORATORY	102,163,307	42,834,573	144,997,880	0.138224	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,260,180	967,600	8,227,780	0.082781	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	37,298,786	2,072,061	39,370,847	0.129449	65.00
66.00	06600	PHYSICAL THERAPY	19,825,425	8,645,215	28,470,640	0.200240	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	12,824	2,856,402	2,869,226	0.361022	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,945,572	2,706,259	12,651,831	0.282652	67.00
68.00	06800	SPEECH PATHOLOGY	2,527,789	1,605,637	4,133,426	0.460472	68.00
69.00	06900	ELECTROCARDIOLOGY	23,384,798	19,958,221	43,343,019	0.088712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,714	1,186,499	1,446,213	0.545023	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,653,573	22,729,305	67,382,878	0.354501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,554,335	16,113,748	73,668,083	0.244238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,376,992	19,221,320	134,598,312	0.169989	73.00
74.00	07400	RENAL DIALYSIS	8,913,111	187,483	9,100,594	0.262004	74.00
76.97	07697	CARDIAC REHABILITATION	598,471	2,544,338	3,142,809	0.267130	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,723	749,013	750,736	2.267584	90.00
90.01	09001	WELLNESS PROGRAM	1,859	1,220,549	1,222,408	0.353094	90.01
90.02	09002	WOUND CARE CENTER	44,082	8,134,175	8,178,257	0.134567	90.02
91.00	09100	EMERGENCY	38,824,227	54,211,941	93,036,168	0.132508	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,948,644	8,922,732	10,871,376	0.187286	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,572,958	7,764,087	22,337,045	0.156357	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,004,163,833	483,353,650	1,487,517,483		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,004,163,833	483,353,650	1,487,517,483		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 11:42 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.137424			50.00
50.01	03330	AMBULATORY SURGERY	0.214739			50.01
51.00	05100	RECOVERY ROOM	0.082557			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.034285			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240131			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138933			55.00
56.00	05600	RADIOISOTOPE	0.140962			56.00
57.00	05700	CT SCAN	0.037375			57.00
58.00	05800	MRI	0.139195			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060116			59.00
60.00	06000	LABORATORY	0.138224			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.082781			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.129449			65.00
66.00	06600	PHYSICAL THERAPY	0.200240			66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000			66.01
66.02	06602	DAY REHABILITATION FACILITY	0.361022			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.282652			67.00
68.00	06800	SPEECH PATHOLOGY	0.460472			68.00
69.00	06900	ELECTROCARDIOLOGY	0.088712			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.545023			70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354501			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244238			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.169989			73.00
74.00	07400	RENAL DIALYSIS	0.262004			74.00
76.97	07697	CARDIAC REHABILITATION	0.267130			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2.267584			90.00
90.01	09001	WELLNESS PROGRAM	0.353094			90.01
90.02	09002	WOUND CARE CENTER	0.134567			90.02
91.00	09100	EMERGENCY	0.132508			91.00
91.01	04040	FAMILY PRACTICE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.187286			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.156357			92.01
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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 11:42 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,955,944		52,955,944	0	52,955,944	30.00
31.00	03100	INTENSIVE CARE UNIT	18,802,659		18,802,659	0	18,802,659	31.00
41.00	04100	SUBPROVIDER - IRF	9,279,537		9,279,537	0	9,279,537	41.00
43.00	04300	NURSERY	2,530,958		2,530,958	0	2,530,958	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,771,280		15,771,280	0	15,771,280	50.00
50.01	03330	AMBULATORY SURGERY	5,285,191		5,285,191	0	5,285,191	50.01
51.00	05100	RECOVERY ROOM	1,878,868		1,878,868	0	1,878,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,039,877		1,039,877	0	1,039,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,069,393		19,069,393	0	19,069,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,138,476		4,138,476	0	4,138,476	55.00
56.00	05600	RADIOISOTOPE	2,336,936		2,336,936	0	2,336,936	56.00
57.00	05700	CT SCAN	2,543,732		2,543,732	0	2,543,732	57.00
58.00	05800	MRI	2,437,868		2,437,868	0	2,437,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,024,652		4,024,652	0	4,024,652	59.00
60.00	06000	LABORATORY	20,042,253		20,042,253	0	20,042,253	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	681,107		681,107	0	681,107	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,096,509	0	5,096,509	0	5,096,509	65.00
66.00	06600	PHYSICAL THERAPY	5,700,965	0	5,700,965	0	5,700,965	66.00
66.01	06601	RNRC PHYSICAL THERAPY	50,715	0	50,715	0	50,715	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,035,853	0	1,035,853	0	1,035,853	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,576,068	0	3,576,068	0	3,576,068	67.00
68.00	06800	SPEECH PATHOLOGY	1,903,328	0	1,903,328	0	1,903,328	68.00
69.00	06900	ELECTROCARDIOLOGY	3,845,050		3,845,050	0	3,845,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	788,220		788,220	0	788,220	70.00
70.01	07001	ELECTROPHYSIOLOGY	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,887,291		23,887,291	0	23,887,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,992,565		17,992,565	0	17,992,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,880,189		22,880,189	0	22,880,189	73.00
74.00	07400	RENAL DIALYSIS	2,384,389		2,384,389	0	2,384,389	74.00
76.97	07697	CARDIAC REHABILITATION	839,539		839,539	0	839,539	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								
90.00	09000	CLINIC	1,702,357		1,702,357	0	1,702,357	90.00
90.01	09001	WELLNESS PROGRAM	431,625		431,625	0	431,625	90.01
90.02	09002	WOUND CARE CENTER	1,100,524		1,100,524	0	1,100,524	90.02
91.00	09100	EMERGENCY	12,328,026		12,328,026	0	12,328,026	91.00
91.01	04040	FAMILY PRACTICE	1,542,257		1,542,257	0	1,542,257	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,036,057		2,036,057	0	2,036,057	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,492,559		3,492,559	0	3,492,559	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	275,432,817	0	275,432,817	0	275,432,817	200.00
201.00		Less Observation Beds	2,036,057		2,036,057		2,036,057	201.00
202.00		Total (see instructions)	273,396,760	0	273,396,760	0	273,396,760	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 11:42 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	198,863,872		198,863,872		30.00
31.00	03100	INTENSIVE CARE UNIT	63,838,017		63,838,017		31.00
41.00	04100	SUBPROVIDER - IRF	28,873,938		28,873,938		41.00
43.00	04300	NURSERY	15,376,552		15,376,552		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	69,785,729	44,978,194	114,763,923	0.137424	0.000000
50.01	03330	AMBULATORY SURGERY	9,327,574	15,284,626	24,612,200	0.214739	0.000000
51.00	05100	RECOVERY ROOM	12,027,267	10,731,289	22,758,556	0.082557	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	15,875,264	14,455,320	30,330,584	0.034285	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,990,308	53,422,174	79,412,482	0.240131	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,894,181	27,893,282	29,787,463	0.138933	0.000000
56.00	05600	RADIOISOTOPE	4,415,384	12,163,105	16,578,489	0.140962	0.000000
57.00	05700	CT SCAN	29,105,283	38,954,309	68,059,592	0.037375	0.000000
58.00	05800	MRI	5,083,361	12,430,660	17,514,021	0.139195	0.000000
59.00	05900	CARDIAC CATHETERIZATION	38,538,733	28,409,533	66,948,266	0.060116	0.000000
60.00	06000	LABORATORY	102,163,307	42,834,573	144,997,880	0.138224	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,260,180	967,600	8,227,780	0.082781	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	37,298,786	2,072,061	39,370,847	0.129449	0.000000
66.00	06600	PHYSICAL THERAPY	19,825,425	8,645,215	28,470,640	0.200240	0.000000
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0.000000	0.000000
66.02	06602	DAY REHABILITATION FACILITY	12,824	2,856,402	2,869,226	0.361022	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,945,572	2,706,259	12,651,831	0.282652	0.000000
68.00	06800	SPEECH PATHOLOGY	2,527,789	1,605,637	4,133,426	0.460472	0.000000
