

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: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet S Parts I-III Date/Time Prepared: 9/23/2020 3:56 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 9/23/2020	Time: 3:56 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL OF CARBONDALE (14-0164) for the cost reporting period beginning 04/01/2019 and ending 03/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	562,349	150,022	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
10.00	RURAL HEALTH CLINIC I	0		30,108		0	10.00
200.00	Total	0	562,349	180,130	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: 14-0164		Period: From 04/01/2019 To 03/31/2020		Worksheet S-2 Part I Date/Time Prepared: 9/23/2020 3:53 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 405 W. JACKSON ST.			PO Box:				1.00	
2.00	City: CARBONDALE			State: IL		Zip Code: 62901		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MEMORIAL HOSPITAL OF CARBONDALE	140164	16060	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC			WEST FRANKFORT FAMILY MEDICINE	143454	99914		11/01/1999	N O N
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						04/01/2019	03/31/2020	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							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		
22.01	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		
22.02	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		
22.03	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	Y	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,229	474	0	0	8,558	1,061

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-2
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-2
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-2
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	WEST FRANKFORT FAMILY MEDICINE	1350	9.77	4.69	0.675657	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		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	WEST FRANKFORT FAMILY MEDICINE	1350	10.48	6.00	0.635922	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet S-2 Part I Date/Time Prepared: 9/23/2020 3:53 pm			
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N 80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N 81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N 85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N 86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N 87.00			
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N Y 90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N N 91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00			
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N N 93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N N 94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N N 96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 97.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.00			
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.01			
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.02			
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.03			
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.04			
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.05			
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.06			
Rural Providers							
105.00	Does this hospital qualify as a CAH?			N 105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00			
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N 108.00			
			Physical	Occupational	Speech	Respiratory	
			1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet S-2 Part I Date/Time Prepared: 9/23/2020 3:53 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		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		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:	2,868,390	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
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	14H124	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0164		Period: From 04/01/2019 To 03/31/2020		Worksheet S-2 Part I Date/Time Prepared: 9/23/2020 3:53 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: SOUTHERN ILLINOIS HEALTHCARE		Contractor's Name: NGS		Contractor's Number: 06101		141.00		
142.00	Street: 1239 E MAIN STREET		PO Box: 3988				142.00		
143.00	City: CARBONDALE		State: IL		Zip Code: 62902		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.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet S-2 Part II Date/Time Prepared: 9/23/2020 3:53 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/30/2020	Y	07/30/2020
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)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE
Provider CCN: 14-0164
Period: From 04/01/2019 To 03/31/2020
Worksheet S-2 Part II Date/Time Prepared: 9/23/2020 3:53 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		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.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUANNE	WARREN		41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200	LUANNE.WARREN@SIH.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-2
Part II
Date/Time Prepared:
9/23/2020 3:53 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.	REIMBURSEMENT DIRECTOR	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

Health Financial Systems		MEMORIAL HOSPITAL OF CARBONDALE		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet S-2 Part IX Date/Time Prepared: 9/23/2020 3:53 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00
			State		
			1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part I
Date/Time Prepared:
9/23/2020 3:53 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	133	48,678	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)		133	48,678	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,686	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	13	4,758	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		167	61,122	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	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		167				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)		9	3,294			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: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part I
Date/Time Prepared:
9/23/2020 3:53 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)	13,142	1,238	28,903			1.00
2.00	HMO and other (see instructions)	3,372	9,619				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)	13,142	1,238	28,903			7.00
8.00	INTENSIVE CARE UNIT	2,626	250	5,422			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	NEONATAL INTENSIVE CARE UNIT	0	281	1,326			12.00
13.00	NURSERY		841	3,714			13.00
14.00	Total (see instructions)	15,768	2,610	39,365	12.79	1,149.50	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)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	3,155	2,829	11,300	3.69	11.88	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)				16.48	1,161.38	27.00
28.00	Observation Bed Days		157	4,682			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)	33	93	2,085			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			490			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: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part I
Date/Time Prepared:
9/23/2020 3:53 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	3,899	454	10,720	1.00
2.00 HMO and other (see instructions)			782	2,664		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,899	454	10,720	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	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part II
Date/Time Prepared:
9/23/2020 3:53 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	73,068,991	0	73,068,991	2,415,674.81	30.25
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		423,702	0	423,702	7,740.35	54.74
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		460,955	0	460,955	24,715.78	18.65
7.00	Interns & residents (in an approved program)	21.00	1,197,819	0	1,197,819	40,824.00	29.34
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,169,193	0	3,169,193	45,034.38	70.37
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		393,475	0	393,475	1,860.00	211.55
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,080,420	0	13,080,420	347,020.18	37.69
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,531,875	0	14,531,875		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		0	0	0		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		86,737	0	86,737		
24.00	Wage-related costs (RHC/FQHC)		94,364	0	94,364		
25.00	Interns & residents (in an approved program)		245,209	0	245,209		
25.50	Home office wage-related (core)		5,389,202	0	5,389,202		
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: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part II
Date/Time Prepared:
9/23/2020 3:53 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	175,736	0	175,736	4,173.91	42.10	26.00
27.00	Administrative & General	5.00	6,276,300	-25,137	6,251,163	198,726.69	31.46	27.00
28.00	Administrative & General under contract (see inst.)		538,641	0	538,641	1,336.26	403.10	28.00
29.00	Maintenance & Repairs	6.00	655,163	0	655,163	28,461.51	23.02	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	86,348	0	86,348	5,465.15	15.80	31.00
32.00	Housekeeping	9.00	2,293,345	0	2,293,345	145,185.58	15.80	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,548,284	-1,158,789	389,495	24,132.01	16.14	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,158,789	1,158,789	71,779.80	16.14	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	949,045	0	949,045	17,907.73	53.00	38.00
39.00	Central Services and Supply	14.00	394,660	0	394,660	23,274.17	16.96	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	563,108	0	563,108	27,580.52	20.42	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part III
Date/Time Prepared:
9/23/2020 3:53 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)	71,525,156	0	71,525,156	2,343,730.94	30.52	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	71,525,156	0	71,525,156	2,343,730.94	30.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,643,088	0	16,643,088	393,914.56	42.25	4.00
5.00	Subtotal wage-related costs (see inst.)	19,921,077	0	19,921,077	0.00	27.85	5.00
6.00	Total (sum of lines 3 thru 5)	108,089,321	0	108,089,321	2,737,645.50	39.48	6.00
7.00	Total overhead cost (see instructions)	13,480,630	-25,137	13,455,493	548,023.33	24.55	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
9/23/2020 3:53 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,226,366	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,683,463	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	125,819	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	39,088	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)	173,510	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	494,878	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	771,897	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,268,593	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	36,132	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	138,439	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,958,185	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0164

