

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: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/27/2020 3:32 pm
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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.		Date: 11/27/2020 Time: 3:32 pm
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 ST. MARY'S HOSPITAL (14-0155) 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) YUESHA CHEN
 Officer or Administrator of Provider(s)

REGIONAL CFO
 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	-106,921	-12,380	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-106,921	-12,380	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: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 3:32 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 500 WEST COURT STREET			PO Box:				1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE 2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)
				1.00	2.00	3.00	4.00	5.00	V XVIII XIX 6.00 7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE ST. MARY'S HOSPITAL	140155	28100	1	07/01/1969	N P O 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N 22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00
				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.			736	530	0	23	4,006	34 24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

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From 07/01/2019
To 06/30/2020Worksheet S-2
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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		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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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.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 3:32 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,984,288	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
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	149013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 3:32 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ALEXIAN BROTHERS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05901				141.00	
142.00	Street: 200 S. WACKER DR 12 FLOOR	PO Box:						142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/27/2020 3:32 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	11/12/2020	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE CARE TRANSFORMATION CORP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-369-5843	ANNE.LITTLE@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/27/2020 3:32 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTER, 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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	144	52,704	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)		144	52,704	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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	34.00	9	3,285	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,829	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		169			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)		4	1,460			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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,163	982	14,183			1.00
2.00	HMO and other (see instructions)	2,294	4,040				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,163	982	14,183			7.00
8.00	INTENSIVE CARE UNIT	1,274	125	2,926			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	747	27	1,834			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		122	603			13.00
14.00	Total (see instructions)	7,184	1,256	19,546	0.00	386.82	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			150			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)				0.00	386.82	27.00
28.00	Observation Bed Days		371	1,566			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)	3	33	110			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			95			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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,720	327	4,915	1.00
2.00 HMO and other (see instructions)			544	1,133		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,720	327	4,915	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	30,535,741	19	30,535,760	804,585.00	37.95 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		133,837	0	133,837	1,071.00	124.96 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		486,302	0	486,302	17,766.00	27.37 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,321,889	0	4,321,889	112,499.31	38.42 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		273,287	0	273,287	1,502.00	181.95 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		6,345,742	0	6,345,742	133,913.00	47.39 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,110,119	0	7,110,119		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		146,975	0	146,975		
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		23,269	0	23,269		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,019,565	0	1,019,565		
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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	386,295	0	386,295	5,355.38	72.13	26.00
27.00	Administrative & General	5.00	2,072,520	0	2,072,520	47,263.51	43.85	27.00
28.00	Administrative & General under contract (see inst.)		309,910	0	309,910	2,131.00	145.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	409,662	0	409,662	20,051.14	20.43	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,186,547	0	1,186,547	50,514.00	23.49	33.00
34.00	Dietary	10.00	22,203	-12,620	9,583	48.88	196.05	34.00
35.00	Dietary under contract (see instructions)		1,418,621	-806,354	612,267	22,670.80	27.01	35.00
36.00	Cafeteria	11.00	0	12,620	12,620	64.37	196.05	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,310,460	0	1,310,460	25,229.12	51.94	38.00
39.00	Central Services and Supply	14.00	338,859	0	338,859	16,276.03	20.82	39.00
40.00	Pharmacy	15.00	962,607	0	962,607	23,763.27	40.51	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	779	-779	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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/27/2020 3:32 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	33,450,819	-806,335	32,644,484	879,900.80	37.10	1.00
2.00	Excluded area salaries (see instructions)	486,302	0	486,302	17,766.00	27.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,964,517	-806,335	32,158,182	862,134.80	37.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,940,918	0	10,940,918	247,914.31	44.13	4.00
5.00	Subtotal wage-related costs (see inst.)	8,152,953	0	8,152,953	0.00	25.35	5.00
6.00	Total (sum of lines 3 thru 5)	52,058,388	-806,335	51,252,053	1,110,049.11	46.17	6.00
7.00	Total overhead cost (see instructions)	8,418,463	-807,133	7,611,330	213,367.50	35.67	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2020 3:32 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		989,014	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)		424,532	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,013,796	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		-51,838	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-54,753	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)		63,953	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		564,915	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		2,239,460	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		44,821	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		46,462	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,280,362	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: 14-0155

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/27/2020 3:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,321,889	7,280,362	1.00
2.00	Hospital	4,321,889	7,280,362	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0155

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

Worksheet S-10

Date/Time Prepared:
11/27/2020 3:32 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.172811	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		13,686,637	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		142,302,641	6.00
7.00	Medicaid cost (line 1 times line 6)		24,591,462	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)		10,904,825	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)		10,904,825	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	17,826,818	1,659,104	19,485,922
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,080,670	1,659,104	4,739,774
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,080,670	1,659,104	4,739,774
			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)		3,259,131	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		672,792	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,035,066	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,224,065	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		746,617	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,486,391	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,391,216	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,778,688	4,778,688	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,150,848	3,150,848	2.00
3.00	00300	OTHER CAP REL COSTS		135,372	135,372	-135,372	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	386,295	5,085,455	5,471,750	0	5,471,750	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,072,520	38,652,518	40,725,038	-2,385,426	38,339,612	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	409,662	3,978,836	4,388,498	-762,570	3,625,928	7.00
7.01	00701	BIO MED	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	316,402	316,402	0	316,402	8.00
9.00	00900	HOUSEKEEPING	0	1,438,127	1,438,127	-3,463	1,434,664	9.00
10.00	01000	DIETARY	22,203	2,080,738	2,102,941	-1,204,619	898,322	10.00
11.00	01100	CAFETERIA	0	0	0	1,195,326	1,195,326	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,310,460	504,469	1,814,929	-315,098	1,499,831	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	338,859	525,786	864,645	-84,255	780,390	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	962,607	8,424,962	9,387,569	-8,162,200	1,225,369	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,754	4,754	-3,929	825	16.00
17.00	01700	SOCIAL SERVICE	779	9,021	9,800	-9,800	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	173,849	54,246	228,095	0	228,095	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,673,973	2,225,174	9,899,147	-1,809,672	8,089,475	30.00
31.00	03100	INTENSIVE CARE UNIT	2,288,762	412,231	2,700,993	-177,718	2,523,275	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,477,117	358,192	1,835,309	-134,906	1,700,403	34.00
43.00	04300	NURSERY	0	0	0	658,718	658,718	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,037,194	6,794,486	8,831,680	-5,830,822	3,000,858	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,413,105	218,692	1,631,797	-72,161	1,559,636	51.00
51.01	05101	OP ONCOLOGY	382,808	1,084,004	1,466,812	-28,324	1,438,488	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	599,347	599,347	52.00
52.02	05201	SUBSTANCE ABUSE	493,834	101,043	594,877	7,044	601,921	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	143,676	84,552	228,228	-43,141	185,087	52.06
53.00	05300	ANESTHESIOLOGY	33,275	2,451,823	2,485,098	-173,802	2,311,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,252,601	1,421,921	3,674,522	-772,595	2,901,927	54.00
56.00	05600	RADIOISOTOPE	254,744	1,049,130	1,303,874	-276,804	1,027,070	56.00
59.00	05900	CARDIAC CATHETERIZATION	923,710	3,509,291	4,433,001	-3,230,159	1,202,842	59.00
60.00	06000	LABORATORY	798	5,560,387	5,561,185	-138,359	5,422,826	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,239,282	486,873	1,726,155	-199,032	1,527,123	65.00
66.00	06600	PHYSICAL THERAPY	0	1,610,532	1,610,532	-417,770	1,192,762	66.00
66.01	06601	WOUND CARE	-19	1,252,174	1,252,155	-196,641	1,055,514	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	22,850	22,850	230,061	252,911	67.00
68.00	06800	SPEECH PATHOLOGY	0	269	269	175,125	175,394	68.00
69.00	06900	ELECTROCARDIOLOGY	467,968	657,520	1,125,488	-172,947	952,541	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,549	23,405	68,954	-12,413	56,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,292,348	6,292,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,029,533	4,029,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,130,087	8,130,087	73.00
74.00	07400	RENAL DIALYSIS	0	204,226	204,226	-6,706	197,520	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	235,178	38,310	273,488	-9,462	264,026	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,182,499	1,840,570	5,023,069	-353,172	4,669,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,123,787	2,123,787	-2,123,787	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,223,288	94,742,128	124,965,416	0	124,965,416	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,826	140,696	246,522	0	246,522	190.00
194.00	07950	OTHER NRCC	201,314	3,058,640	3,259,954	0	3,259,954	194.00
194.01	07951	SISTERS RESIDENCE	5,313	2,163	7,476	0	7,476	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	30,535,741	97,943,627	128,479,368	0	128,479,368	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-392,649	4,386,039	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-90,331	3,060,517	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	422,882	5,894,632	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,063,210	41,402,822	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,006,780	4,632,708	7.00
7.01	00701	BIO MED	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	316,402	8.00
9.00	00900	HOUSEKEEPING	0	1,434,664	9.00
10.00	01000	DIETARY	0	898,322	10.00
11.00	01100	CAFETERIA	-191,743	1,003,583	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	53,493	1,553,324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-352	780,038	14.00
14.01	01401	STERILE PROCESSING	0	0	14.01
15.00	01500	PHARMACY	160,780	1,386,149	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,425	42,250	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-2,308	225,787	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-593,939	7,495,536	30.00
31.00	03100	INTENSIVE CARE UNIT	383,767	2,907,042	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,700,403	34.00
43.00	04300	NURSERY	0	658,718	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,818	2,996,040	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,559,636	51.00
51.01	05101	OP ONCOLOGY	-758,079	680,409	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	599,347	52.00
52.02	05201	SUBSTANCE ABUSE	-1,124	600,797	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	185,087	52.06
53.00	05300	ANESTHESIOLOGY	0	2,311,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,068	2,896,859	54.00
56.00	05600	RADIOISOTOPE	-96,331	930,739	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,202,842	59.00
60.00	06000	LABORATORY	-47,414	5,375,412	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-2,719	1,524,404	65.00
66.00	06600	PHYSICAL THERAPY	-1,047	1,191,715	66.00
66.01	06601	WOUND CARE	0	1,055,514	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	252,911	67.00
68.00	06800	SPEECH PATHOLOGY	0	175,394	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,646	949,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	56,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,292,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,029,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,130,087	73.00
74.00	07400	RENAL DIALYSIS	0	197,520	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,343	262,683	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	OCCUPATIONAL HEALTH	0	0	90.01
91.00	09100	EMERGENCY	-1,066,311	3,603,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,874,115	126,839,531	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	246,522	190.00
194.00	07950	OTHER NRCC	0	3,259,954	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	SISTERS RESIDENCE	0	7,476	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	1,874,115	130,353,483	200.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 3:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES& IMPLANTS RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,292,348		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,029,533		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	10,321,881		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,130,087		1.00
	TOTALS		0	8,130,087		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,357,957		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,312,420		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
	TOTALS		0	5,670,377		
	D - REHAB RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	0	230,061		1.00
2.00	SPEECH PATHOLOGY	68.00	0	175,125		2.00
	TOTALS		0	405,186		
	E - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	454,212	145,135		1.00
2.00	NURSERY	43.00	499,206	159,512		2.00
	TOTALS		953,418	304,647		
	F - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,309,382		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	814,405		2.00
	TOTALS		0	2,123,787		
	G - CAFETERIA					
1.00	CAFETERIA	11.00	12,620	1,182,706		1.00
	TOTALS		12,620	1,182,706		
	H - MISCELLANEOUS					
1.00	WOUND CARE	66.01	19	0		1.00
	TOTALS		19	0		