69.00	06900	ELECTROCARDIOLOGY	23,384,798	19,958,221	43,343,019	0.088712	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	259,714	1,186,499	1,446,213	0.545023	0.000000
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,653,573	22,729,305	67,382,878	0.354501	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,554,335	16,113,748	73,668,083	0.244238	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	115,376,992	19,221,320	134,598,312	0.169989	0.000000
74.00	07400	RENAL DIALYSIS	8,913,111	187,483	9,100,594	0.262004	0.000000
76.97	07697	CARDIAC REHABILITATION	598,471	2,544,338	3,142,809	0.267130	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							
90.00	09000	CLINIC	1,723	749,013	750,736	2.267584	0.000000
90.01	09001	WELLNESS PROGRAM	1,859	1,220,549	1,222,408	0.353094	0.000000
90.02	09002	WOUND CARE CENTER	44,082	8,134,175	8,178,257	0.134567	0.000000
91.00	09100	EMERGENCY	38,824,227	54,211,941	93,036,168	0.132508	0.000000
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,948,644	8,922,732	10,871,376	0.187286	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,572,958	7,764,087	22,337,045	0.156357	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,004,163,833	483,353,650	1,487,517,483		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,004,163,833	483,353,650	1,487,517,483		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 11:42 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	AMBULATORY SURGERY	0.000000			50.01
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000			66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
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						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WELLNESS PROGRAM	0.000000			90.01
90.02	09002	WOUND CARE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	04040	FAMILY PRACTICE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/28/2020 11:42 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	4,177,509	0	4,177,509	48,559	86.03	30.00	
31.00	INTENSIVE CARE UNIT	1,060,470		1,060,470	10,372	102.24	31.00	
41.00	SUBPROVIDER - IRF	986,999	0	986,999	10,185	96.91	41.00	
43.00	NURSERY	174,666		174,666	1,709	102.20	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	6,399,644		6,399,644	70,825		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	24,249	2,086,141					30.00
31.00	INTENSIVE CARE UNIT	2,982	304,880					31.00
41.00	SUBPROVIDER - IRF	6,623	641,835					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	33,854	3,032,856					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/28/2020 11:42 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,969,994	114,763,923	0.034593	26,472,545	915,765	50.00
50.01	03330	AMBULATORY SURGERY	558,315	24,612,200	0.022684	8,733,080	198,101	50.01
51.00	05100	RECOVERY ROOM	69,546	22,758,556	0.003056	5,105,890	15,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	270,778	30,330,584	0.008928	5,942,077	53,051	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,902,373	79,412,482	0.061733	25,200,185	1,555,683	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	516,831	29,787,463	0.017351	831,163	14,422	55.00
56.00	05600	RADIOISOTOPE	179,200	16,578,489	0.010809	2,200,773	23,788	56.00
57.00	05700	CT SCAN	199,638	68,059,592	0.002933	0	0	57.00
58.00	05800	MRI	1,049,830	17,514,021	0.059942	2,241,784	134,377	58.00
59.00	05900	CARDIAC CATHETERIZATION	764,414	66,948,266	0.011418	15,186,104	173,395	59.00
60.00	06000	LABORATORY	907,835	144,997,880	0.006261	43,204,044	270,501	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,371	8,227,780	0.001990	2,923,441	5,818	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	237,253	39,370,847	0.006026	16,953,324	102,161	65.00
66.00	06600	PHYSICAL THERAPY	207,451	28,470,640	0.007286	7,235,195	52,716	66.00
66.01	06601	RNRC PHYSICAL THERAPY	2,751	0	0.000000	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	106,711	2,869,226	0.037192	11,190	416	66.02
67.00	06700	OCCUPATIONAL THERAPY	168,305	12,651,831	0.013303	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	77,709	4,133,426	0.018800	5,139	97	68.00
69.00	06900	ELECTROCARDIOLOGY	539,697	43,343,019	0.012452	11,651,462	145,084	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	249,987	1,446,213	0.172856	137,663	23,796	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	483,607	67,382,878	0.007177	18,833,981	135,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,404	73,668,083	0.004797	23,765,730	114,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	486,889	134,598,312	0.003617	52,264,763	189,042	73.00
74.00	07400	RENAL DIALYSIS	114,424	9,100,594	0.012573	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	49,438	3,142,809	0.015731	227,975	3,586	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								
90.00	09000	CLINIC	167,584	750,736	0.223226	1,723	385	90.00
90.01	09001	WELLNESS PROGRAM	45,454	1,222,408	0.037184	1,859	69	90.01
90.02	09002	WOUND CARE CENTER	56,186	8,178,257	0.006870	0	0	90.02
91.00	09100	EMERGENCY	790,607	93,036,168	0.008498	15,199,288	129,164	91.00
91.01	04040	FAMILY PRACTICE	46,012	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	160,616	10,871,376	0.014774	970,111	14,332	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	71,619	22,337,045	0.003206	0	0	92.01
200.00		Total (lines 50 through 199)	17,820,829	1,180,565,104		285,300,489	4,270,528	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 11:42 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	48,559	0.00	24,249		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	10,372	0.00	2,982		31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	10,185	0.00	6,623		41.00		
43.00	04300	NURSERY	0	0	1,709	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
200.00		Total (lines 30 through 199)	0	0	70,825		33,854		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
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 am
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Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 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	114,763,923	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	24,612,200	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	22,758,556	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,330,584	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,412,482	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,787,463	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	16,578,489	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	68,059,592	0.000000	57.00
58.00	05800	MRI	0	0	0	17,514,021	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,948,266	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	144,997,880	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,227,780	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,370,847	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,470,640	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	2,869,226	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,651,831	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,133,426	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,343,019	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,446,213	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,382,878	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,668,083	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,598,312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,100,594	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,142,809	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								
90.00	09000	CLINIC	0	0	0	750,736	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	1,222,408	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,178,257	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	93,036,168	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,871,376	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	22,337,045	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,180,565,104		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 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	26,472,545	0	10,509,466	0	50.00
50.01	03330	AMBULATORY SURGERY		0.000000	8,733,080	0	7,443,066	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	5,105,890	0	3,959,089	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	5,942,077	0	3,239,654	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	25,200,185	0	21,201,107	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	831,163	0	11,460,592	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	2,200,773	0	4,166,183	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	2,241,784	0	3,274,120	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	15,186,104	0	11,317,898	0	59.00