 Period:
 From 04/01/2019
 To 03/31/2020

 Worksheet S-3
 Part V
 Date/Time Prepared:
 9/23/2020 3:53 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	3,169,193	14,958,185	1.00
2.00	Hospital	3,169,193	14,958,185	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		MEMORIAL HOSPITAL OF CARBONDALE		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0164 Component CCN: 14-3454		Period: From 04/01/2019 To 03/31/2020 Worksheet S-8 Date/Time Prepared: 9/23/2020 3:53 pm	
		RHC I		Cost	
		1.00			
Clinic Address and Identification					
1.00	Street	2553 KEN GRAY BLVD		1.00	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	WEST FRANKFORT IL 62896		2.00	
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)			5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			6.00	
7.00	Appalachian Regional Commission			7.00	
8.00	Look-Alikes			8.00	
9.00	OTHER (SPECIFY)			9.00	
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0	10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
Facility hours of operations (1)					
11.00	CLINIC	08:00		17:00	08:00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number			Total Visits	14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			15.00	
		County			
		4.00			
2.00	City, State, ZIP Code, County	FRANKLIN		2.00	
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
Facility hours of operations (1)					
11.00	CLINIC	17:00	08:00	17:00	08:00
		17:00		17:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2019 To 03/31/2020	Worksheet S-8 Date/Time Prepared: 9/23/2020 3:53 pm	
			RHC I		Cost	
			Friday		Saturday	
			from	to	from	to
			11.00	12.00	13.00	14.00
Facility hours of operations (1)						
11.00	CLINIC	08:00	17:00			11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet S-10