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 3:32 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
I - SOCIAL SERVICES					
1.00	SUBSTANCE ABUSE	52.02	779	9,021	1.00
	TOTALS		779	9,021	
500.00	Grand Total: Increases		966,836	28,147,692	500.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 3:32 pm

		Decreases					11/27/2020 3:32 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - SUPPLIES& IMPLANTS RECLASS							
1.00	PHARMACY	15.00	0	32,113	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	388,376	0		2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	159,764	0		3.00	
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	112,721	0		4.00	
5.00	OPERATING ROOM	50.00	0	5,363,208	0		5.00	
6.00	RECOVERY ROOM	51.00	0	65,193	0		6.00	
7.00	OP ONCOLOGY	51.01	0	28,324	0		7.00	
8.00	SUBSTANCE ABUSE	52.02	0	2,756	0		8.00	
9.00	INFUSION CLINIC	52.06	0	39,721	0		9.00	
10.00	ANESTHESIOLOGY	53.00	0	140,536	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	165,230	0		11.00	
12.00	RADIOISOTOPE	56.00	0	113,952	0		12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	2,886,242	0		13.00	
14.00	LABORATORY	60.00	0	58,024	0		14.00	
15.00	RESPIRATORY THERAPY	65.00	0	173,316	0		15.00	
16.00	PHYSICAL THERAPY	66.00	0	12,584	0		16.00	
17.00	WOUND CARE	66.01	0	196,641	0		17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	76,118	0		18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,340	0		19.00	
20.00	RENAL DIALYSIS	74.00	0	6,706	0		20.00	
21.00	CARDIAC REHABILITATION	76.97	0	4,033	0		21.00	
22.00	EMERGENCY	91.00	0	293,983	0		22.00	
	TOTALS		0	10,321,881				
	B - DRUGS							
1.00	PHARMACY	15.00	0	8,130,087	0		1.00	
	TOTALS		0	8,130,087				
	C - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,385,426	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	762,570	9		2.00	
3.00	HOUSEKEEPING	9.00	0	3,463	0		3.00	
4.00	DIETARY	10.00	0	9,293	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	315,098	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,255	0		6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,929	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	163,231	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	17,954	0		9.00	
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	22,185	0		10.00	
11.00	OPERATING ROOM	50.00	0	467,614	0		11.00	
12.00	RECOVERY ROOM	51.00	0	6,968	0		12.00	
13.00	INFUSION CLINIC	52.06	0	3,420	0		13.00	
14.00	ANESTHESIOLOGY	53.00	0	33,266	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	607,365	0		15.00	
16.00	RADIOISOTOPE	56.00	0	162,852	0		16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	343,917	0		17.00	
18.00	LABORATORY	60.00	0	80,335	0		18.00	
19.00	RESPIRATORY THERAPY	65.00	0	25,716	0		19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	96,829	0		20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,073	0		21.00	
22.00	CARDIAC REHABILITATION	76.97	0	5,429	0		22.00	
23.00	EMERGENCY	91.00	0	59,189	0		23.00	
	TOTALS		0	5,670,377				
	D - REHAB RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	230,061	0		1.00	
2.00	PHYSICAL THERAPY	66.00	0	175,125	0		2.00	
	TOTALS		0	405,186				
	E - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	454,212	145,135	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	499,206	159,512	0		2.00	
	TOTALS		953,418	304,647				
	F - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,309,382	11		1.00	
2.00	INTEREST EXPENSE	113.00	0	814,405	11		2.00	
	TOTALS		0	2,123,787				
	G - CAFETERIA							
1.00	DIETARY	10.00	12,620	1,182,706	0		1.00	
	TOTALS		12,620	1,182,706				
	H - MISCELLANEOUS							
1.00	WOUND CARE	66.01	0	19	0		1.00	
	TOTALS		0	19				
	I - SOCIAL SERVICES							
1.00	SOCIAL SERVICE	17.00	779	9,021	0		1.00	
	TOTALS		779	9,021				
500.00	Grand Total: Decreases		966,817	28,147,711			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,930,000	0	0	0	0	1.00
2.00	Land Improvements	1,014,000	0	0	0	0	2.00
3.00	Buildings and Fixtures	32,476,808	1,619,732	0	1,619,732	0	3.00
4.00	Building Improvements	680,485	7,500,197	0	7,500,197	0	4.00
5.00	Fixed Equipment	0	5,134,921	0	5,134,921	0	5.00
6.00	Movable Equipment	15,848,795	0	0	0	4,337,401	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	54,950,088	14,254,850	0	14,254,850	4,337,401	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	54,950,088	14,254,850	0	14,254,850	4,337,401	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,930,000	0				1.00
2.00	Land Improvements	1,014,000	0				2.00
3.00	Buildings and Fixtures	34,096,540	0				3.00
4.00	Building Improvements	8,180,682	0				4.00
5.00	Fixed Equipment	5,134,921	0				5.00
6.00	Movable Equipment	11,511,394	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	64,867,537	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	64,867,537	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	53,356,142	0	53,356,142	0.822540	111,349	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,511,394	0	11,511,394	0.177460	24,023	2.00
3.00	Total (sum of lines 1-2)	64,867,536	0	64,867,536	1.000000	135,372	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	111,349	4,006,278	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	24,023	2,918,359	0	2.00
3.00	Total (sum of lines 1-2)	0	0	135,372	6,924,637	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	268,412	111,349	0	0	4,386,039	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	118,135	24,023	0	0	3,060,517	2.00
3.00	Total (sum of lines 1-2)	386,547	135,372	0	0	7,446,556	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-157,961	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-147,059	CAP REL COSTS-MVBLE EQUIP	2.00	11	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	-2,619,840			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	5,600,497			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-191,743	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	-325,896	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
36.00	MISCELLANEOUS REVENUE	B	-26,943	ADMINISTRATIVE & GENERAL	5.00	0	36.00
38.00	MISCELLANEOUS REVENUE	B	-4,200	OPERATION OF PLANT	7.00	0	38.00
39.00	MISCELLANEOUS REVENUE	B	-352	CENTRAL SERVICES & SUPPLY	14.00	0	39.00
40.00	MISCELLANEOUS REVNEUE	B	-20	MEDICAL RECORDS & LIBRARY	16.00	0	40.00
41.00	MISCELLANEOUS REVENUE	B	-4,818	OPERATING ROOM	50.00	0	41.00
42.00	MISCELLANEOUS REVENUE	B	-700	SUBSTANCE ABUSE	52.02	0	42.00
42.01	MISCELLANEOUS REVENUE	B	-382	RADIOLOGY-DIAGNOSTIC	54.00	0	42.01
42.02	MISCELLANEOUS REVENUE	B	-581	PHYSICAL THERAPY	66.00	0	42.02
42.03	CHARITABLE EXPENSE	A	-140,840	ADMINISTRATIVE & GENERAL	5.00	0	42.03
42.04	CHARUTABKE EXPENSE	A	-24,000	NURSING ADMINISTRATION	13.00	0	42.04
42.30	INCOME TAX EXPENSE FEDERAL	A	-23,173	ADMINISTRATIVE & GENERAL	5.00	0	42.30
43.00	MARKETING	A	-56,338	ADMINISTRATIVE & GENERAL	5.00	0	43.00
43.01	MARKETING	A	-396	NURSING ADMINISTRATION	13.00	0	43.01
43.02	MARKETING	A	-100	ADULTS & PEDIATRICS	30.00	0	43.02
43.03	MARKETING	A	-466	PHYSICAL THERAPY	66.00	0	43.03
43.04	PROMOTIONAL ITEMS	A	-209	ADMINISTRATIVE & GENERAL	5.00	0	43.04
43.10	PROMOTIONAL ITEMS	A	-259	ADMINISTRATIVE & GENERAL	5.00	0	43.10
43.20	BUSINESS DEVELOPMENT	A	-106	ADMINISTRATIVE & GENERAL	5.00	0	43.20
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,874,115				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: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2020 3:32 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	60.00	LABORATORY	ALVERNO LABS	5,147,776	5,145,690	1.00
2.00	0.00			0	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL	974,217	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL	605,939	0	3.01
3.02	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-883,009	0	3.02
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST INCOME	-549,211	0	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	PROJECT SYMPHONY	109,207	24,501,696	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	RESOURCE GROUP	-197,071	0	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER AND CENTRAL SCHE	418,742	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	CLINICAL INFORMATICS	13,577	0	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	33,585	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	BEHAVIORIAL HEALTH INTAKE	54,083	0	3.09
3.10	15.00	PHARMACY	PHARMACY ADMIN	160,780	0	3.10
3.11	5.00	ADMINISTRATIVE & GENERAL	REVENUE CYCLE MGMT	6,256,113	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	PT ACCESS CONTACT CENTER	52,164	0	3.12
3.13	5.00	ADMINISTRATIVE & GENERAL	MEDICAL OFFAIRS ADMIN	152,205	0	3.13
3.14	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE CONTRACTING	96,468	0	3.14
3.15	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	77,889	0	3.15
3.16	7.00	OPERATION OF PLANT	FACILITIES	192,076	0	3.16
3.17	5.00	ADMINISTRATIVE & GENERAL	SERVICE LINES	393,731	0	3.17
3.18	31.00	INTENSIVE CARE UNIT	TELE ICU	383,767	0	3.18
3.19	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	248,735	0	3.19
3.20	16.00	MEDICAL RECORDS & LIBRARY	HEALTH INFORMATION MGMT	41,445	0	3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT	160,780	0	3.21
3.22	7.00	OPERATION OF PLANT	BIOMED ENG	818,904	0	3.22
3.23	5.00	ADMINISTRATIVE & GENERAL	POOLED NON CAPITAL	12,486,575	0	3.23
3.24	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMPENSATION IC CO	77,679	0	3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	284,288	0	3.25
3.26	5.00	ADMINISTRATIVE & GENERAL	INFO SERVICES	6,557,440	0	3.26
3.27	5.00	ADMINISTRATIVE & GENERAL	ACO OPERATIONS	110,759	0	3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	QUALITY MANAGEMENT	968,250	0	3.28
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.			35,247,883	29,647,386	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	0.00	ALEXIAN BROTHER	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	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