60.00	06000	LABORATORY		0.000000	43,204,044	0	8,516,865	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	2,923,441	0	219,643	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	16,953,324	0	521,137	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	7,235,195	0	110,249	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY		0.000000	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY		0.000000	11,190	0	84,042	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	5,139	0	101,939	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	11,651,462	0	6,886,486	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	137,663	0	375,129	0	70.00
70.01	07001	ELECTROPHYSIOLOGY		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	18,833,981	0	5,408,804	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	23,765,730	0	5,648,328	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	52,264,763	0	9,171,020	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	15,542	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	227,975	0	970,805	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									
90.00	09000	CLINIC		0.000000	1,723	0	415,220	0	90.00
90.01	09001	WELLNESS PROGRAM		0.000000	1,859	0	1,220,549	0	90.01
90.02	09002	WOUND CARE CENTER		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	15,199,288	0	8,898,928	0	91.00
91.01	04040	FAMILY PRACTICE		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	970,111	0	3,984,172	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			285,300,489	0	129,120,033	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 11:42 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		0.137424	10,509,466	0	0	1,444,253	50.00
50.01	03330	AMBULATORY SURGERY		0.214739	7,443,066	0	0	1,598,317	50.01
51.00	05100	RECOVERY ROOM		0.082557	3,959,089	0	0	326,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.034285	3,239,654	0	0	111,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.240131	21,201,107	0	0	5,091,043	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.138933	11,460,592	0	0	1,592,254	55.00
56.00	05600	RADIOISOTOPE		0.140962	4,166,183	0	0	587,273	56.00
57.00	05700	CT SCAN		0.037375	0	0	0	0	57.00
58.00	05800	MRI		0.139195	3,274,120	0	0	455,741	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.060116	11,317,898	0	0	680,387	59.00
60.00	06000	LABORATORY		0.138224	8,516,865	0	0	1,177,235	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.082781	219,643	0	0	18,182	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.129449	521,137	0	0	67,461	65.00
66.00	06600	PHYSICAL THERAPY		0.200240	110,249	0	0	22,076	66.00
66.01	06601	RNRC PHYSICAL THERAPY		0.000000	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY		0.361022	84,042	0	0	30,341	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.282652	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.460472	101,939	0	0	46,940	68.00
69.00	06900	ELECTROCARDIOLOGY		0.088712	6,886,486	0	0	610,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.545023	375,129	0	0	204,454	70.00
70.01	07001	ELECTROPHYSIOLOGY		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.354501	5,408,804	0	0	1,917,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.244238	5,648,328	0	0	1,379,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.169989	9,171,020	0	77,201	1,558,973	73.00
74.00	07400	RENAL DIALYSIS		0.262004	15,542	0	0	4,072	74.00
76.97	07697	CARDIAC REHABILITATION		0.267130	970,805	0	0	259,331	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									
90.00	09000	CLINIC		2.267584	415,220	0	0	941,546	90.00
90.01	09001	WELLNESS PROGRAM		0.353094	1,220,549	0	0	430,969	90.01
90.02	09002	WOUND CARE CENTER		0.134567	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.132508	8,898,928	0	0	1,179,179	91.00
91.01	04040	FAMILY PRACTICE		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.187286	3,984,172	0	0	746,180	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.156357	0	0	0	0	92.01
200.00		Subtotal (see instructions)			129,120,033	0	77,201	22,482,006	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			129,120,033	0	77,201	22,482,006	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/28/2020 11:42 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0		50.01
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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,123		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0		90.01
90.02	09002	WOUND CARE CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	0	13,123		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	13,123		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/28/2020 11:42 am		
				Component CCN: 14-T117				
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,969,994	114,763,923	0.034593	72,575	2,511	50.00
50.01	03330	AMBULATORY SURGERY	558,315	24,612,200	0.022684	594,494	13,486	50.01
51.00	05100	RECOVERY ROOM	69,546	22,758,556	0.003056	26,666	81	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	270,778	30,330,584	0.008928	17,639	157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,902,373	79,412,482	0.061733	790,123	48,777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	516,831	29,787,463	0.017351	307,136	5,329	55.00
56.00	05600	RADIOISOTOPE	179,200	16,578,489	0.010809	20,198	218	56.00
57.00	05700	CT SCAN	199,638	68,059,592	0.002933	0	0	57.00
58.00	05800	MRI	1,049,830	17,514,021	0.059942	54,494	3,266	58.00
59.00	05900	CARDIAC CATHETERIZATION	764,414	66,948,266	0.011418	2,065	24	59.00
60.00	06000	LABORATORY	907,835	144,997,880	0.006261	3,423,981	21,438	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,371	8,227,780	0.001990	29,677	59	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	237,253	39,370,847	0.006026	1,763,850	10,629	65.00
66.00	06600	PHYSICAL THERAPY	207,451	28,470,640	0.007286	6,803,114	49,567	66.00
66.01	06601	RNRC PHYSICAL THERAPY	2,751	0	0.000000	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	106,711	2,869,226	0.037192	1,634	61	66.02
67.00	06700	OCCUPATIONAL THERAPY	168,305	12,651,831	0.013303	4,311,588	57,357	67.00
68.00	06800	SPEECH PATHOLOGY	77,709	4,133,426	0.018800	702,187	13,201	68.00
69.00	06900	ELECTROCARDIOLOGY	539,697	43,343,019	0.012452	124,975	1,556	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	249,987	1,446,213	0.172856	12,346	2,134	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	483,607	67,382,878	0.007177	894,448	6,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	353,404	73,668,083	0.004797	20,827	100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	486,889	134,598,312	0.003617	3,910,819	14,145	73.00
74.00	07400	RENAL DIALYSIS	114,424	9,100,594	0.012573	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	49,438	3,142,809	0.015731	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							
90.00	09000	CLINIC	167,584	750,736	0.223226	0	0	90.00
90.01	09001	WELLNESS PROGRAM	45,454	1,222,408	0.037184	0	0	90.01
90.02	09002	WOUND CARE CENTER	56,186	8,178,257	0.006870	0	0	90.02
91.00	09100	EMERGENCY	790,607	93,036,168	0.008498	35,960	306	91.00
91.01	04040	FAMILY PRACTICE	46,012	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,871,376	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	71,619	22,337,045	0.003206	0	0	92.01
200.00		Total (lines 50 through 199)	17,660,213	1,180,565,104		23,920,796	250,821	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY		0	0	0	0	0	50.01
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
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
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
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY		0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY		0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM		0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	114,763,923	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	24,612,200	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	22,758,556	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,330,584	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,412,482	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,787,463	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	16,578,489	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	68,059,592	0.000000	57.00