Date/Time Prepared:
9/23/2020 3:53 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)			0.222744	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			32,970,858	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			8,223,338	5.00
6.00	Medicaid charges			236,423,892	6.00
7.00	Medicaid cost (line 1 times line 6)			52,662,003	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			11,467,807	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			464,297	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			11,467,807	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	13,121,768	5,373,871	18,495,639	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,922,795	5,373,871	8,296,666	21.00
22.00	Payments received from patients for amounts previously written off as charity care	50	33	83	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,922,745	5,373,838	8,296,583	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,118,618	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,913,916	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,944,487	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,174,131	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,296,798	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,593,381	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,061,188	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,043,125	9,043,125	2,557,596	11,600,721	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,347,048	7,347,048	1,096,714	8,443,762	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	175,736	24,784,405	24,960,141	0	24,960,141	4.00
5.01	00550	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	312,546	38,329	350,875	0	350,875	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	993,965	41,458	1,035,423	0	1,035,423	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	4,969,789	15,622,858	20,592,647	-85,285	20,507,362	5.04
6.00	00600	MAINTENANCE & REPAIRS	655,163	1,907,939	2,563,102	0	2,563,102	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,348	1,332,697	1,419,045	0	1,419,045	8.00
9.00	00900	HOUSEKEEPING	2,293,345	601,820	2,895,165	0	2,895,165	9.00
10.00	01000	DIETARY	1,548,284	1,570,032	3,118,316	-2,360,257	758,059	10.00
11.00	01100	CAFETERIA	0	0	0	2,333,855	2,333,855	11.00
13.00	01300	NURSING ADMINISTRATION	949,045	85,058	1,034,103	0	1,034,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	394,660	143,985	538,645	-18,791	519,854	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	563,108	32,767	595,875	0	595,875	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	6,526,028	6,526,028	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,197,819	0	1,197,819	0	1,197,819	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,535,766	1,535,766	0	1,535,766	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,703,291	10,793,356	26,496,647	-239,046	26,257,601	30.00
31.00	03100	INTENSIVE CARE UNIT	3,992,423	1,950,527	5,942,950	-126,582	5,816,368	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	864,494	179,961	1,044,455	-3,008	1,041,447	35.00
43.00	04300	NURSERY	0	190,343	190,343	-3,666	186,677	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,303,800	21,091,781	25,395,581	-14,419,533	10,976,048	50.00
50.01	05001	SAME DAY SURGERY	1,609,491	1,419,198	3,028,689	-3,028,689	0	50.01
51.00	05100	RECOVERY ROOM	832,615	34,620	867,235	-5,674	861,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,544,534	1,095,938	4,640,472	-108,870	4,531,602	52.00
53.00	05300	ANESTHESIOLOGY	813,110	7,376,287	8,189,397	-6,753,908	1,435,489	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,922,797	2,329,888	5,252,685	-807,967	4,444,718	54.00
54.01	03480	ONCOLOGY	930,758	1,869,159	2,799,917	67,756	2,867,673	54.01
54.02	03440	MAMMOGRAPHY	766,286	570,364	1,336,650	-71,629	1,265,021	54.02
56.00	05600	RADIOISOTOPE	247,132	1,014,520	1,261,652	835,853	2,097,505	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	392,267	528,578	920,845	-115,099	805,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,030,774	12,438,274	16,469,048	-11,523,761	4,945,287	59.00
60.00	06000	LABORATORY	2,575,262	7,223,266	9,798,528	-15,577	9,782,951	60.00
64.00	06400	INTRAVENOUS THERAPY	1,147,270	352,247	1,499,517	-59,119	1,440,398	64.00
65.00	06500	RESPIRATORY THERAPY	1,461,810	432,706	1,894,516	-142,044	1,752,472	65.00
66.00	06600	PHYSICAL THERAPY	3,108,427	794,210	3,902,637	-105	3,902,532	66.00
69.00	06900	ELECTROCARDIOLOGY	1,693,522	10,342,438	12,035,960	-1,435,703	10,600,257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,427	79,605	206,032	-10,438	195,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,884,252	13,884,252	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,497,256	16,497,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,571,415	30,901,600	34,473,015	1,323,992	35,797,007	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	460,955	1,111,348	1,572,303	-18,416	1,553,887	88.00