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

Provider CCN: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2020 3:32 pm

	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

(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: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2020 3:32 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,086	0		1.00
2.00	0	0		2.00
3.00	974,217	9		3.00
3.01	605,939	9		3.01
3.02	-883,009	11		3.02
3.03	-549,211	11		3.03
3.04	-24,392,489	0		3.04
3.05	-197,071	0		3.05
3.06	418,742	0		3.06
3.07	13,577	0		3.07
3.08	33,585	0		3.08
3.09	54,083	0		3.09
3.10	160,780	0		3.10
3.11	6,256,113	0		3.11
3.12	52,164	0		3.12
3.13	152,205	0		3.13
3.14	96,468	0		3.14
3.15	77,889	0		3.15
3.16	192,076	0		3.16
3.17	393,731	0		3.17
3.18	383,767	0		3.18
3.19	248,735	0		3.19
3.20	41,445	0		3.20
3.21	160,780	0		3.21
3.22	818,904	0		3.22
3.23	12,486,575	0		3.23
3.24	77,679	0		3.24
3.25	284,288	0		3.25
3.26	6,557,440	0		3.26
3.27	110,759	0		3.27
3.28	968,250	0		3.28
4.00	0	0		4.00
5.00	5,600,497			5.00

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

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		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: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2020 3:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	35,594	0	35,594	211,500	285	1.00
2.00	30.00	ADULTS & PEDIATRICS	6,270	0	6,270	181,300	150	2.00
3.00	51.01	OP ONCOLOGY	13,550	0	13,550	181,300	68	3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	246,400	0	4.00
5.00	60.00	LABORATORY	0	0	0	260,300	0	5.00
6.00	52.02	SUBSTANCE ABUSE	12,469	424	12,045	271,900	96	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	211,500	0	8.00
9.00	65.00	RESPIRATORY THERAPY	7,600	1,600	6,000	211,500	48	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	156,100	0	156,100	271,900	650	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	18,281	0	18,281	271,900	104	13.00
14.00	91.00	EMERGENCY	35,725	0	35,725	211,500	285	14.00
15.00	23.00	PARAMED ED PRGM-(SPECIFY)	12,375	0	12,375	211,500	99	15.00
16.00	69.00	ELECTROCARDIOLOGY	13,933	0	13,933	211,500	111	16.00
17.00	91.00	EMERGENCY	1,663	0	1,663	211,500	10	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	88,886	3,761	85,125	211,500	681	18.00
19.00	76.97	CARDIAC REHABILITATION	7,139	0	7,139	211,500	57	19.00
20.00	91.00	EMERGENCY	147,175	143,850	3,325	211,500	27	20.00
21.00	5.00	ADMINISTRATIVE & GENERAL	15,400	15,400	0	0	0	21.00
22.00	30.00	ADULTS & PEDIATRICS	593,839	593,839	0	0	0	22.00
23.00	91.00	EMERGENCY	914,490	914,490	0	0	0	23.00
24.00	60.00	LABORATORY	49,500	49,500	0	0	0	24.00
25.00	51.01	OP ONCOLOGY	750,456	750,456	0	0	0	25.00
26.00	56.00	RADIOISOTOPE	25,200	25,200	0	0	0	26.00
200.00			2,905,645	2,498,520	407,125		2,671	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	28,980	1,449	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	13,074	654	0	0	0	2.00
3.00	51.01	OP ONCOLOGY	5,927	296	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	52.02	SUBSTANCE ABUSE	12,549	627	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	4,881	244	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	84,969	4,248	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	13,595	680	0	0	0	13.00
14.00	91.00	EMERGENCY	28,980	1,449	0	0	0	14.00
15.00	23.00	PARAMED ED PRGM-(SPECIFY)	10,067	503	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	11,287	564	0	0	0	16.00
17.00	91.00	EMERGENCY	1,017	51	0	0	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	69,246	3,462	0	0	0	18.00
19.00	76.97	CARDIAC REHABILITATION	5,796	290	0	0	0	19.00
20.00	91.00	EMERGENCY	2,745	137	0	0	0	20.00
21.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	21.00
22.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	22.00
23.00	91.00	EMERGENCY	0	0	0	0	0	23.00
24.00	60.00	LABORATORY	0	0	0	0	0	24.00
25.00	51.01	OP ONCOLOGY	0	0	0	0	0	25.00
26.00	56.00	RADIOISOTOPE	0	0	0	0	0	26.00
200.00			293,113	14,654	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	28,980	6,614	6,614		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	13,074	0	0		2.00
3.00	51.01	OP ONCOLOGY	0	5,927	7,623	7,623		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0		4.00
5.00	60.00	LABORATORY	0	0	0	0		5.00
6.00	52.02	SUBSTANCE ABUSE	0	12,549	0	424		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0		7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	0		8.00
9.00	65.00	RESPIRATORY THERAPY	0	4,881	1,119	2,719		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00	56.00	RADIOISOTOPE	0	84,969	71,131	71,131		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	13,595	4,686	4,686		13.00
14.00	91.00	EMERGENCY	0	28,980	6,745	6,745		14.00
15.00	23.00	PARAMED ED PRGM-(SPECIFY)	0	10,067	2,308	2,308		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	11,287	2,646	2,646		16.00
17.00	91.00	EMERGENCY	0	1,017	646	646		17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	0	69,246	15,879	19,640		18.00
19.00	76.97	CARDIAC REHABILITATION	0	5,796	1,343	1,343		19.00
20.00	91.00	EMERGENCY	0	2,745	580	144,430		20.00
21.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	15,400		21.00
22.00	30.00	ADULTS & PEDIATRICS	0	0	0	593,839		22.00
23.00	91.00	EMERGENCY	0	0	0	914,490		23.00
24.00	60.00	LABORATORY	0	0	0	49,500		24.00
25.00	51.01	OP ONCOLOGY	0	0	0	750,456		25.00
26.00	56.00	RADIOISOTOPE	0	0	0	25,200		26.00
200.00			0	293,113	121,320	2,619,840		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,386,039	4,386,039			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,060,517	3,060,517			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,894,632	0	5,894,632		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,402,822	245,599	405,207	42,134,178	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,632,708	1,184,107	80,095	6,152,520	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	316,402	12,607	0	329,009	8.00
9.00	00900	HOUSEKEEPING	1,434,664	13,043	1,143	1,448,850	9.00
10.00	01000	DIETARY	898,322	87,287	3,672	991,155	10.00
11.00	01100	CAFETERIA	1,003,583	47,699	0	1,053,749	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,553,324	6,658	368,359	2,184,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	780,038	165,057	60,492	1,071,839	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	1,386,149	22,190	0	1,596,542	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,250	74,833	5,186	122,269	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	225,787	2,183	0	33,990	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,495,536	302,717	78,716	1,313,951	30.00
31.00	03100	INTENSIVE CARE UNIT	2,907,042	79,472	12,684	447,485	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,700,403	63,307	20,310	288,797	34.00
43.00	04300	NURSERY	658,718	130,631	18,094	97,602	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,996,040	127,487	541,531	398,300	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,559,636	47,229	5,704	276,282	51.00
51.01	05101	OP ONCOLOGY	680,409	318,031	0	74,844	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	599,347	104,424	16,463	88,805	52.00
52.02	05201	SUBSTANCE ABUSE	600,797	56,911	0	96,704	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	185,087	25,825	4,514	28,091	52.06
53.00	05300	ANESTHESIOLOGY	2,311,296	3,384	26,880	6,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,896,859	157,624	565,927	440,415	54.00
56.00	05600	RADIOISOTOPE	930,739	19,647	196,999	49,806	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,202,842	44,042	445,778	180,598	59.00
60.00	06000	LABORATORY	5,375,412	140,280	106,031	156	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,524,404	30,191	30,924	242,297	65.00
66.00	06600	PHYSICAL THERAPY	1,191,715	81,230	0	0	66.00
66.01	06601	WOUND CARE	1,055,514	35,921	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	252,911	4,432	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	175,394	2,620	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	949,895	33,116	124,501	91,494	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,541	8,721	13,295	8,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,292,348	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,029,533	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,130,087	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	197,520	145,443	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	262,683	75,281	7,166	45,981	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	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,603,586	169,750	61,533	622,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,839,531	4,068,979	3,052,062	5,833,543	126,452,927	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	246,522	0	165	20,690	267,377	190.00
194.00	07950	OTHER NRCC	3,259,954	317,060	8,290	39,360	3,624,664	194.00
194.01	07951	SISTERS RESIDENCE	7,476	0	0	1,039	8,515	194.01
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)	130,353,483	4,386,039	3,060,517	5,894,632	130,353,483	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	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
5.00	00500	ADMINISTRATIVE & GENERAL	42,134,178					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,938,487	0	9,091,007			7.00
7.01	00701	BIO MED	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	157,137	0	38,767	0	524,913	8.00
9.00	00900	HOUSEKEEPING	691,981	0	40,110	0	0	9.00
10.00	01000	DIETARY	473,383	0	268,417	0	0	10.00
11.00	01100	CAFETERIA	503,278	0	146,678	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,043,358	0	20,474	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	511,918	0	507,566	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	762,520	0	68,237	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,397	0	230,120	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	125,114	0	6,713	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,389,668	0	930,884	0	384,104	30.00
31.00	03100	INTENSIVE CARE UNIT	1,646,160	0	244,385	0	76,222	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	989,992	0	194,675	0	48,606	34.00
43.00	04300	NURSERY	432,256	0	401,703	0	15,981	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,940,688	0	392,036	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	902,128	0	145,235	0	0	51.00
51.01	05101	OP ONCOLOGY	512,608	0	977,974	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,403	0	321,114	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	360,312	0	175,007	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	116,305	0	79,414	0	0	52.06
53.00	05300	ANESTHESIOLOGY	1,121,453	0	10,405	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,939,478	0	484,708	0	0	54.00
56.00	05600	RADIOISOTOPE	571,787	0	60,417	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	894,682	0	135,434	0	0	59.00
60.00	06000	LABORATORY	2,685,049	0	431,374	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	872,978	0	92,840	0	0	65.00
66.00	06600	PHYSICAL THERAPY	607,967	0	249,789	0	0	66.00
66.01	06601	WOUND CARE	521,277	0	110,462	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	122,909	0	13,627	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	85,021	0	8,056	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	572,654	0	101,835	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,772	0	26,818	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,005,269	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,924,533	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,882,986	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	163,802	0	447,250	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	186,797	0	231,496	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,128,738	0	521,999	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,271,245	0	8,116,019	0	524,913	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,701	0	0	0	0	190.00
194.00	07950	OTHER NRCC	1,731,165	0	974,988	0	0	194.00
194.01	07951	SISTERS RESIDENCE	4,067	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	42,134,178	0	9,091,007	0	524,913	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,180,941					9.00
10.00	01000	DIETARY	146	1,733,101				10.00
11.00	01100	CAFETERIA	191	0	1,703,896			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	75,177	0	58,742	0	3,382,305	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,499	0	37,896	0	79,493	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	70,808	0	55,329	0	116,060	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	11,064	0	8,645	0	18,135	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	591,024	1,308,009	461,821	0	968,728	30.00
31.00	03100	INTENSIVE CARE UNIT	172,529	259,572	134,812	0	282,787	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	106,169	165,520	82,959	0	174,019	34.00
43.00	04300	NURSERY	35,054	0	27,391	0	57,456	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	144,549	0	112,949	0	236,926	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	103,991	0	81,257	0	170,449	51.00
51.01	05101	OP ONCOLOGY	27,414	0	21,421	0	44,933	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,896	0	24,923	0	52,279	52.00
52.02	05201	SUBSTANCE ABUSE	47,274	0	36,939	0	77,486	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	10,900	0	8,517	0	17,866	52.06
53.00	05300	ANESTHESIOLOGY	5,465	0	4,270	0	8,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,078	0	141,492	0	296,800	54.00
56.00	05600	RADIOISOTOPE	18,796	0	14,687	0	30,809	56.00
59.00	05900	CARDIAC CATHETERIZATION	60,192	0	47,033	0	98,658	59.00
60.00	06000	LABORATORY	72	0	56	0	117	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	110,195	0	86,105	0	180,617	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	3	0	2	0	5	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33,517	0	26,189	0	54,936	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,395	0	3,434	0	7,204	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,451	0	12,855	0	26,965	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	232,217	0	181,451	0	380,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,139,066	1,733,101	1,671,175	0	3,382,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,982	0	17,176	0	0	190.00
194.00	07950	OTHER NRCC	19,252	0	15,044	0	0	194.00
194.01	07951	SISTERS RESIDENCE	641	0	501	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,180,941	1,733,101	1,703,896	0	3,382,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,257,211					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	3,508	0	2,673,004			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	410,786		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	928	0	158	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,543	0	6,790	40,134	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,954	0	2,248	14,472	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,102	0	1,248	9,599	0	34.00
43.00	04300	NURSERY	1,029	0	0	1,456	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,297	0	10,309	29,566	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,284	0	2,802	6,001	0	51.00
51.01	05101	OP ONCOLOGY	997	0	3,093	2,700	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	936	0	0	1,325	0	52.00
52.02	05201	SUBSTANCE ABUSE	1,067	0	0	1,990	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	203	0	2,030	1,492	0	52.06
53.00	05300	ANESTHESIOLOGY	1,981	0	2,088	8,367	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,622	0	27,294	56,944	0	54.00