58.00	05800	MRI	0	0	0	17,514,021	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,948,266	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	144,997,880	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,227,780	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,370,847	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,470,640	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	2,869,226	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,651,831	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,133,426	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,343,019	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,446,213	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,382,878	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,668,083	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,598,312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,100,594	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,142,809	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								
90.00	09000	CLINIC	0	0	0	750,736	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	1,222,408	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,178,257	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	93,036,168	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,871,376	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	22,337,045	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,180,565,104		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		72,575		0	0	50.00
50.01	03330	AMBULATORY SURGERY	0.000000		594,494		0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000		26,666		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		17,639		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		790,123		0	10,026	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		307,136		0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		20,198		0	0	56.00
57.00	05700	CT SCAN	0.000000		0		0	0	57.00
58.00	05800	MRI	0.000000		54,494		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		2,065		0	10	59.00
60.00	06000	LABORATORY	0.000000		3,423,981		0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		29,677		0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0		0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		1,763,850		0	166	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		6,803,114		0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000		0		0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000		1,634		0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		4,311,588		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		702,187		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		124,975		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		12,346		0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000		0		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		894,448		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		20,827		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		3,910,819		0	4,521	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0		0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0		0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0		0	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000		0		0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000		0		0	0	90.02
91.00	09100	EMERGENCY	0.000000		35,960		0	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000		0		0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0		0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0		0	0	92.01
200.00		Total (lines 50 through 199)			23,920,796		0	14,723	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/28/2020 11:42 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.137424	0	0	0	0 50.00
50.01	03330 AMBULATORY SURGERY	0.214739	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.082557	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	0.034285	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.240131	10,026	0	0	2,408 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138933	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.140962	0	0	0	0 56.00
57.00	05700 CT SCAN	0.037375	0	0	0	0 57.00
58.00	05800 MRI	0.139195	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.060116	10	0	0	1 59.00
60.00	06000 LABORATORY	0.138224	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.082781	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.129449	166	0	0	21 65.00
66.00	06600 PHYSICAL THERAPY	0.200240	0	0	0	0 66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0 66.01
66.02	06602 DAY REHABILITATION FACILITY	0.361022	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.282652	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.460472	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.088712	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.545023	0	0	0	0 70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.354501	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244238	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.169989	4,521	0	1,596	769 73.00
74.00	07400 RENAL DIALYSIS	0.262004	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.267130	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						
90.00	09000 CLINIC	2.267584	0	0	0	0 90.00
90.01	09001 WELLNESS PROGRAM	0.353094	0	0	0	0 90.01
90.02	09002 WOUND CARE CENTER	0.134567	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.132508	0	0	0	0 91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.187286	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.156357	0	0	0	0 92.01
200.00	Subtotal (see instructions)		14,723	0	1,596	3,199 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		14,723	0	1,596	3,199 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/28/2020 11:42 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	50.01
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
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	271	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	271	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	271	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 11:42 am		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	48,559	0.00	1,007		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	10,372	0.00	692		31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	10,185	0.00	81		41.00		
43.00	04300	NURSERY	0	0	1,709	0.00	5		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
200.00		Total (lines 30 through 199)	0	0	70,825		1,785		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
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 am
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Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:42 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	114,763,923	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	24,612,200	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	22,758,556	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,330,584	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,412,482	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,787,463	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	16,578,489	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	68,059,592	0.000000	57.00
58.00	05800	MRI	0	0	0	17,514,021	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,948,266	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	144,997,880	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,227,780	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,370,847	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,470,640	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	2,869,226	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,651,831	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,133,426	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,343,019	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,446,213	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,382,878	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,668,083	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,598,312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,100,594	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,142,809	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								
90.00	09000	CLINIC	0	0	0	750,736	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	1,222,408	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	8,178,257	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	93,036,168	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,871,376	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	22,337,045	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,180,565,104		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 11:42 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	50.00
50.01	03330	AMBULATORY SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	200.00