91.00	09100	EMERGENCY	3,830,323	7,574,979	11,405,302	-115,825	11,289,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,863,071	4,863,071	-3,654,310	1,208,761	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,068,991	190,645,551	263,714,542	0	263,714,542	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	442,870	442,870	0	442,870	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	73,068,991	191,088,421	264,157,412	0	264,157,412	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,637,070	9,963,651	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,013,947	14,457,709	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,254,580	22,705,561	4.00
5.01	00550	DATA PROCESSING	11,166,596	11,166,596	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-45,728	305,147	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,869,009	4,904,432	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	3,635,447	24,142,809	5.04
6.00	00600	MAINTENANCE & REPAIRS	-55,670	2,507,432	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,419,045	8.00
9.00	00900	HOUSEKEEPING	0	2,895,165	9.00
10.00	01000	DIETARY	-12	758,047	10.00
11.00	01100	CAFETERIA	-1,320,794	1,013,061	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,034,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	519,854	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-53,623	542,252	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-6,526,028	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,197,819	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,639	1,534,127	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,516,612	20,740,989	30.00
31.00	03100	INTENSIVE CARE UNIT	-70	5,816,298	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-4,200	1,037,247	35.00
43.00	04300	NURSERY	0	186,677	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-97,321	10,878,727	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	861,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-17,901	4,513,701	52.00
53.00	05300	ANESTHESIOLOGY	0	1,435,489	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-414	4,444,304	54.00
54.01	03480	ONCOLOGY	-742,963	2,124,710	54.01
54.02	03440	MAMMOGRAPHY	-45,468	1,219,553	54.02
56.00	05600	RADIOISOTOPE	0	2,097,505	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	805,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	-136,761	4,808,526	59.00
60.00	06000	LABORATORY	-240,828	9,542,123	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,440,398	64.00
65.00	06500	RESPIRATORY THERAPY	-2,592	1,749,880	65.00
66.00	06600	PHYSICAL THERAPY	0	3,902,532	66.00
69.00	06900	ELECTROCARDIOLOGY	-1,502	10,598,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-600	194,994	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,884,252	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,497,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-388	35,796,619	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-1,345	1,552,542	88.00
91.00	09100	EMERGENCY	-6,229,297	5,060,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,208,761	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,457,168	262,257,374	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	442,870	192.00
192.01	19201	FAMILY PRACTICE	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,457,168	262,700,244	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet Non-CMS W
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ONCOLOGY	03480	ONCOLOGY	54.01
54.02	MAMMOGRAPHY	03440	MAMMOGRAPHY	54.02
56.00	RADIOISOTOPE	05600		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FAMILY PRACTICE	19201		192.01
192.02	UNUSED SPACE	19202		192.02
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-6

Date/Time Prepared:
9/23/2020 3:53 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY RECLASS					
1.00	CAFETERIA	11.00	1,158,789	1,175,066		1.00
	TOTALS		1,158,789	1,175,066		
	B - NUTRITIONAL PRODUCT RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	514,954		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
	TOTALS		0	514,954		
	C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,381,508		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	TOTALS		0	30,381,508		
	D - SAME DAY SURGERY RECLASS					
1.00	OPERATING ROOM	50.00	1,609,491	1,419,198		1.00
	TOTALS		1,609,491	1,419,198		
	E - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,557,596		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,096,714		2.00
	TOTALS		0	3,654,310		
	F - IMPLANTABLE SUPPLY RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,497,256		1.00
	TOTALS		0	16,497,256		
	G - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	6,526,028		1.00
	TOTALS		0	6,526,028		
	H - CONTRAST DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	809,038		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	809,038		
	I - ISOTOPE RECLASS					
1.00	RADIOISOTOPE	56.00	0	836,036		1.00
	TOTALS		0	836,036		

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-6

Date/Time Prepared:
9/23/2020 3:53 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - CANCER MED DIRECTOR RECLASS				
1.00	ONCOLOGY	54.01	25,137	59,139	1.00
	TOTALS		25,137	59,139	
500.00	Grand Total: Increases		2,793,417	61,872,533	500.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-6