56.00	05600	RADIOISOTOPE	162	0	28,848	6,627	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,447	0	11,134	22,647	0	59.00
60.00	06000	LABORATORY	1	0	0	40,530	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,799	0	347	9,805	0	65.00
66.00	06600	PHYSICAL THERAPY	1,641	0	59	5,229	0	66.00
66.01	06601	WOUND CARE	763	0	8,404	4,491	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,091	0	0	811	0	67.00
68.00	06800	SPEECH PATHOLOGY	31	0	0	177	0	68.00
69.00	06900	ELECTROCARDIOLOGY	927	0	39,758	24,091	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114	0	22	359	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,310,518	0	0	16,718	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	837,532	0	0	16,117	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,503,552	50,049	0	73.00
74.00	07400	RENAL DIALYSIS	49	0	236	544	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	400	0	0	688	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	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	5,253	0	7,578	37,857	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,218,179	0	2,657,998	410,786	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,340	0	1,650	0	0	190.00
194.00	07950	OTHER NRCC	20,692	0	12,773	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	0	0	583	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,257,211	0	2,673,004	410,786	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	STERILE PROCESSING						14.01
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					432,717	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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	WOUND CARE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	432,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	432,717	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
		19.00		20.00			23.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01
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	0	0	0	432,717	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,283,625	0	18,283,625	30.00
31.00	03100	INTENSIVE CARE UNIT	6,284,824	0	6,284,824	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,847,706	0	3,847,706	34.00
43.00	04300	NURSERY	1,877,371	0	1,877,371	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,946,678	0	6,946,678	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,304,998	0	3,304,998	51.00
51.01	05101	OP ONCOLOGY	2,664,424	0	2,664,424	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,627,915	0	1,627,915	52.00
52.02	05201	SUBSTANCE ABUSE	1,454,487	0	1,454,487	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	480,244	0	480,244	52.06
53.00	05300	ANESTHESIOLOGY	3,511,052	0	3,511,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,192,241	0	7,192,241	54.00
56.00	05600	RADIOISOTOPE	1,929,324	0	1,929,324	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,145,487	0	3,145,487	59.00
60.00	06000	LABORATORY	8,779,078	0	8,779,078	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,182,502	0	3,182,502	65.00
66.00	06600	PHYSICAL THERAPY	2,137,630	0	2,137,630	66.00
66.01	06601	WOUND CARE	1,736,842	0	1,736,842	66.01
67.00	06700	OCCUPATIONAL THERAPY	397,781	0	397,781	67.00
68.00	06800	SPEECH PATHOLOGY	271,299	0	271,299	68.00
69.00	06900	ELECTROCARDIOLOGY	2,052,913	0	2,052,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,580	0	171,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,624,853	0	10,624,853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,807,715	0	6,807,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,566,674	0	14,566,674	73.00
74.00	07400	RENAL DIALYSIS	954,844	0	954,844	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	866,763	0	866,763	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100	EMERGENCY	8,385,522	0	8,385,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,486,372	0	123,486,372	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		11/27/2020 3:02 PM
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	454,226	0	454,226		190.00
194.00	07950	OTHER NRCC	6,398,578	0	6,398,578		194.00
194.01	07951	SISTERS RESIDENCE	14,307	0	14,307		194.01
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	130,353,483	0	130,353,483		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	245,599	80,550	326,149	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,184,107	255,610	1,439,717	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,607	0	12,607	8.00
9.00	00900	HOUSEKEEPING	0	13,043	1,143	14,186	9.00
10.00	01000	DIETARY	0	87,287	3,672	90,959	10.00
11.00	01100	CAFETERIA	0	47,699	0	47,699	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	6,658	368,359	375,017	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	165,057	60,492	225,549	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	0	22,190	0	22,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	74,833	5,186	80,019	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	2,183	0	2,183	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	302,717	78,716	381,433	30.00
31.00	03100	INTENSIVE CARE UNIT	0	79,472	12,684	92,156	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	63,307	20,310	83,617	34.00
43.00	04300	NURSERY	0	130,631	18,094	148,725	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	127,487	541,531	669,018	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	47,229	5,704	52,933	51.00
51.01	05101	OP ONCOLOGY	0	318,031	0	318,031	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	104,424	16,463	120,887	52.00
52.02	05201	SUBSTANCE ABUSE	0	56,911	0	56,911	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	25,825	4,514	30,339	52.06
53.00	05300	ANESTHESIOLOGY	0	3,384	26,880	30,264	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	157,624	565,927	723,551	54.00
56.00	05600	RADIOISOTOPE	0	19,647	196,999	216,646	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,042	445,778	489,820	59.00
60.00	06000	LABORATORY	0	140,280	106,031	246,311	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	30,191	30,924	61,115	65.00
66.00	06600	PHYSICAL THERAPY	0	81,230	0	81,230	66.00
66.01	06601	WOUND CARE	0	35,921	0	35,921	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	4,432	0	4,432	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,620	0	2,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,116	124,501	157,617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,721	13,295	22,016	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	145,443	0	145,443	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	75,281	7,166	82,447	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	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	169,750	61,533	231,283	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,068,979	3,052,062	7,121,041	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	165	165	0 190.00
194.00	07950	OTHER NRCC	0	317,060	8,290	325,350	0 194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0 194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,386,039	3,060,517	7,446,556	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	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
5.00	00500	ADMINISTRATIVE & GENERAL	326,149					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	22,746	0	1,462,463			7.00
7.01	00701	BIO MED	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,216	0	6,236	0	20,059	8.00
9.00	00900	HOUSEKEEPING	5,356	0	6,452	0	0	9.00
10.00	01000	DIETARY	3,664	0	43,180	0	0	10.00
11.00	01100	CAFETERIA	3,896	0	23,596	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,076	0	3,294	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,963	0	81,652	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	5,902	0	10,977	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	452	0	37,019	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	968	0	1,080	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,986	0	149,751	0	14,678	30.00
31.00	03100	INTENSIVE CARE UNIT	12,742	0	39,314	0	2,913	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,663	0	31,317	0	1,857	34.00
43.00	04300	NURSERY	3,346	0	64,622	0	611	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,022	0	63,067	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,983	0	23,364	0	0	51.00
51.01	05101	OP ONCOLOGY	3,968	0	157,325	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,991	0	51,657	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	2,789	0	28,153	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	900	0	12,775	0	0	52.06
53.00	05300	ANESTHESIOLOGY	8,681	0	1,674	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,013	0	77,975	0	0	54.00
56.00	05600	RADIOISOTOPE	4,426	0	9,719	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,925	0	21,787	0	0	59.00
60.00	06000	LABORATORY	20,784	0	69,395	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,757	0	14,935	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,706	0	40,183	0	0	66.00
66.01	06601	WOUND CARE	4,035	0	17,770	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	951	0	2,192	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	658	0	1,296	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,433	0	16,382	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	323	0	4,314	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,263	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,897	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,057	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,268	0	71,949	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,446	0	37,241	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	16,478	0	83,974	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,730	0	1,305,617	0	20,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	988	0	0	0	0	190.00
194.00	07950	OTHER NRCC	13,400	0	156,846	0	0	194.00
194.01	07951	SISTERS RESIDENCE	31	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	326,149	0	1,462,463	0	20,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
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Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	25,994					9.00
10.00	01000	DIETARY	2	137,805				10.00
11.00	01100	CAFETERIA	2	0	75,193			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	896	0	2,592	0	389,875	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	578	0	1,672	0	9,163	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	844	0	2,442	0	13,378	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	132	0	382	0	2,090	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,047	104,005	20,381	0	111,665	30.00
31.00	03100	INTENSIVE CARE UNIT	2,056	20,639	5,949	0	32,597	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,265	13,161	3,661	0	20,059	34.00
43.00	04300	NURSERY	418	0	1,209	0	6,623	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,723	0	4,984	0	27,310	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,239	0	3,586	0	19,647	51.00
51.01	05101	OP ONCOLOGY	327	0	945	0	5,179	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	380	0	1,100	0	6,026	52.00
52.02	05201	SUBSTANCE ABUSE	563	0	1,630	0	8,932	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	130	0	376	0	2,059	52.06
53.00	05300	ANESTHESIOLOGY	65	0	188	0	1,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,158	0	6,244	0	34,212	54.00
56.00	05600	RADIOISOTOPE	224	0	648	0	3,551	56.00
59.00	05900	CARDIAC CATHETERIZATION	717	0	2,076	0	11,372	59.00
60.00	06000	LABORATORY	1	0	2	0	14	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,313	0	3,800	0	20,820	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	1	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	399	0	1,156	0	6,332	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52	0	152	0	830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	196	0	567	0	3,108	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,768	0	8,007	0	43,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,495	137,805	73,749	0	389,875	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	262	0	758	0	0	190.00
194.00	07950	OTHER NRCC	229	0	664	0	0	194.00
194.01	07951	SISTERS RESIDENCE	8	0	22	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	25,994	137,805	75,193	0	389,875	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	322,577					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	501	0	56,234			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	117,490		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	133	0	3	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,650	0	143	11,447	0	30.00
31.00	03100	INTENSIVE CARE UNIT	708	0	47	4,128	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	300	0	26	2,738	0	34.00
43.00	04300	NURSERY	147	0	0	415	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,329	0	217	8,433	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	612	0	59	1,712	0	51.00
51.01	05101	OP ONCOLOGY	143	0	65	770	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	134	0	0	378	0	52.00
52.02	05201	SUBSTANCE ABUSE	153	0	0	568	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	29	0	43	426	0	52.06
53.00	05300	ANESTHESIOLOGY	283	0	44	2,386	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	518	0	574	16,567	0	54.00
56.00	05600	RADIOISOTOPE	23	0	607	1,890	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	350	0	234	6,459	0	59.00
60.00	06000	LABORATORY	0	0	0	11,560	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	257	0	7	2,797	0	65.00
66.00	06600	PHYSICAL THERAPY	235	0	1	1,491	0	66.00
66.01	06601	WOUND CARE	109	0	177	1,281	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	442	0	0	231	0	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	50	0	68.00
69.00	06900	ELECTROCARDIOLOGY	132	0	836	6,871	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16	0	0	103	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	187,285	0	0	4,768	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	119,691	0	0	4,597	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	52,671	14,275	0	73.00
74.00	07400	RENAL DIALYSIS	7	0	5	155	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	57	0	0	196	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	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	751	0	159	10,798	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,999	0	55,918	117,490	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,621	0	35	0	0	190.00
194.00	07950	OTHER NRCC	2,957	0	269	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	0	0	12	0	0	194.01
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)	322,577	0	56,234	117,490	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	STERILE PROCESSING						14.01
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					6,971	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	03330	SPECIAL PROCEDURES						50.01
51.00	05100	RECOVERY ROOM						51.00
51.01	05101	OP ONCOLOGY						51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
52.02	05201	SUBSTANCE ABUSE						52.02
52.04	05202	DIABETES EDUCATION						52.04
52.05	05203	PODIATRY						52.05
52.06	05204	INFUSION CLINIC						52.06
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	WOUND CARE						66.01
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03951	OTHER						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPS						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	OCCUPATIONAL HEALTH						90.01
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