Health Financial Systems		PRESENCE RESURRECTION MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 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)			48,559	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			48,559	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			46,692	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)			24,249	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)			52,955,944	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)			52,955,944	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)			52,955,944	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)			1,090.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			26,444,747	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)			26,444,747	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 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	18,802,659	10,372	1,812.83	2,982	5,405,859	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,439,605	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					80,290,211	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)					2,391,021	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,270,528	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,661,549	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					73,628,662	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)					1,867	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,090.55	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,036,057	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 11:42 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,177,509	52,955,944	0.078886	2,036,057	160,616	90.00
91.00 Nursing School cost	0	52,955,944	0.000000	2,036,057	0	91.00
92.00 Allied health cost	0	52,955,944	0.000000	2,036,057	0	92.00
93.00 All other Medical Education	0	52,955,944	0.000000	2,036,057	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,185	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,185	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,185	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)		6,623	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)		9,279,537	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)		9,279,537	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)		9,279,537	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)		911.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,034,215	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,034,215	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,001,872
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,036,087
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					641,835
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					250,821
52.00 Total Program excludable cost (sum of lines 50 and 51)					892,656
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,143,431
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am
			Title XVIII		Subprovider - IRF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	986,999	9,279,537	0.106363	0	0	90.00
91.00	Nursing School cost	0	9,279,537	0.000000	0	0	91.00
92.00	Allied health cost	0	9,279,537	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,279,537	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am	
		Title XIX	Hospital	Cost	
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)		48,559	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,559	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		46,692	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,007	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)		1,709	15.00	
16.00	Nursery days (title V or XIX only)		5	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)		52,955,944	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)		52,955,944	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)		52,955,944	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)		1,090.55	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,098,184	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,098,184	41.00	