Date/Time Prepared:
9/23/2020 3:53 pm

	Decreases						9/23/2020 3:53 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY RECLASS						
1.00	DIETARY	10.00	1,158,789	1,175,066	0		1.00
	TOTALS		1,158,789	1,175,066			
	B - NUTRITIONAL PRODUCT RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	530	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	152,543	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	39,936	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	207	0		4.00
5.00	NURSERY	43.00	0	3,616	0		5.00
6.00	OPERATING ROOM	50.00	0	39,812	0		6.00
7.00	RECOVERY ROOM	51.00	0	4,281	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	48,224	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	55,649	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,859	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	24,787	0		11.00
12.00	RADIOISOTOPE	56.00	0	45	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	48,822	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	2,102	0		14.00
15.00	EMERGENCY	91.00	0	56,635	0		15.00
16.00	MAMMOGRAPHY	54.02	0	1,504	0		16.00
17.00	DIETARY	10.00	0	26,402	0		17.00
	TOTALS		0	514,954			
	C - MEDICAL SUPPLY RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,261	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	86,503	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	86,646	0		3.00
4.00	NURSERY	43.00	0	50	0		4.00
5.00	OPERATING ROOM	50.00	0	17,405,098	0		5.00
6.00	RECOVERY ROOM	51.00	0	1,393	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60,646	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	172,231	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	709,077	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	620	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	11,403,126	0		11.00
12.00	LABORATORY	60.00	0	15,577	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	142,044	0		13.00
14.00	EMERGENCY	91.00	0	59,190	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	91,197	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,438	0		16.00
17.00	MAMMOGRAPHY	54.02	0	70,125	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	105	0		18.00
19.00	ONCOLOGY	54.01	0	16,520	0		19.00
20.00	RURAL HEALTH CLINIC	88.00	0	18,416	0		20.00
21.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,009	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	10,297	0		22.00
23.00	RADIOISOTOPE	56.00	0	138	0		23.00
24.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,801	0		24.00
	TOTALS		0	30,381,508			
	D - SAME DAY SURGERY RECLASS						
1.00	SAME DAY SURGERY	50.01	1,609,491	1,419,198	0		1.00
	TOTALS		1,609,491	1,419,198			
	E - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	3,654,310	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	3,654,310			
	F - IMPLANTABLE SUPPLY RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,497,256	0		1.00
	TOTALS		0	16,497,256			
	G - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	6,526,028	0		1.00
	TOTALS		0	6,526,028			
	H - CONTRAST DRUG RECLASS						
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	114,479	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	506,368	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89,031	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	95,848	0		4.00
5.00	OPERATING ROOM	50.00	0	3,312	0		5.00
	TOTALS		0	809,038			

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-6

Date/Time Prepared:
9/23/2020 3:53 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	I - ISOTOPE RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	0	836,036	0	1.00
	TOTALS		0	836,036		
	J - CANCER MED DIRECTOR RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	25,137	59,139	0	1.00
	TOTALS		25,137	59,139		
500.00	Grand Total: Decreases		2,793,417	61,872,533		500.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
9/23/2020 3:53 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - DIETARY RECLASS									
1.00	CAFETERIA	11.00	1,158,789	1,175,066	DIETARY	10.00	1,158,789	1,175,066	1.00
	TOTALS		1,158,789	1,175,066	TOTALS		1,158,789	1,175,066	
B - NUTRITIONAL PRODUCT RECLASS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	514,954	CENTRAL SERVICES & SUPPLY	14.00	0	530	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	152,543	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	39,936	3.00
4.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	207	4.00
5.00		0.00	0	0	NURSERY	43.00	0	3,616	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	39,812	6.00
7.00		0.00	0	0	RECOVERY ROOM	51.00	0	4,281	7.00
8.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	48,224	8.00
9.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	55,649	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,859	10.00
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	24,787	11.00
12.00		0.00	0	0	RADIOISOTOPE	56.00	0	45	12.00
13.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	48,822	13.00
14.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	2,102	14.00
15.00		0.00	0	0	EMERGENCY	91.00	0	56,635	15.00
16.00		0.00	0	0	MAMMOGRAPHY	54.02	0	1,504	16.00
17.00		0.00	0	0	DIETARY	10.00	0	26,402	17.00
	TOTALS		0	514,954	TOTALS		0	514,954	
C - MEDICAL SUPPLY RECLASS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,381,508	CENTRAL SERVICES & SUPPLY	14.00	0	18,261	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	86,503	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	86,646	3.00
4.00		0.00	0	0	NURSERY	43.00	0	50	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	17,405,098	5.00
6.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,393	6.00
7.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	60,646	7.00
8.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	172,231	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	709,077	9.00
10.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	620	10.00
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	11,403,126	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	15,577	12.00
13.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	142,044	13.00
14.00		0.00	0	0	EMERGENCY	91.00	0	59,190	14.00
15.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	91,197	15.00
16.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	10,438	16.00
17.00		0.00	0	0	MAMMOGRAPHY	54.02	0	70,125	17.00
18.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	105	18.00
19.00		0.00	0	0	ONCOLOGY	54.01	0	16,520	19.00
20.00		0.00	0	0	RURAL HEALTH CLINIC	88.00	0	18,416	20.00
21.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,009	21.00
22.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	10,297	22.00
23.00		0.00	0	0	RADIOISOTOPE	56.00	0	138	23.00
24.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,801	24.00
	TOTALS		0	30,381,508	TOTALS		0	30,381,508	
D - SAME DAY SURGERY RECLASS									
1.00	OPERATING ROOM	50.00	1,609,491	1,419,198	SAME DAY SURGERY	50.01	1,609,491	1,419,198	1.00
	TOTALS		1,609,491	1,419,198	TOTALS		1,609,491	1,419,198	
E - INTEREST RECLASS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,557,596	INTEREST EXPENSE	113.00	0	3,654,310	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,096,714		0.00	0	0	2.00
	TOTALS		0	3,654,310	TOTALS		0	3,654,310	
F - IMPLANTABLE SUPPLY RECLASS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,497,256	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,497,256	1.00
	TOTALS		0	16,497,256	TOTALS		0	16,497,256	