			19.00	20.00			23.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00	07950	OTHER NRCC						194.00
194.01	07951	SISTERS RESIDENCE						194.01
200.00		Cross Foot Adjustments	0	0	0	0	6,971	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	6,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	836,186	0	836,186	30.00
31.00	03100	INTENSIVE CARE UNIT	213,249	0	213,249	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	165,664	0	165,664	34.00
43.00	04300	NURSERY	226,116	0	226,116	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	792,103	0	792,103	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	110,135	0	110,135	51.00
51.01	05101	OP ONCOLOGY	486,753	0	486,753	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,553	0	183,553	52.00
52.02	05201	SUBSTANCE ABUSE	99,699	0	99,699	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	47,077	0	47,077	52.06
53.00	05300	ANESTHESIOLOGY	44,618	0	44,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,812	0	876,812	54.00
56.00	05600	RADIOISOTOPE	237,734	0	237,734	56.00
59.00	05900	CARDIAC CATHETERIZATION	539,740	0	539,740	59.00
60.00	06000	LABORATORY	348,067	0	348,067	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	111,801	0	111,801	65.00
66.00	06600	PHYSICAL THERAPY	127,846	0	127,846	66.00
66.01	06601	WOUND CARE	59,294	0	59,294	66.01
67.00	06700	OCCUPATIONAL THERAPY	8,248	0	8,248	67.00
68.00	06800	SPEECH PATHOLOGY	4,628	0	4,628	68.00
69.00	06900	ELECTROCARDIOLOGY	194,158	0	194,158	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,806	0	27,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	215,316	0	215,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,185	0	139,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,003	0	97,003	73.00
74.00	07400	RENAL DIALYSIS	218,827	0	218,827	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	125,258	0	125,258	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100	EMERGENCY	398,092	0	398,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,934,968	0	6,934,968	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,829	0	4,829		190.00
194.00	07950	OTHER NRCC	499,715	0	499,715		194.00
194.01	07951	SISTERS RESIDENCE	73	0	73		194.01
200.00		Cross Foot Adjustments	6,971	0	6,971		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	7,446,556	0	7,446,556		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	401,835				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,318,824			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	30,149,465		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,501	61,029	2,072,520	-42,134,178	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	108,484	193,665	409,662	0	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,155	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,195	866	0	0	9.00
10.00	01000	DIETARY	7,997	2,782	9,583	0	10.00
11.00	01100	CAFETERIA	4,370	0	12,620	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	610	279,090	1,310,460	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,122	45,832	338,859	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	2,033	0	962,607	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,856	3,929	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	200	0	173,849	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,734	59,640	6,720,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,281	9,610	2,288,762	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,800	15,388	1,477,117	0	34.00
43.00	04300	NURSERY	11,968	13,709	499,206	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,680	410,295	2,037,194	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,327	4,322	1,413,105	0	51.00
51.01	05101	OP ONCOLOGY	29,137	0	382,808	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,567	12,473	454,212	0	52.00
52.02	05201	SUBSTANCE ABUSE	5,214	0	494,613	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	2,366	3,420	143,676	0	52.06
53.00	05300	ANESTHESIOLOGY	310	20,366	33,275	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,441	428,780	2,252,601	0	54.00
56.00	05600	RADIOISOTOPE	1,800	149,258	254,744	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,035	337,747	923,710	0	59.00
60.00	06000	LABORATORY	12,852	80,335	798	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,766	23,430	1,239,282	0	65.00
66.00	06600	PHYSICAL THERAPY	7,442	0	0	0	66.00
66.01	06601	WOUND CARE	3,291	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	406	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	240	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,034	94,329	467,968	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	799	10,073	45,549	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,325	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,897	5,429	235,178	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	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	15,552	46,621	3,182,499	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	372,787	2,312,418	29,837,012	-42,134,178	84,318,749	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	125	105,826	0	267,377	190.00
194.00	07950	OTHER NRCC	29,048	6,281	201,314	0	3,624,664	194.00
194.01	07951	SISTERS RESIDENCE	0	0	5,313	0	8,515	194.01
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)	4,386,039	3,060,517	5,894,632		42,134,178	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.915025	1.319857	0.195514		0.477607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		326,149	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.003697	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	270,850			7.00
7.01	00701	BIO MED	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,155	0	19,806	8.00
9.00	00900	HOUSEKEEPING	0	1,195	0	0	9.00
10.00	01000	DIETARY	0	7,997	0	0	10.00
11.00	01100	CAFETERIA	0	4,370	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	610	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,122	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	0	2,033	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,856	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	200	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	27,734	0	14,493	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,281	0	2,876	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	5,800	0	1,834	34.00
43.00	04300	NURSERY	0	11,968	0	603	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,680	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,327	0	0	51.00
51.01	05101	OP ONCOLOGY	0	29,137	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,567	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	5,214	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	2,366	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	310	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,441	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,800	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,035	0	0	59.00
60.00	06000	LABORATORY	0	12,852	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,766	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,442	0	0	66.00
66.01	06601	WOUND CARE	0	3,291	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	406	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	240	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,034	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	799	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,325	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,897	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	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	15,552	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				77,931	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	241,802	0	19,806	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	7.00	7.01	8.00	9.00	
194.00	07950	OTHER NRCC	0	29,048	0	0	6,461	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	215	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	9,091,007	0	524,913	2,180,941	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	33.564730	0.000000	26.502726	2.979778	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,462,463	0	20,059	25,994	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.399531	0.000000	1.012774	0.035515	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	68,991					10.00
11.00	01100	CAFETERIA	0	731,801				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	25,229	0	692,519		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,276	0	16,276	10,860,777	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	23,763	0	23,763	16,878	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	3,713	0	3,713	4,466	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,069	198,345	0	198,345	55,538	30.00
31.00	03100	INTENSIVE CARE UNIT	10,333	57,900	0	57,900	23,837	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,589	35,630	0	35,630	10,115	34.00
43.00	04300	NURSERY	0	11,764	0	11,764	4,951	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	48,510	0	48,510	78,413	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	34,899	0	34,899	20,614	51.00
51.01	05101	OP ONCOLOGY	0	9,200	0	9,200	4,798	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,704	0	10,704	4,505	52.00
52.02	05201	SUBSTANCE ABUSE	0	15,865	0	15,865	5,135	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	3,658	0	3,658	977	52.06
53.00	05300	ANESTHESIOLOGY	0	1,834	0	1,834	9,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,769	0	60,769	17,427	54.00
56.00	05600	RADIOISOTOPE	0	6,308	0	6,308	781	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,200	0	20,200	11,776	59.00
60.00	06000	LABORATORY	0	24	0	24	5	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	36,981	0	36,981	8,658	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,897	66.00
66.01	06601	WOUND CARE	0	1	0	1	3,669	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	14,875	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	147	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,248	0	11,248	4,459	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,475	0	1,475	549	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,305,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,029,871	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	234	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,521	0	5,521	1,927	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	77,931	0	77,931	25,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,991	717,748	0	692,519	10,672,969	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,377	0	0	88,245	190.00
194.00	07950	OTHER NRCC	0	6,461	0	0	99,563	194.00
194.01	07951	SISTERS RESIDENCE	0	215	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,733,101	1,703,896	0	3,382,305	2,257,211	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.120682	2.328360	0.000000	4.884061	0.207831	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,805	75,193	0	389,875	322,577	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.997434	0.102751	0.000000	0.562981	0.029701	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.01	15.00	16.00	17.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	STERILE PROCESSING	0					14.01
15.00	01500	PHARMACY	0	8,462,489				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	714,576,320			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	500	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	21,495	69,798,078	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,117	25,169,223	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,950	16,694,397	0	0	34.00
43.00	04300	NURSERY	0	0	2,531,377	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	32,638	51,418,961	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	8,871	10,436,762	0	0	51.00
51.01	05101	OP ONCOLOGY	0	9,793	4,695,796	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,303,827	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	3,460,815	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	6,426	2,595,098	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	6,609	14,551,713	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	86,410	99,197,828	0	0	54.00
56.00	05600	RADIOISOTOPE	0	91,329	11,524,997	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,250	39,385,619	0	0	59.00
60.00	06000	LABORATORY	0	0	70,486,297	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,099	17,052,729	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	186	9,094,162	0	0	66.00
66.01	06601	WOUND CARE	0	26,607	7,811,034	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,409,718	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	307,607	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	125,871	41,896,768	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	69	625,195	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	29,075,374	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,029,649	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,926,024	87,041,283	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	746	946,702	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,196,354	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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	23,991	65,838,957	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,414,981	714,576,320	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,225	0	0	190.00
194.00	07950	OTHER NRCC	0	40,437	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	1,846	0	0	194.01
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	2,673,004	410,786	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.315865	0.000575	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	56,234	117,490	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.006645	0.000164	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)		
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES	SERVICES-OTHER			
				APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	STERILE PROCESSING						14.01
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
51.01	05101	OP ONCOLOGY	0	0	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0		52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0		52.04
52.05	05203	PODIATRY	0	0	0	0		52.05
52.06	05204	INFUSION CLINIC	0	0	0	0		52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
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	WOUND CARE	0	0	0	0		66.01
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
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
76.00	03951	OTHER	0	0	0	0		76.00
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	OCCUPATIONAL HEALTH	0	0	0	0		90.01
91.00	09100	EMERGENCY	0	0	0	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)	
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			20.00	21.00	22.00		23.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0		100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
194.00	07950	OTHER NRCC	0	0	0		0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0		0	194.01
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	0	0		432,717	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		4,327.170000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0		6,971	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		69.710000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000				0.000000	207.00