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am	
				Title XIX		Hospital	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,530,958	1,709	1,480.96	5	7,405	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,802,659	10,372	1,812.83	692	1,254,478	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,360,067	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)					1,867	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,090.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,036,057	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 11:42 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	4,177,509	52,955,944	0.078886	2,036,057	160,616	90.00
91.00 Nursing School cost	0	52,955,944	0.000000	2,036,057	0	91.00
92.00 Allied health cost	0	52,955,944	0.000000	2,036,057	0	92.00
93.00 All other Medical Education	0	52,955,944	0.000000	2,036,057	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am
		Title XIX	Subprovider - IRF	Cost
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)			10,185 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,185 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			10,185 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)			81 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)			1,709 15.00
16.00	Nursery days (title V or XIX only)			5 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)			9,279,537 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)			9,279,537 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)			9,279,537 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)			911.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			73,799 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)			73,799 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:42 am
			Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,799
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
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

Period:

Worksheet D-1

Component CCN: 14-T117

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/28/2020 11:42 am

Title XIX

Subprovider -
IRF

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	986,999	9,279,537	0.106363	0	0	90.00
91.00	Nursing School cost	0	9,279,537	0.000000	0	0	91.00
92.00	Allied health cost	0	9,279,537	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,279,537	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 11:42 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT	101,738,931		31.00
41.00	04100	SUBPROVIDER - IRF	26,473,174		41.00
43.00	04300	NURSERY	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.137424	26,472,545	50.00
50.01	03330	AMBULATORY SURGERY	0.214739	8,733,080	50.01
51.00	05100	RECOVERY ROOM	0.082557	5,105,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034285	5,942,077	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240131	25,200,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138933	831,163	55.00
56.00	05600	RADIOISOTOPE	0.140962	2,200,773	56.00
57.00	05700	CT SCAN	0.037375	0	57.00
58.00	05800	MRI	0.139195	2,241,784	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060116	15,186,104	59.00
60.00	06000	LABORATORY	0.138224	43,204,044	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.082781	2,923,441	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.129449	16,953,324	65.00
66.00	06600	PHYSICAL THERAPY	0.200240	7,235,195	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.361022	11,190	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.282652	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.460472	5,139	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088712	11,651,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.545023	137,663	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354501	18,833,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244238	23,765,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.169989	52,264,763	73.00
74.00	07400	RENAL DIALYSIS	0.262004	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.267130	227,975	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.267584	1,723	90.00
90.01	09001	WELLNESS PROGRAM	0.353094	1,859	90.01
90.02	09002	WOUND CARE CENTER	0.134567	0	90.02
91.00	09100	EMERGENCY	0.132508	15,199,288	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.187286	970,111	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.156357	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		285,300,489	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)		285,300,489	202.00

Health Financial Systems		PRESENCE RESURRECTION MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117	Period: From 07/01/2019	Worksheet D-3	
		Component CCN: 14-T117	To 06/30/2020	Date/Time Prepared: 11/28/2020 11:42 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		398		30.00
31.00	03100 INTENSIVE CARE UNIT		6,221		31.00
41.00	04100 SUBPROVIDER - IRF		18,877,027		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137424	72,575	9,974	50.00
50.01	03330 AMBULATORY SURGERY	0.214739	594,494	127,661	50.01
51.00	05100 RECOVERY ROOM	0.082557	26,666	2,201	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034285	17,639	605	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.240131	790,123	189,733	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138933	307,136	42,671	55.00
56.00	05600 RADIOISOTOPE	0.140962	20,198	2,847	56.00
57.00	05700 CT SCAN	0.037375	0	0	57.00
58.00	05800 MRI	0.139195	54,494	7,585	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.060116	2,065	124	59.00
60.00	06000 LABORATORY	0.138224	3,423,981	473,276	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.082781	29,677	2,457	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.129449	1,763,850	228,329	65.00
66.00	06600 PHYSICAL THERAPY	0.200240	6,803,114	1,362,256	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.361022	1,634	590	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.282652	4,311,588	1,218,679	67.00
68.00	06800 SPEECH PATHOLOGY	0.460472	702,187	323,337	68.00
69.00	06900 ELECTROCARDIOLOGY	0.088712	124,975	11,087	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.545023	12,346	6,729	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.354501	894,448	317,083	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244238	20,827	5,087	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.169989	3,910,819	664,796	73.00
74.00	07400 RENAL DIALYSIS	0.262004	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.267130	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					
90.00	09000 CLINIC	2.267584	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0.353094	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.134567	0	0	90.02
91.00	09100 EMERGENCY	0.132508	35,960	4,765	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.187286	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.156357	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		23,920,796	5,001,872	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		23,920,796		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 11:42 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)		12,531,923	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		41,383,607	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)		269,618	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		550,670	2.04
3.00	Managed Care Simulated Payments		21,504,061	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		222.14	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)		70.59	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)		18.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		5.73	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)		94.32	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		70.90	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)		70.90	12.00
13.00	Total allowable FTE count for the prior year.		75.53	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.		73.78	14.00
15.00	Sum of lines 12 through 14 divided by 3.		73.40	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		73.40	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.330422	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.325423	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.325423	21.00
22.00	IME payment adjustment (see instructions)		8,797,343	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,508,796	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)		-23.42	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)		8,797,343	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,508,796	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.83	31.00
32.00	Sum of lines 30 and 31		17.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.98	33.00
34.00	Disproportionate share adjustment (see instructions)		536,460	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 11:42 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)	1,788,206	1,535,941	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	450,726	1,149,858	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,600,584		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)	65,670,205		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)		69,179,001	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,939,795	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).		3,990,637	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		3,150	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		78,112,583	59.00
60.00	Primary payer payments		3,496	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		78,109,087	61.00
62.00	Deductibles billed to program beneficiaries		4,546,388	62.00
63.00	Coinsurance billed to program beneficiaries		385,363	63.00
64.00	Allowable bad debts (see instructions)		1,098,615	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		714,100	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		631,146	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		73,891,436	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-201,551	70.93
70.94	HRR adjustment amount (see instructions)		-420,926	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 11:42 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)		73,268,959	71.00
71.01	Sequestration adjustment (see instructions)		1,223,592	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		72,393,230	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)		-347,863	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,250,138	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
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2020 11:42 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,531,923	0	12,531,923		12,531,923	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	41,383,607	0		41,383,607	41,383,607	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	269,618	0	269,618		269,618	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	550,670	0		550,670	550,670	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	21,504,061	0	5,053,906	16,450,156	21,504,062	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.325423	0.325423	0.325423	0.325423		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,797,343	0	2,044,821	6,752,522	8,797,343	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,508,796	0	824,641	2,684,155	3,508,796	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,797,343	0	2,044,821	6,752,522	8,797,343	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,508,796	0	824,641	2,684,155	3,508,796	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0398	0.0398	0.0398	0.0398		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	536,460	0	124,693	411,767	536,460	11.00
11.01	Uncompensated care payments	36.00	1,600,584	0	1,413,986	476,508	1,890,494	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	65,670,205	0	16,385,041	49,285,164	65,670,205	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	69,179,001	0	17,209,682	51,969,319	69,179,001	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,939,795	0	1,176,740	3,763,055	4,939,795	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2020 11:42 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	3,150	0	3,150	0	3,150	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	18,389,572	55,732,374	74,121,946	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,268,070	0	1,019,528	3,248,542	4,268,070	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	70,781	0	13,662	57,119	70,781	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1408	0.1408	0.1408	0.1408		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	600,944	0	143,550	457,394	600,944	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,939,795	0	1,176,740	3,763,055	4,939,795	26.00
		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		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2020 11:42 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	12,531,923	12,531,923		12,531,923	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	41,383,607		41,383,607	41,383,607	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	269,618	269,618		269,618	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	550,670		550,670	550,670	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	21,504,061	5,053,906	16,450,156	21,504,062	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.325423	0.325423	0.325423		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,797,343	2,044,821	6,752,522	8,797,343	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,508,796	824,641	2,684,155	3,508,796	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	8,797,343	2,044,821	6,752,522	8,797,343	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,508,796	824,641	2,684,155	3,508,796	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0398	0.0398	0.0398		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	536,460	124,693	411,767	536,460	11.00
11.01	Uncompensated care payments	36.00	1,600,584	406,883	1,337,480	1,744,363	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	65,670,205	15,377,938	50,292,267	65,670,205	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	69,179,001	16,202,579	52,976,422	69,179,001	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,939,795	1,176,740	3,763,055	4,939,795	16.00
17.00	Special add-on payments for new technologies	54.00	3,150	3,150	0	3,150	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			17,382,469	56,739,477	74,121,946	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2020 11:42 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	4,268,070	1,019,528	3,248,542	4,268,070	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	70,781	13,662	57,119	70,781	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	0.1408	0.1408	0.1408		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	600,944	143,550	457,394	600,944	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	4,939,795	1,176,740	3,763,055	4,939,795	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	-201,551	-22,818	-178,733	-201,551	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	-420,926	-135,379	-285,547	-420,926	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 RESURRECTION MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 11:42 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		13,123	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,482,006	2.00	
3.00	OPPS payments		16,451,921	3.00	
4.00	Outlier payment (see instructions)		36,513	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,123	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		77,201	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)		77,201	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)		77,201	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		64,078	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)		13,123	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)		16,488,434	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,127,666	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)		13,373,891	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		983,099	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)		14,356,990	30.00	
31.00	Primary payer payments		1,039	31.00	
32.00	Subtotal (line 30 minus line 31)		14,355,951	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		65	33.00	
34.00	Allowable bad debts (see instructions)		596,368	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		387,639	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		385,145	36.00	
37.00	Subtotal (see instructions)		14,743,655	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)		14,743,655	40.00	
40.01	Sequestration adjustment (see instructions)		246,219	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		14,450,634	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)		46,802	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 11:42 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		271	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,199	2.00
3.00	OPPS payments		1,384	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		271	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,596	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)		1,596	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)		1,596	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,325	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)		271	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)		1,384	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		261	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)		1,394	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,394	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,394	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,394	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,394	40.00
40.01	Sequestration adjustment (see instructions)		23	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		1,292	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)		79	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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/28/2020 11:42 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		67,961,306		13,136,093	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		4,354,194		1,146,456	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	77,730	02/11/2020	168,085	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)		77,730		168,085	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)		72,393,230		14,450,634	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		0		46,802	6.01
6.02	SETTLEMENT TO PROGRAM		347,863		0	6.02
7.00	Total Medicare program liability (see instructions)		72,045,367		14,497,436	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0117
 Component CCN: 14-T117