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
9/23/2020 3:53 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	G - CRNA RECLASS								
1.00	NONPHYSICIAN	19.00	0	6,526,028	ANESTHESIOLOGY	53.00	0	6,526,028	1.00
	ANESTHETISTS								
	TOTALS		0	6,526,028	TOTALS		0	6,526,028	
	H - CONTRAST DRUG RECLASS								
1.00	DRUGS CHARGED TO	73.00	0	809,038	MAGNETIC RESONANCE	58.00	0	114,479	1.00
	PATIENTS				IMAGING (MRI)				
2.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	506,368	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	89,031	3.00
4.00		0.00	0	0	CARDIAC	59.00	0	95,848	4.00
5.00		0.00	0	0	CATHETERIZATION				
					OPERATING ROOM	50.00	0	3,312	5.00
	TOTALS		0	809,038	TOTALS		0	809,038	
	I - ISOTOPE RECLASS								
1.00	RADIOISOTOPE	56.00	0	836,036	ELECTROCARDIOLOGY	69.00	0	836,036	1.00
	TOTALS		0	836,036	TOTALS		0	836,036	
	J - CANCER MED DIRECTOR RECLASS								
1.00	ONCOLOGY	54.01	25,137	59,139	OTHER ADMINISTRATIVE	5.04	25,137	59,139	1.00
					AND GENERAL				
	TOTALS		25,137	59,139	TOTALS		25,137	59,139	
500.00	Grand Total:		2,793,417	61,872,533	Grand Total:		2,793,417	61,872,533	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet A-7
Part I
Date/Time Prepared:
9/23/2020 3:53 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	8,768,704	1,832,734	0	1,832,734	0	1.00	
2.00	Land Improvements	5,693,777	2,334,727	0	2,334,727	189,837	2.00	
3.00	Buildings and Fixtures	191,197,160	15,580,905	0	15,580,905	4,346,482	3.00	
4.00	Building Improvements	164,521	4,119	0	4,119	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	94,938,059	12,744,180	0	12,744,180	13,903,365	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	300,762,221	32,496,665	0	32,496,665	18,439,684	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	300,762,221	32,496,665	0	32,496,665	18,439,684	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,601,438	0				1.00	
2.00	Land Improvements	7,838,667	0				2.00	
3.00	Buildings and Fixtures	202,431,583	0				3.00	
4.00	Building Improvements	168,640	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	93,778,874	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	314,819,202	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	314,819,202	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet A-7
Part II
Date/Time Prepared:
9/23/2020 3:53 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	9,043,125	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,347,048	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,390,173	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	9,043,125				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,347,048				2.00
3.00	Total (sum of lines 1-2)	0	16,390,173				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet A-7
Part III
Date/Time Prepared:
9/23/2020 3:53 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	141,293,252	0	141,293,252	0.448808	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	173,525,950	0	173,525,950	0.551192	0	2.00
3.00	Total (sum of lines 1-2)	314,819,202	0	314,819,202	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,963,651	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,457,709	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,421,360	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	0	0	0	0	9,963,651	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,457,709	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	24,421,360	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-8

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-13,222,782			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	43,886,127			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,308,402	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-53,623	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-12,392	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-6,526,028	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	EMPLOYEE OUTPATIENT PAYMENTS	B	-9,743,713	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-8

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
40.00	DEBT FORGIVENESS	A	-179,763	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.00
40.01	TELEVISION AND RADIO SERVICES	A	-6,695	CAP REL COSTS-MVBLE EQUIP		2.00	9	40.01
40.02	INTEREST INCOME UNRESTRICTED	B	-1,297,856	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.02
40.03	LOSS ON 1994 BONDS	A	53,125	CAP REL COSTS-BLDG & FIXT		1.00	9	40.03
40.04	LOSS ON 1994 BONDS	A	45,565	CAP REL COSTS-MVBLE EQUIP		2.00	9	40.04
40.05	CABLE TV	A	-4,234	EMERGENCY		91.00	0	40.05
40.06	NONALLOWABLE BOND EXPENSE	A	-1,208,761	INTEREST EXPENSE		113.00	0	40.06
40.07	MISCELLANEOUS INCOME	B	-393	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.07
40.08	SALE OF XRAY SILVER/FILM	B	-414	RADIOLOGY-DIAGNOSTIC		54.00	0	40.08
40.09	OFFSET LOBBYING EXPENSES	A	-30,771	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.09
40.10	PURCHASE DISCOUNT	B	-45,728	PURCHASING RECEIVING AND STORES		5.02	0	40.10
40.11	CABLE TV	A	-3,537	OPERATING ROOM		50.00	0	40.11
40.12	CABLE TV	A	-55,670	MAINTENANCE & REPAIRS		6.00	0	40.12
40.13	LOSS ON 1991 BONDS	A	57,206	CAP REL COSTS-BLDG & FIXT		1.00	9	40.13
40.14	LOSS ON 1991 BONDS	A	39,149	CAP REL COSTS-MVBLE EQUIP		2.00	9	40.14
40.15	LEASEHOLD REVENUE	B	-45,468	MAMMOGRAPHY		54.02	9	40.15
40.16	CABLE TV	A	-6,613	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.16
40.17	PATIENT'S GUEST LODGING EXPENSE	A	-44,540	CARDIAC CATHETERIZATION		59.00	0	40.17
40.18	LEASEHOLD REVENUE	B	-2,410,143	CAP REL COSTS-BLDG & FIXT		1.00	9	40.18
40.19	MEDICAID PROVIDER TAX	A	-9,301,906	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.19
40.20	CABLE TV	A	-1,639	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	40.20
40.21	INTEREST INCOME 98A AND 2017C BONDS	B	-711	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.21
40.22	PATIENT'S GUEST LODGING EXPENSE	A	-17,078	OPERATING ROOM		50.00	0	40.22
40.23	MISCELLANEOUS INCOME	B	-1,345	RURAL HEALTH CLINIC		88.00	0	40.23
40.24	VENDING MACHINE INCOME	B	-847	ELECTROCARDIOLOGY		69.00	0	40.24
40.25	COMMUNITY HEALTH OUTREACH	A	-253	CARDIAC CATHETERIZATION		59.00	0	40.25
40.26	DPEARTMENTAL PROGRAM REV - OP CARDIO	B	-655	ELECTROCARDIOLOGY		69.00	0	40.26
40.27	ALCOHOL PURCHASE	A	-12	DIETARY		10.00	0	40.27
40.28	ALCOHOL PURCHASE	A	-129	ADULTS & PEDIATRICS		30.00	0	40.28
40.29	DPARTMENTAL PROGRAM REVENUE - A& G	B	-4,375	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.29
40.30	MISCELLANEOUS INCOME	B	-388	DRUGS CHARGED TO PATIENTS		73.00	0	40.30
40.31	COMMUNITY HEALTH OUTREACH	A	-118	OPERATING ROOM		50.00	0	40.31
40.32	ALCOHOL PURCHASES	A	-5	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.32
40.33	RIDES	A	-1,353	ADULTS & PEDIATRICS		30.00	0	40.33
40.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	40.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,457,168					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: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-8-1