Provider CCN: 14-0155

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

Worksheet B-2

Date/Time Prepared:
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		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
9.00									10.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	59,158,425		59,158,425			30.00	
31.00	03100	INTENSIVE CARE UNIT	25,169,223		25,169,223			31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,694,397		16,694,397			34.00	
43.00	04300	NURSERY	2,531,377		2,531,377			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,754,569	31,664,392	51,418,961	0.135100	0.000000	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	2,900,638	7,536,124	10,436,762	0.316669	0.000000	51.00	
51.01	05101	OP ONCOLOGY	18,119	4,677,677	4,695,796	0.567406	0.000000	51.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,163,327	1,140,500	2,303,827	0.706613	0.000000	52.00	
52.02	05201	SUBSTANCE ABUSE	102,044	3,358,771	3,460,815	0.420273	0.000000	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000	52.04	
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05	
52.06	05204	INFUSION CLINIC	329,424	2,265,674	2,595,098	0.185058	0.000000	52.06	
53.00	05300	ANESTHESIOLOGY	5,413,557	9,138,156	14,551,713	0.241281	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,150,175	76,047,653	99,197,828	0.072504	0.000000	54.00	
56.00	05600	RADIOISOTOPE	703,001	10,821,996	11,524,997	0.167403	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION	12,482,837	26,902,782	39,385,619	0.079864	0.000000	59.00	
60.00	06000	LABORATORY	27,778,021	42,708,276	70,486,297	0.124550	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	13,049,038	4,003,691	17,052,729	0.186627	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,584,883	6,509,279	9,094,162	0.235055	0.000000	66.00	
66.01	06601	WOUND CARE	54,675	7,756,359	7,811,034	0.222358	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	456,836	952,882	1,409,718	0.282171	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	94,511	213,096	307,607	0.881966	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,164,026	32,732,742	41,896,768	0.048999	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	146,626	478,569	625,195	0.274442	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,716,292	15,359,082	29,075,374	0.365424	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,921,690	11,107,959	28,029,649	0.242875	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	28,499,730	58,541,553	87,041,283	0.167354	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	859,537	87,165	946,702	1.008600	0.000000	74.00	
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	12,657	1,183,697	1,196,354	0.724504	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	21,441,784	44,397,173	65,838,957	0.127364	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,819,774	7,819,879	10,639,653	0.170873	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	307,171,193	407,405,127	714,576,320			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	307,171,193	407,405,127	714,576,320			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/27/2020 3:32 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.135100		50.00
50.01	03330	SPECIAL PROCEDURES	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.316669		51.00
51.01	05101	OP ONCOLOGY	0.569030		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.706613		52.00
52.02	05201	SUBSTANCE ABUSE	0.420273		52.02
52.04	05202	DIABETES EDUCATION	0.000000		52.04
52.05	05203	PODIATRY	0.000000		52.05
52.06	05204	INFUSION CLINIC	0.185058		52.06
53.00	05300	ANESTHESIOLOGY	0.241281		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072551		54.00
56.00	05600	RADIOISOTOPE	0.173575		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.079864		59.00
60.00	06000	LABORATORY	0.124550		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.186693		65.00
66.00	06600	PHYSICAL THERAPY	0.235055		66.00
66.01	06601	WOUND CARE	0.222358		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.282171		67.00
68.00	06800	SPEECH PATHOLOGY	0.881966		68.00
69.00	06900	ELECTROCARDIOLOGY	0.049062		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.274442		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.365424		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.242875		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167354		73.00
74.00	07400	RENAL DIALYSIS	1.008600		74.00
76.00	03951	OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.725626		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	OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100	EMERGENCY	0.127485		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170873		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,283,625		18,283,625	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,284,824		6,284,824	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,847,706		3,847,706	0	0	34.00
43.00	04300	NURSERY	1,877,371		1,877,371	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,946,678		6,946,678	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,304,998		3,304,998	0	0	51.00
51.01	05101	OP ONCOLOGY	2,664,424		2,664,424	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,627,915		1,627,915	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	1,454,487		1,454,487	0	0	52.02
52.04	05202	DIABETES EDUCATION	0		0	0	0	52.04
52.05	05203	PODIATRY	0		0	0	0	52.05
52.06	05204	INFUSION CLINIC	480,244		480,244	0	0	52.06
53.00	05300	ANESTHESIOLOGY	3,511,052		3,511,052	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,192,241		7,192,241	0	0	54.00
56.00	05600	RADIOISOTOPE	1,929,324		1,929,324	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,145,487		3,145,487	0	0	59.00
60.00	06000	LABORATORY	8,779,078		8,779,078	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,182,502	0	3,182,502	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,137,630	0	2,137,630	0	0	66.00
66.01	06601	WOUND CARE	1,736,842	0	1,736,842	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	397,781	0	397,781	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	271,299	0	271,299	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,052,913		2,052,913	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,580		171,580	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,624,853		10,624,853	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,807,715		6,807,715	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,566,674		14,566,674	0	0	73.00
74.00	07400	RENAL DIALYSIS	954,844		954,844	0	0	74.00
76.00	03951	OTHER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	866,763		866,763	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	OCCUPATIONAL HEALTH	0		0	0	0	90.01
91.00	09100	EMERGENCY	8,385,522		8,385,522	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,818,032		1,818,032	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	125,304,404	0	125,304,404	0	0	200.00
201.00		Less Observation Beds	1,818,032		1,818,032			201.00
202.00		Total (see instructions)	123,486,372	0	123,486,372	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	62,360,153		62,360,153			30.00
31.00	03100	INTENSIVE CARE UNIT	23,910,099		23,910,099			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,577,206		14,577,206			34.00
43.00	04300	NURSERY	3,572,642		3,572,642			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,273,210	35,074,329	60,347,539	0.115111	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,828,626	11,264,864	15,093,490	0.218968	0.000000	51.00
51.01	05101	OP ONCOLOGY	35,093	4,255,352	4,290,445	0.621013	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	950,714	1,399,665	2,350,379	0.692618	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	112,186	3,563,286	3,675,472	0.395728	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	290,196	2,133,955	2,424,151	0.198108	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	6,712,744	9,334,669	16,047,413	0.218792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,893,189	78,891,855	101,785,044	0.070661	0.000000	54.00
56.00	05600	RADIOISOTOPE	942,301	12,566,789	13,509,090	0.142817	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	14,003,999	27,060,171	41,064,170	0.076599	0.000000	59.00
60.00	06000	LABORATORY	27,567,000	41,380,645	68,947,645	0.127330	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	13,026,971	4,619,093	17,646,064	0.180352	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,902,373	7,486,921	10,389,294	0.205753	0.000000	66.00
66.01	06601	WOUND CARE	51,297	8,907,702	8,958,999	0.193866	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	462,237	859,192	1,321,429	0.301023	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	76,208	235,528	311,736	0.870284	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,832,375	32,104,479	40,936,854	0.050148	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,767	322,519	460,286	0.372768	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,749,022	17,351,113	34,100,135	0.311578	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,453,909	11,208,976	31,662,885	0.215006	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,593,322	39,804,292	70,397,614	0.206920	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,305,008	23,893,115	25,198,123	0.037893	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	16,368	1,161,486	1,177,854	0.735883	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	21,479,503	48,010,442	69,489,945	0.120672	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,554,149	4,702,724	7,256,873	0.250526	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	325,669,867	427,593,162	753,263,029			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	325,669,867	427,593,162	753,263,029			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	SPECIAL PROCEDURES	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
51.01	05101	OP ONCOLOGY	0.000000			51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
52.02	05201	SUBSTANCE ABUSE	0.000000			52.02
52.04	05202	DIABETES EDUCATION	0.000000			52.04
52.05	05203	PODIATRY	0.000000			52.05
52.06	05204	INFUSION CLINIC	0.000000			52.06
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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	WOUND CARE	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	OTHER	0.000000			76.00
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	OCCUPATIONAL HEALTH	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	836,186	0	836,186	15,749	53.09	30.00
31.00	INTENSIVE CARE UNIT	213,249		213,249	2,926	72.88	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	165,664		165,664	1,834	90.33	34.00
43.00	NURSERY	226,116		226,116	603	374.99	43.00
200.00	Total (lines 30 through 199)	1,441,215		1,441,215	21,112		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,163	274,104				
31.00	INTENSIVE CARE UNIT	1,274	92,849				
34.00	SURGICAL INTENSIVE CARE UNIT	747	67,477				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,184	434,430				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. C, 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	792,103	51,418,961	0.015405	8,437,775	129,984
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	110,135	10,436,762	0.010553	1,242,907	13,116
51.01	05101	OP ONCOLOGY	486,753	4,695,796	0.103657	15,533	1,610
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,553	2,303,827	0.079673	0	0
52.02	05201	SUBSTANCE ABUSE	99,699	3,460,815	0.028808	9,462	273
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0
52.05	05203	PODIATRY	0	0	0.000000	0	0
52.06	05204	INFUSION CLINIC	47,077	2,595,098	0.018141	83,747	1,519
53.00	05300	ANESTHESIOLOGY	44,618	14,551,713	0.003066	2,341,304	7,178
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,812	99,197,828	0.008839	10,493,066	92,748
56.00	05600	RADIOISOTOPE	237,734	11,524,997	0.020628	327,452	6,755
59.00	05900	CARDIAC CATHETERIZATION	539,740	39,385,619	0.013704	5,735,814	78,604
60.00	06000	LABORATORY	348,067	70,486,297	0.004938	10,411,525	51,412
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	111,801	17,052,729	0.006556	6,833,649	44,801
66.00	06600	PHYSICAL THERAPY	127,846	9,094,162	0.014058	1,318,634	18,537
66.01	06601	WOUND CARE	59,294	7,811,034	0.007591	30,710	233
67.00	06700	OCCUPATIONAL THERAPY	8,248	1,409,718	0.005851	226,664	1,326
68.00	06800	SPEECH PATHOLOGY	4,628	307,607	0.015045	50,089	754
69.00	06900	ELECTROCARDIOLOGY	194,158	41,896,768	0.004634	3,745,199	17,355
70.00	07000	ELECTROENCEPHALOGRAPHY	27,806	625,195	0.044476	58,100	2,584
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	215,316	29,075,374	0.007405	6,612,216	48,963
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,185	28,029,649	0.004966	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	97,003	87,041,283	0.001114	19,587,155	21,820
74.00	07400	RENAL DIALYSIS	218,827	946,702	0.231147	418,575	96,752
76.00	03951	OTHER	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	125,258	1,196,354	0.104700	6,070	636
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0.000000	0	0
91.00	09100	EMERGENCY	398,092	65,838,957	0.006046	6,305,878	38,125
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	83,146	10,639,653	0.007815	2,817,968	22,022
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	5,576,899	611,022,898		87,109,492	697,107