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/28/2020 11:42 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		11,800,957		1,292		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,800,957		1,292		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		98,180		79		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		11,899,137		1,371		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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/28/2020 11:42 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/28/2020 11:42 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	11,788,074 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0244 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	351,285 3.00		
4.00	Outlier Payments	39,417 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	27.827869 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	12,178,776 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	12,178,776 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	12,178,776 19.00		
20.00	Deductibles	55,220 20.00		
21.00	Subtotal (line 19 minus line 20)	12,123,556 21.00		
22.00	Coinsurance	37,026 22.00		
23.00	Subtotal (line 21 minus line 22)	12,086,530 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	22,612 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	14,698 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	22,612 26.00		
27.00	Subtotal (sum of lines 23 and 25)	12,101,228 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	0 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	12,101,228 32.00		
32.01	Sequestration adjustment (see instructions)	202,091 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	11,800,957 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	98,180 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	39,417 50.00		
51.00	Outlier reconciliation adjustment amount (see instructions)	0 51.00		
52.00	The rate used to calculate the Time Value of Money	0.00 52.00		
53.00	Time Value of Money (see instructions)	0 53.00		

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet E-3
Part VII
Date/Time Prepared:
11/28/2020 11:42 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		2,360,067		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)		2,360,067	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)		2,360,067	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)		2,360,067	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	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)		2,360,067	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2020 11:42 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 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		73,799		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)		73,799	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)		73,799	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)		73,799	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	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)		73,799	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		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: 14-0117 Period: From 07/01/2019 To 06/30/2020 Worksheet E-4 Date/Time Prepared: 11/28/2020 11:42 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.				48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				18.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.05	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))				9.54	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)				75.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				70.90	6.00
7.00	Enter the lesser of line 5 or line 6				70.90	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.	25.92	43.11	69.03	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.	25.92	43.11	69.03	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	25.92	43.11		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	25.75	46.67		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.11	47.67		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	25.93	45.82		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	25.93	45.82		17.00	
18.00	Per resident amount	104,746.41	104,746.41		18.00	
19.00	Approved amount for resident costs	2,716,074	4,799,481	7,515,555	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)				7,515,555	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)	33,854	5,898	5,899		26.00
27.00	Total Inpatient Days (see instructions)	67,733	67,733	67,733		27.00
28.00	Ratio of inpatient days to total inpatient days	0.499815	0.087077	0.087092		28.00
29.00	Program direct GME amount	3,756,387	654,432	654,545	5,065,364	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		45,810	45,818	91,628	30.00
31.00	Net Program direct GME amount				4,973,736	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 11:42 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)		9,100,594	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)		91,326,298	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)		3,496	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		91,322,802	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		22,498,599	42.00
43.00	Primary payer payments (see instructions)		1,039	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,497,560	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		113,820,362	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.802342	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.197658	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,973,736	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,990,637	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		983,099	50.00