Date/Time Prepared:
9/23/2020 3:53 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	662,742	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	5,935,928	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	7,489,133	0 3.00
4.00		5.01	DATA PROCESSING	HOME OFFICE	11,166,596	0 4.00
4.01		5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	3,869,009	0 4.01
4.02		5.04	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	14,770,640	0 4.02
4.03		60.00	LABORATORY	RENT	7,570	15,491 4.03
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		43,901,618	15,491 5.00

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

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

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

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

6.00	B	SIHS	100.00	SIHS	100.00	6.00
7.00	B	SIHE	100.00	SIHE	100.00	7.00
8.00	B	HSSI	100.00	HSSI	100.00	8.00
9.00	B	SIMS	100.00	SIMS	100.00	9.00
10.00	B	SIH CAYMAN SPC	100.00	SIH CAYMAN	100.00	10.00
100.00		G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-8-1

Date/Time Prepared:
9/23/2020 3:53 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	662,742	9		1.00
2.00	5,935,928	9		2.00
3.00	7,489,133	0		3.00
4.00	11,166,596	0		4.00
4.01	3,869,009	0		4.01
4.02	14,770,640	0		4.02
4.03	-7,921	0		4.03
5.00	43,886,127			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	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		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: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet A-8-2

Date/Time Prepared:
9/23/2020 3:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	DR. A	5,514,323	5,514,323	0	0	0	1.00
2.00	31.00	DR. B	172	0	172	211,500	1	2.00
3.00	50.00	DR. C	86,539	69,119	17,420	246,400	84	3.00
4.00	59.00	DR. D	133,150	20,601	112,549	211,500	405	4.00
5.00	60.00	DR. E	269,199	200,066	69,133	260,300	290	5.00
6.00	54.01	DR. F	784,450	689,102	95,348	211,500	408	6.00
7.00	30.00	DR. G	2,520	0	2,520	169,700	21	7.00
8.00	91.00	DR. H	6,232,820	6,220,572	12,248	181,300	89	8.00
9.00	5.04	DR. I	312,800	312,800	0	0	0	9.00
10.00	52.00	DR. J	78,088	0	78,088	237,100	528	10.00
11.00	70.00	DR. K	600	600	0	0	0	11.00
12.00	35.00	DR. L	4,200	4,200	0	0	0	12.00
13.00	65.00	DR. M	6,049	52	5,997	211,500	34	13.00
200.00			13,424,910	13,031,435	393,475		1,860	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. A	0	0	0	0	0	1.00
2.00	31.00	DR. B	102	5	0	0	0	2.00
3.00	50.00	DR. C	9,951	498	0	0	0	3.00
4.00	59.00	DR. D	41,182	2,059	0	0	0	4.00
5.00	60.00	DR. E	36,292	1,815	0	0	0	5.00
6.00	54.01	DR. F	41,487	2,074	0	0	0	6.00
7.00	30.00	DR. G	1,713	86	0	0	0	7.00
8.00	91.00	DR. H	7,757	388	0	0	0	8.00
9.00	5.04	DR. I	0	0	0	0	0	9.00
10.00	52.00	DR. J	60,187	3,009	0	0	0	10.00
11.00	70.00	DR. K	0	0	0	0	0	11.00
12.00	35.00	DR. L	0	0	0	0	0	12.00
13.00	65.00	DR. M	3,457	173	0	0	0	13.00
200.00			202,128	10,107	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. A	0	0	0	5,514,323		1.00
2.00	31.00	DR. B	0	102	70	70		2.00
3.00	50.00	DR. C	0	9,951	7,469	76,588		3.00
4.00	59.00	DR. D	0	41,182	71,367	91,968		4.00
5.00	60.00	DR. E	0	36,292	32,841	232,907		5.00
6.00	54.01	DR. F	0	41,487	53,861	742,963		6.00
7.00	30.00	DR. G	0	1,713	807	807		7.00
8.00	91.00	DR. H	0	7,757	4,491	6,225,063		8.00
9.00	5.04	DR. I	0	0	0	312,800		9.00
10.00	52.00	DR. J	0	60,187	17,901	17,901		10.00
11.00	70.00	DR. K	0	0	0	600		11.00
12.00	35.00	DR. L	0	0	0	4,200		12.00
13.00	65.00	DR. M	0	3,457	2,540	2,592		13.00
200.00			0	202,128	191,347	13,222,782		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,963,651	9,963,651			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,457,709		14,457,709		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,705,561	29,412	16,782	22,751,755	4.00
5.01	00550	DATA PROCESSING	11,166,596	45,141	0	0	11,211,737
5.02	00560	PURCHASING RECEIVING AND STORES	305,147	89,297	0	97,553	74,005
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,904,432	75,537	0	0	277,518
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	24,142,809	2,337,430	630,828	310,240	989,815
6.00	00600	MAINTENANCE & REPAIRS	2,507,432	1,136,193	3,117	1,551,190	185,012
8.00	00800	LAUNDRY & LINEN SERVICE	1,419,045	23,918	0	204,492	0
9.00	00900	HOUSEKEEPING	2,895,165	81,782	12,970	26,951	46,253
10.00	01000	DIETARY	758,047	119,771	28,848	715,808	129,509
11.00	01100	CAFETERIA	1,013,061	128,374	1,793	121,571	0
13.00	01300	NURSING ADMINISTRATION	1,034,103	130,188	901,866	361,686	111,007
14.00	01400	CENTRAL SERVICES & SUPPLY	519,854	91,655	23,456	296,220	46,253
16.00	01600	MEDICAL RECORDS & LIBRARY	542,252	2,021	8,660	123,183	249,766
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	175,760	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,197,819	0	0	373,868	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,534,127	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,740,989	1,729,788	511,331	4,901,395	2,053,636
31.00	03100	INTENSIVE CARE UNIT	5,816,298	325,471	369,949	1,246,131	536,535
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,037,247	48,095	138,818	269,829	74,005
43.00	04300	NURSERY	186,677	23,633	2,239	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,878,727	893,178	4,524,070	1,845,680	1,063,820
50.01	05001	SAME DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	861,561	71,572	81,293	259,879	231,265
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,513,701	251,618	159,827	1,106,334	564,287
53.00	05300	ANESTHESIOLOGY	1,435,489	10,961	61,396	253,791	138,759
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,444,304	224,668	741,083	912,275	286,769
54.01	03480	ONCOLOGY	2,124,710	240,242	1,538,231	290,512	333,022
54.02	03440	MAMMOGRAPHY	1,219,553	0	441,253	239,176	296,019
56.00	05600	RADIOISOTOPE	2,097,505	46,385	15,741	77,136	55,504
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	805,746	55,428	481,277	122,436	27,752
59.00	05900	CARDIAC CATHETERIZATION	4,808,526	343,688	1,623,625	1,258,101	416,277
60.00	06000	LABORATORY	9,542,123	227,985	542,022	803,801	471,781
64.00	06400	INTRAVENOUS THERAPY	1,440,398	108,680	57,665	358,091	185,012
65.00	06500	RESPIRATORY THERAPY	1,749,880	40,736	126,870	456,266	46,253
66.00	06600	PHYSICAL THERAPY	3,902,532	40,528	29,025	970,215	573,538
69.00	06900	ELECTROCARDIOLOGY	10,598,755	165,560	917,554	528,589	286,769
70.00	07000	ELECTROENCEPHALOGRAPHY	194,994	6,297	17,337	39,461	18,501
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,884,252	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,497,256	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	35,796,619	100,595	60,345	1,114,724	286,769
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,552,542	0	6,466	143,875	434,779
91.00	09100	EMERGENCY	5,060,180	262,087	377,100	1,195,536	721,547
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	262,257,374	9,507,914	14,452,837	22,751,755	11,211,737
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,305	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	442,870	173,723	4,872	0	0
192.01	19201	FAMILY PRACTICE	0	0	0	0	0
192.02	19202	UNUSED SPACE	0	223,709	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	262,700,244	9,963,651	14,457,709	22,751,755	11,211,737