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/27/2020 3:32 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
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	15,749	0.00	5,163	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,926	0.00	1,274	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	1,834	0.00	747	34.00	
43.00	04300	NURSERY			0	603	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	21,112		7,184	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 3:32 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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	WOUND CARE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
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	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	432,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	432,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/27/2020 3:32 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	51,418,961	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	10,436,762	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	0	0	4,695,796	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,303,827	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	3,460,815	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	0	0	0	2,595,098	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	14,551,713	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	99,197,828	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	11,524,997	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,385,619	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	70,486,297	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,052,729	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,094,162	0.000000	66.00
66.01	06601	WOUND CARE	0	0	0	7,811,034	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,409,718	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	307,607	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,896,768	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	625,195	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,075,374	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,029,649	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	87,041,283	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	946,702	0.000000	74.00
76.00	03951	OTHER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,196,354	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	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	432,717	432,717	65,838,957	0.006572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,639,653	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	432,717	432,717	611,022,898		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	8,437,775	0	8,321,311	0
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	1,242,907	0	1,813,842	0
51.01	05101	OP ONCOLOGY	0.000000	15,533	0	1,377,783	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
52.02	05201	SUBSTANCE ABUSE	0.000000	9,462	0	330,248	0
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0
52.05	05203	PODIATRY	0.000000	0	0	0	0
52.06	05204	INFUSION CLINIC	0.000000	83,747	0	127,483	0
53.00	05300	ANESTHESIOLOGY	0.000000	2,341,304	0	2,426,990	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,493,066	0	17,143,297	0
56.00	05600	RADIOISOTOPE	0.000000	327,452	0	3,945,764	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,735,814	0	12,309,863	0
60.00	06000	LABORATORY	0.000000	10,411,525	0	5,696,739	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	6,833,649	0	1,101,265	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,318,634	0	71,785	0
66.01	06601	WOUND CARE	0.000000	30,710	0	3,351,456	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	226,664	0	4,054	0
68.00	06800	SPEECH PATHOLOGY	0.000000	50,089	0	894	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,745,199	0	11,730,338	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	58,100	0	118,671	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,612,216	0	5,982,376	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,587,155	0	26,721,037	0
74.00	07400	RENAL DIALYSIS	0.000000	418,575	0	43,899	0
76.00	03951	OTHER	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	6,070	0	616,173	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.006572	6,305,878	41,442	6,207,352	40,795
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,817,968	0	4,417,520	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)		87,109,492	41,442	113,860,140	40,795

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/27/2020 3:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.135100	8,321,311	0	0	1,124,209	50.00
50.01	03330	SPECIAL PROCEDURES		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.316669	1,813,842	0	0	574,388	51.00
51.01	05101	OP ONCOLOGY		0.567406	1,377,783	0	0	781,762	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.706613	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE		0.420273	330,248	0	0	138,794	52.02
52.04	05202	DIABETES EDUCATION		0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY		0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC		0.185058	127,483	0	0	23,592	52.06
53.00	05300	ANESTHESIOLOGY		0.241281	2,426,990	0	0	585,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.072504	17,143,297	0	0	1,242,958	54.00
56.00	05600	RADIOISOTOPE		0.167403	3,945,764	0	0	660,533	56.00
59.00	05900	CARDIAC CATHETERIZATION		0.079864	12,309,863	0	0	983,115	59.00
60.00	06000	LABORATORY		0.124550	5,696,739	0	0	709,529	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.186627	1,101,265	0	0	205,526	65.00
66.00	06600	PHYSICAL THERAPY		0.235055	71,785	0	0	16,873	66.00
66.01	06601	WOUND CARE		0.222358	3,351,456	0	0	745,223	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.282171	4,054	0	0	1,144	67.00
68.00	06800	SPEECH PATHOLOGY		0.881966	894	0	0	788	68.00
69.00	06900	ELECTROCARDIOLOGY		0.048999	11,730,338	0	0	574,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.274442	118,671	0	0	32,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.365424	5,982,376	0	0	2,186,104	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.242875	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.167354	26,721,037	0	13,481	4,471,872	73.00
74.00	07400	RENAL DIALYSIS		1.008600	43,899	0	0	44,277	74.00
76.00	03951	OTHER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.724504	616,173	0	0	446,420	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	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.127364	6,207,352	0	56	790,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.170873	4,417,520	0	1	754,835	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)			113,860,140	0	13,538	17,095,465	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)			113,860,140	0	13,538	17,095,465	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/27/2020 3:32 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03330	SPECIAL PROCEDURES	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
51.01	05101	OP ONCOLOGY	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.02	05201	SUBSTANCE ABUSE	0	0		52.02
52.04	05202	DIABETES EDUCATION	0	0		52.04
52.05	05203	PODIATRY	0	0		52.05
52.06	05204	INFUSION CLINIC	0	0		52.06
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
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	WOUND CARE	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,256		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	OTHER	0	0		76.00
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	OCCUPATIONAL HEALTH	0	0		90.01
91.00	09100	EMERGENCY	0	7		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	2,263		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	2,263		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	Cost
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		836,186	0	836,186	15,749	53.09	30.00
31.00	INTENSIVE CARE UNIT		213,249		213,249	2,926	72.88	31.00
34.00	SURGICAL INTENSIVE CARE UNIT		165,664		165,664	1,834	90.33	34.00
43.00	NURSERY		226,116		226,116	603	374.99	43.00
200.00	Total (lines 30 through 199)		1,441,215		1,441,215	21,112		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		982	52,134				
31.00	INTENSIVE CARE UNIT		125	9,110				
34.00	SURGICAL INTENSIVE CARE UNIT		27	2,439				
43.00	NURSERY		122	45,749				
200.00	Total (lines 30 through 199)		1,256	109,432				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	792,103	60,347,539	0.013126	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	110,135	15,093,490	0.007297	0	0	51.00
51.01	05101	OP ONCOLOGY	486,753	4,290,445	0.113450	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,553	2,350,379	0.078095	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	99,699	3,675,472	0.027125	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	47,077	2,424,151	0.019420	0	0	52.06
53.00	05300	ANESTHESIOLOGY	44,618	16,047,413	0.002780	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,812	101,785,044	0.008614	0	0	54.00
56.00	05600	RADIOISOTOPE	237,734	13,509,090	0.017598	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	539,740	41,064,170	0.013144	0	0	59.00
60.00	06000	LABORATORY	348,067	68,947,645	0.005048	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	111,801	17,646,064	0.006336	0	0	65.00
66.00	06600	PHYSICAL THERAPY	127,846	10,389,294	0.012306	0	0	66.00
66.01	06601	WOUND CARE	59,294	8,958,999	0.006618	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	8,248	1,321,429	0.006242	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,628	311,736	0.014846	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	194,158	40,936,854	0.004743	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,806	460,286	0.000410	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	215,316	34,100,135	0.006314	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,185	31,662,885	0.004396	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,003	70,397,614	0.001378	0	0	73.00
74.00	07400	RENAL DIALYSIS	218,827	25,198,123	0.008684	0	0	74.00
76.00	03951	OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	125,258	1,177,854	0.106344	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	0	0	0.000000	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	398,092	69,489,945	0.005729	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	83,146	7,256,873	0.011458	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,576,899	648,842,929		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/27/2020 3:32 pm		
					Title XIX		Hospital		Cost		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	15,749	0.00	982	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	2,926	0.00	125	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,834	0.00	27	34.00			
43.00	04300	NURSERY		0	603	0.00	122	43.00			
200.00		Total (lines 30 through 199)		0	21,112		1,256	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 3:32 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY		0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE		0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION		0	0	0	0	0	52.04
52.05	05203	PODIATRY		0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC		0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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	WOUND CARE		0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	OTHER		0	0	0	0	0	76.00
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	OCCUPATIONAL HEALTH		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	432,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	432,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 3:32 pm	
			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	60,347,539	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	15,093,490	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	0	0	4,290,445	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,350,379	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	3,675,472	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	0	0	0	2,424,151	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	16,047,413	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	101,785,044	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	13,509,090	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,064,170	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,947,645	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,646,064	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,389,294	0.000000	66.00
66.01	06601	WOUND CARE	0	0	0	8,958,999	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,321,429	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	311,736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,936,854	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	460,286	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,100,135	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,662,885	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,397,614	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	25,198,123	0.000000	74.00
76.00	03951	OTHER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,177,854	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	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	432,717	432,717	69,489,945	0.006227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,256,873	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	432,717	432,717	648,842,929		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0.000000	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.000000	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.000000	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
62.30	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	WOUND CARE	0.000000	0	0	0	66.01
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
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
76.00	03951	OTHER	0.000000	0	0	0	76.00
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	OCCUPATIONAL HEALTH	0.000000	0	0	0	90.01
91.00	09100	EMERGENCY	0.006227	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 3:32 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,749	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,749	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)		14,183	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,163	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)		18,283,625	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)		18,283,625	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)		18,283,625	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)		1,160.94	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,993,933	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)		5,993,933	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 3:32 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,284,824	2,926	2,147.92	1,274	2,736,450
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	3,847,706	1,834	2,097.99	747	1,567,199
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)					14,006,371
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,303,953
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					434,430
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					738,549
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,172,979
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,130,974
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)					1,566
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,160.94
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,818,032