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

Provider CCN: 14-0117

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

Worksheet G

Date/Time Prepared:
11/28/2020 11:42 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	15,118	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	141,972,193	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-103,527,059	0	0	0	6.00
7.00 Inventory	6,644,903	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	250,644	0	0	0	9.00
10.00 Due from other funds	14,866,538	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	60,222,337	0	0	0	11.00
FIXED ASSETS					
12.00 Land	45,590,000	0	0	0	12.00
13.00 Land improvements	2,279,000	0	0	0	13.00
14.00 Accumulated depreciation	-1,051,367	0	0	0	14.00
15.00 Buildings	106,198,880	0	0	0	15.00
16.00 Accumulated depreciation	-10,367,708	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	27,021,164	0	0	0	23.00
24.00 Accumulated depreciation	-10,585,338	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)	159,084,631	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	1,529,205	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,529,205	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	220,836,173	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	18,341,918	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	120,560,270	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	138,902,188	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	1,242,563	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	1,242,563	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	140,144,751	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	80,691,422				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)	80,691,422	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	220,836,173	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0117

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

Worksheet G-1

Date/Time Prepared:
11/28/2020 11:42 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		168,602,499		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-12,185,778				2.00
3.00	Total (sum of line 1 and line 2)		156,416,721		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		156,416,721		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	75,725,299		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)		75,725,299		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		80,691,422		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	TEMPORARILY RESTRICTED FUNDS		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) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 14-0117

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2020 11:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	214,240,424		214,240,424	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	28,873,938		28,873,938	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	0		0	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)	243,114,362		243,114,362	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	69,785,729		69,785,729	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	69,785,729		69,785,729	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	312,900,091		312,900,091	17.00
18.00	Ancillary services	688,642,617	418,600,531	1,107,243,148	18.00
19.00	Outpatient services	0	72,066,881	72,066,881	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	7,280,838	7,280,838	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,001,542,708	497,948,250	1,499,490,958	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,018,984		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	RECONCILING ITEM	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)		287,018,984		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0117

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

Worksheet G-3

Date/Time Prepared:

11/28/2020 11:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,499,490,958	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,233,153,826	2.00
3.00	Net patient revenues (line 1 minus line 2)	266,337,132	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,018,984	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-20,681,852	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	105,789	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	1,006,602	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	503,369	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	1,307,145	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	66,254	24.01
24.50	COVID-19 PHE Funding	5,506,915	24.50
25.00	Total other income (sum of lines 6-24)	8,496,074	25.00
26.00	Total (line 5 plus line 25)	-12,185,778	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	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)	-12,185,778	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0117

Period:

Worksheet I-1

Component CCN: 14-2335

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/28/2020 11:42 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	70,123	HOURS OF SERVICE	1,386.00	0.67 1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	43,152	HOURS OF SERVICE	1,727.00	0.83 4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00 5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00 6.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	57,591	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	170,866			9.00
10.00	EMPLOYEE BENEFITS	34,747	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	17	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	54,921	REQUISITIONS		14.00
15.00	DRUGS	5,555	REQUISITIONS		15.00
16.00	OTHER	46,894	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	313,000			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	70,468	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	335	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	783,105	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	153,322	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	6,567	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,326,797			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,326,797			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0117

Period:

Worksheet I-2

Component CCN: 14-2335

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

Date/Time Prepared:

11/28/2020 11:42 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	223,790	17	70,123	43,152	35,082	5,555	1.00
MAINTENANCE								
2.00	Hemodialysis	223,790	17	70,123	43,152	35,082	5,555	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	223,790	17	70,123	43,152	35,082	5,555	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	54,921	0	432,640	894,157	1,326,797		1.00
MAINTENANCE								
2.00	Hemodialysis	54,921	0	432,640	894,157	1,326,797		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	54,921	0	432,640	894,157	1,326,797		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,326,797		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117
Component CCN: 14-2335Period:
From 07/01/2019
To 06/30/2020Worksheet I-3
Date/Time Prepared:
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		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	223,790	17	70,123	43,152	35,082	1.00
MAINTENANCE							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	3,137	17,835.00	15,725.00	10,324.00	913,207	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	71.338859	0.000953	4.459332	4.179775	0.038416	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	5,555	54,921	0	432,640	894,157	1.00
MAINTENANCE							
2.00	Hemodialysis	432,492	276,378	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	432,492	276,378	0		432,640	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.012844	0.198717	0.000000		2.066746	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0117
Component CCN: 14-2335Period:
From 07/01/2019
To 06/30/2020

Worksheet I-4

Date/Time Prepared:
11/28/2020 11:42 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,551	1,326,797	855.45	0	0
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,551	1,326,797		0	0
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,551				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	0	0.00			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	0				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet I-5 Date/Time Prepared: 11/28/2020 11:42 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	9,652		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	38,882	38,882	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	38,882	38,882	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	100	100	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	100	100	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	65		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	38,782	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	65		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,326,797		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,326,797		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0117	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/28/2020 11:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,268,070	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		70,781	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)		157.23	3.00
4.00	Number of interns & residents (see instructions)		73.40	4.00
5.00	Indirect medical education percentage (see instructions)		14.08	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)		600,944	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)		4,939,795	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