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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	836,186	18,283,625	0.045734	1,818,032	83,146	90.00
91.00	Nursing School cost	0	18,283,625	0.000000	1,818,032	0	91.00
92.00	Allied health cost	0	18,283,625	0.000000	1,818,032	0	92.00
93.00	All other Medical Education	0	18,283,625	0.000000	1,818,032	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 3:32 pm	
		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)		15,749	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,749	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)		14,183	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)		982	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)		603	15.00	
16.00	Nursery days (title V or XIX only)		122	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)		18,283,625	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)		18,283,625	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)		18,283,625	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)		1,160.94	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,140,043	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)		1,140,043	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 3:32 pm

			Title XIX		Hospital	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)	1,877,371	603	3,113.38	122	379,832	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,284,824	2,926	2,147.92	125	268,490	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	3,847,706	1,834	2,097.99	27	56,646	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,845,011 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)						1,566 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,160.94 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,818,032 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 3:32 pm

		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	836,186	18,283,625	0.045734	1,818,032	83,146	90.00
91.00	Nursing School cost	0	18,283,625	0.000000	1,818,032	0	91.00
92.00	Allied health cost	0	18,283,625	0.000000	1,818,032	0	92.00
93.00	All other Medical Education	0	18,283,625	0.000000	1,818,032	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/27/2020 3:32 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		23,491,560		30.00
31.00	03100	INTENSIVE CARE UNIT		11,154,518		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,048,180		34.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.135100	8,437,775	1,139,943	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.316669	1,242,907	393,590	51.00
51.01	05101	OP ONCOLOGY	0.569030	15,533	8,839	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.706613	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.420273	9,462	3,977	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	0.185058	83,747	15,498	52.06
53.00	05300	ANESTHESIOLOGY	0.241281	2,341,304	564,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072551	10,493,066	761,282	54.00
56.00	05600	RADIOISOTOPE	0.173575	327,452	56,837	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.079864	5,735,814	458,085	59.00
60.00	06000	LABORATORY	0.124550	10,411,525	1,296,755	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.186693	6,833,649	1,275,794	65.00
66.00	06600	PHYSICAL THERAPY	0.235055	1,318,634	309,952	66.00
66.01	06601	WOUND CARE	0.222358	30,710	6,829	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.282171	226,664	63,958	67.00
68.00	06800	SPEECH PATHOLOGY	0.881966	50,089	44,177	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049062	3,745,199	183,747	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.274442	58,100	15,945	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.365424	6,612,216	2,416,262	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.242875	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167354	19,587,155	3,277,989	73.00
74.00	07400	RENAL DIALYSIS	1.008600	418,575	422,175	74.00
76.00	03951	OTHER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.725626	6,070	4,405	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	0.000000	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	90.01
91.00	09100	EMERGENCY	0.127485	6,305,878	803,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.170873	2,817,968	481,515	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		87,109,492	14,006,371	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)		87,109,492		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/27/2020 3:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,776,438	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,094,922	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)		55,329	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		128,227	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		167.97	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.11	31.00
32.00	Sum of lines 30 and 31		32.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.09	33.00
34.00	Disproportionate share adjustment (see instructions)		638,425	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/27/2020 3:32 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,328,410	1,193,990		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	334,832	893,862		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,228,694			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)	17,922,035			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)		17,922,035		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,352,619		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		17,643		53.00
54.00	Special add-on payments for new technologies		1,625		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)		41,442		58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,335,364		59.00
60.00	Primary payer payments		39,719		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,295,645		61.00
62.00	Deductibles billed to program beneficiaries		1,699,852		62.00
63.00	Coinsurance billed to program beneficiaries		12,045		63.00
64.00	Allowable bad debts (see instructions)		558,013		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		362,708		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		329,502		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,946,456		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		118,203		70.93
70.94	HRR adjustment amount (see instructions)		-21,000		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/27/2020 3:32 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		46,625	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,997,034	71.00
71.01	Sequestration adjustment (see instructions)		300,550	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		17,803,405	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)		-106,921	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		484,395	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2020 3:32 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,776,438	0	3,776,438		3,776,438
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,094,922	0		12,094,922	12,094,922
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	55,329	0	55,329		55,329
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	128,227	0		128,227	128,227
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1609	0.1609	0.1609	0.1609	
11.00	Disproportionate share adjustment (see instructions)	34.00	638,425	0	151,907	486,518	638,425
11.01	Uncompensated care payments	36.00	1,228,694	0	1,443,141	336,633	1,779,774
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	17,922,035	0	5,426,815	12,495,220	17,922,035
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,922,035	0	5,426,815	12,495,220	17,922,035
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,352,619	0	328,215	1,024,404	1,352,619

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2020 3:32 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	1,625	0	0	1,625	1,625	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	5,755,030	13,521,249	19,276,279	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	1,264,853	0	307,260	957,593	1,264,853	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	1,503	0	0	1,503	1,503	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0682	0.0682	0.0682	0.0682		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	86,263	0	20,955	65,308	86,263	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,352,619	0	328,215	1,024,404	1,352,619	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.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2020 3:32 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,776,438	3,776,438		3,776,438	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,094,922		12,094,922	12,094,922	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	55,329	55,329		55,329	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	128,227		128,227	128,227	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1609	0.1609	0.1609		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	638,425	151,907	486,518	638,425	11.00
11.01	Uncompensated care payments	36.00	1,228,694	334,832	893,862	1,228,694	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,922,035	4,318,506	13,603,529	17,922,035	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	17,922,035	4,318,506	13,603,529	17,922,035	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,352,619	328,215	1,024,404	1,352,619	16.00
17.00	Special add-on payments for new technologies	54.00	1,625	0	1,625	1,625	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,646,721	14,629,558	19,276,279	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2020 3:32 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,264,853	307,260	957,593	1,264,853	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,503	0	1,503	1,503	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0682	0.0682	0.0682		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	86,263	20,955	65,308	86,263	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,352,619	328,215	1,024,404	1,352,619	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	118,203	33,137	85,066	118,203	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	-21,000	-17,372	-3,628	-21,000	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		46,625	0	46,625	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/27/2020 3:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,263	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,054,670	2.00
3.00	OPPS payments		13,588,435	3.00
4.00	Outlier payment (see instructions)		13,061	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		40,795	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,263	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,538	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)		13,538	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)		13,538	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,275	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)		2,263	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)		13,642,291	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,461,632	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		11,182,922	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)		11,182,922	30.00
31.00	Primary payer payments		3,372	31.00
32.00	Subtotal (line 30 minus line 31)		11,179,550	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)		477,053	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		310,084	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		288,849	36.00
37.00	Subtotal (see instructions)		11,489,634	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-251	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)		11,489,885	40.00
40.01	Sequestration adjustment (see instructions)		191,881	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		11,310,384	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-12,380	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/27/2020 3:32 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,146,259		10,950,137	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		495,429		335,362	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	161,717	02/11/2020	24,885	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)		161,717		24,885	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		17,803,405		11,310,384	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		106,921		12,380	6.02
7.00	Total Medicare program liability (see instructions)		17,696,484		11,298,004	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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/27/2020 3:32 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2020 3:32 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	1,845,011			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,845,011		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,845,011		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,845,011		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	1,845,011		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

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

Provider CCN: 14-0155

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

Worksheet G

Date/Time Prepared:
11/27/2020 3:32 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	56,391	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	66,405,522	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-48,535,000	0	0	0	6.00
7.00 Inventory	4,121,392	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	-51,979	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	21,996,326	0	0	0	11.00
FIXED ASSETS					
12.00 Land	4,930,000	0	0	0	12.00
13.00 Land improvements	1,014,000	0	0	0	13.00
14.00 Accumulated depreciation	-372,774	0	0	0	14.00
15.00 Buildings	34,199,103	0	0	0	15.00
16.00 Accumulated depreciation	-3,116,772	0	0	0	16.00
17.00 Leasehold improvements	39,500	0	0	0	17.00
18.00 Accumulated depreciation	-19,750	0	0	0	18.00
19.00 Fixed equipment	5,134,921	0	0	0	19.00
20.00 Accumulated depreciation	-2,864,795	0	0	0	20.00
21.00 Automobiles and trucks	23,500	0	0	0	21.00
22.00 Accumulated depreciation	-11,545	0	0	0	22.00
23.00 Major movable equipment	11,042,894	0	0	0	23.00
24.00 Accumulated depreciation	-4,395,731	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	8,038,618	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	53,641,169	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	10,583,402	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	10,583,402	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	86,220,897	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	2,977,424	0	0	0	37.00
38.00 Salaries, wages, and fees payable	2,461,648	0	0	0	38.00
39.00 Payroll taxes payable	655,726	0	0	0	39.00
40.00 Notes and loans payable (short term)	245,309	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	47,115,306	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	53,455,413	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	10,653,469	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	10,653,469	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	64,108,882	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	22,112,015				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)	22,112,015	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	86,220,897	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0155

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

Worksheet G-1

Date/Time Prepared:
11/27/2020 3:32 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		55,270,422		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-17,378,111				2.00
3.00	Total (sum of line 1 and line 2)		37,892,311		0		3.00
4.00	TRANSFER RSTRR CONTRIBS	413,742		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		413,742		0		10.00
11.00	Subtotal (line 3 plus line 10)		38,306,053		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO FROM AFFILIATES	146,189		0		0	13.00
14.00	NET ASST TRANS TO FROM	16,047,849		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)		16,194,038		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		22,112,015		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	TRANSFER RSTRR CONTRIBS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO FROM AFFILIATES		0				13.00
14.00	NET ASST TRANS TO FROM		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: 14-0155

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2020 3:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,689,802		61,689,802	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	61,689,802		61,689,802	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,169,223		25,169,223	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	16,694,397		16,694,397	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,863,620		41,863,620	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,553,422		103,553,422	17.00
18.00	Ancillary services	179,356,214	355,188,074	534,544,288	18.00
19.00	Outpatient services	24,261,558	52,217,053	76,478,611	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON HOSPITAL REVENUE	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	307,171,194	407,405,127	714,576,321	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		128,479,368		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		128,479,368		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0155

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

Worksheet G-3

Date/Time Prepared:
11/27/2020 3:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	714,576,321	1.00
2.00	Less contractual allowances and discounts on patients' accounts	607,668,563	2.00
3.00	Net patient revenues (line 1 minus line 2)	106,907,758	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	128,479,368	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,571,610	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	22,673	6.00
7.00	Income from investments	305,020	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	191,743	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	706,532	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER OPERATING INCOME	485,502	24.01
24.50	COVID-19 PHE Funding	2,482,029	24.50
25.00	Total other income (sum of lines 6-24)	4,193,499	25.00
26.00	Total (line 5 plus line 25)	-17,378,111	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-17,378,111	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0155	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/27/2020 3:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,264,853	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,503	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)		52.06	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.11	8.00
9.00	Sum of lines 7 and 8		32.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.82	10.00
11.00	Disproportionate share adjustment (see instructions)		86,263	11.00
12.00	Total prospective capital payments (see instructions)		1,352,619	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