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	566,002					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,160	5,258,647				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	42	0	28,411,164	28,411,164		5.04
6.00	00600	MAINTENANCE & REPAIRS	2	0	5,382,946	652,763	6,035,709	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1	0	1,647,456	199,779	23,096	8.00
9.00	00900	HOUSEKEEPING	136	0	3,063,257	371,466	78,970	9.00
10.00	01000	DIETARY	71	0	1,752,054	212,463	115,653	10.00
11.00	01100	CAFETERIA	210	0	1,265,009	153,401	123,960	11.00
13.00	01300	NURSING ADMINISTRATION	41	0	2,538,891	307,879	125,712	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	574	0	978,012	118,599	88,504	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	925,882	112,277	1,952	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	175,760	21,314	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,571,687	190,591	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,534,127	186,036	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,105	230,090	30,246,334	3,667,822	1,670,306	30.00
31.00	03100	INTENSIVE CARE UNIT	36,799	40,927	8,372,110	1,015,244	314,279	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	125	17,311	1,585,430	192,257	46,441	35.00
43.00	04300	NURSERY	6,133	9,772	228,454	27,703	22,820	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	204,828	807,877	20,218,180	2,451,758	862,466	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	601	60,882	1,567,053	190,029	69,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,351	105,801	6,725,919	815,619	242,966	52.00
53.00	05300	ANESTHESIOLOGY	17,086	126,143	2,043,625	247,820	10,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,521	572,110	7,200,730	873,197	216,943	54.00
54.01	03480	ONCOLOGY	79	224,835	4,751,631	576,207	231,981	54.01
54.02	03440	MAMMOGRAPHY	704	49,758	2,246,463	272,417	0	54.02
56.00	05600	RADIOISOTOPE	544	69,997	2,362,812	286,526	44,790	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,050	159,151	1,653,840	200,553	53,523	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,663	321,803	8,860,683	1,074,491	331,870	59.00
60.00	06000	LABORATORY	19,716	491,526	12,098,954	1,467,180	220,145	60.00
64.00	06400	INTRAVENOUS THERAPY	9,362	59,957	2,219,165	269,107	104,943	64.00
65.00	06500	RESPIRATORY THERAPY	8,304	58,272	2,486,581	301,535	39,335	65.00
66.00	06600	PHYSICAL THERAPY	953	106,597	5,623,388	681,920	39,135	66.00
69.00	06900	ELECTROCARDIOLOGY	2,431	316,027	12,815,685	1,554,094	159,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,161	6,138	283,889	34,426	6,080	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	306,156	14,190,408	1,720,800	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	183,902	16,681,158	2,022,841	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,455	687,248	38,057,755	4,615,169	97,136	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	413	7,069	2,145,144	260,131	0	88.00
91.00	09100	EMERGENCY	29,381	239,298	7,885,129	956,190	253,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	566,002	5,258,647	261,796,765	28,301,604	5,595,643	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,305	7,070	56,300	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	621,465	75,362	167,749	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	223,709	27,128	216,017	192.02
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)	566,002	5,258,647	262,700,244	28,411,164	6,035,709	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,870,331					8.00
9.00	00900	HOUSEKEEPING	0	3,513,693				9.00
10.00	01000	DIETARY	0	68,485	2,148,655			10.00
11.00	01100	CAFETERIA	0	73,405	0	1,615,775		11.00
13.00	01300	NURSING ADMINISTRATION	0	74,442	0	16,051	3,062,975	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	52,409	0	19,618	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,156	0	23,184	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	35,668	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,516,316	989,095	1,741,959	419,105	1,241,859	30.00
31.00	03100	INTENSIVE CARE UNIT	284,450	186,105	326,779	90,954	269,648	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	69,565	27,501	79,917	19,618	57,416	35.00
43.00	04300	NURSERY	0	13,513	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	510,722	0	199,743	589,392	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	40,925	0	14,267	44,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	143,876	0	87,387	261,546	52.00
53.00	05300	ANESTHESIOLOGY	0	6,268	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	128,466	0	82,037	0	54.00
54.01	03480	ONCOLOGY	0	137,371	0	23,184	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	26,523	0	5,350	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31,694	0	10,700	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	196,521	0	92,738	275,590	59.00
60.00	06000	LABORATORY	0	130,362	0	96,304	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	62,144	0	23,184	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	23,293	0	39,235	10,139	65.00
66.00	06600	PHYSICAL THERAPY	0	23,174	0	76,687	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	94,668	0	44,585	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,601	0	3,567	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	57,521	0	65,986	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	21,401	0	88.00
91.00	09100	EMERGENCY	0	149,862	0	105,222	312,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,870,331	3,253,102	2,148,655	1,615,775	3,062,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,339	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	99,335	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	127,917	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,870,331	3,513,693	2,148,655	1,615,775	3,062,975	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			14.00	16.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,257,142					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,064,451				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	197,074			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		1,762,278		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			1,755,831	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,013	46,584	0	228,761	227,924	30.00
31.00	03100	INTENSIVE CARE UNIT	6,312	8,286	0	35,804	35,673	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	254	3,505	0	0	0	35.00
43.00	04300	NURSERY	5	1,978	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	531,834	163,343	0	48,553	48,375	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	126	12,326	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,685	21,421	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,393	25,539	197,074	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,274	115,830	0	10,884	10,844	54.00
54.01	03480	ONCOLOGY	1,496	45,520	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	6,350	10,074	0	0	0	54.02
56.00	05600	RADIOISOTOPE	12	14,172	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	56	32,222	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	624,910	65,153	0	0	0	59.00
60.00	06000	LABORATORY	1,411	99,515	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	932	12,139	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,862	11,798	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10	21,582	0	24,615	24,525	66.00
69.00	06900	ELECTROCARDIOLOGY	7,768	63,983	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	945	1,243	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,058	61,985	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,233	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	139,141	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,668	1,431	0	211,130	210,358	88.00
91.00	09100	EMERGENCY	4,768	48,448	0	81,475	81,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,257,142	1,064,451	197,074	641,222	638,876	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	1,121,056	1,116,955	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,257,142	1,064,451	197,074	1,762,278	1,755,831	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part I
Date/Time Prepared:
9/23/2020 3:53 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
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,003,078	-456,685	41,546,393	30.00
31.00	03100	INTENSIVE CARE UNIT	10,945,644	-71,477	10,874,167	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,081,904	0	2,081,904	35.00
43.00	04300	NURSERY	294,473	0	294,473	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,624,366	-96,928	25,527,438	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,938,826	0	1,938,826	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,302,419	0	8,302,419	52.00
53.00	05300	ANESTHESIOLOGY	2,546,303	0	2,546,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,667,205	-21,728	8,645,477	54.00
54.01	03480	ONCOLOGY	5,767,390	0	5,767,390	54.01
54.02	03440	MAMMOGRAPHY	2,535,304	0	2,535,304	54.02
56.00	05600	RADIOISOTOPE	2,740,185	0	2,740,185	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,982,588	0	1,982,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,521,956	0	11,521,956	59.00
60.00	06000	LABORATORY	14,113,871	0	14,113,871	60.00
64.00	06400	INTRAVENOUS THERAPY	2,691,614	0	2,691,614	64.00
65.00	06500	RESPIRATORY THERAPY	2,924,778	0	2,924,778	65.00
66.00	06600	PHYSICAL THERAPY	6,515,036	-49,140	6,465,896	66.00
69.00	06900	ELECTROCARDIOLOGY	14,740,650	0	14,740,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,751	0	333,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,974,251	0	15,974,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,741,232	0	18,741,232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,032,708	0	43,032,708	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,851,263	-421,488	2,429,775	88.00
91.00	09100	EMERGENCY	9,877,742	-162,652	9,715,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	258,748,537	-1,280,098	257,468,439	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,014	0	155,014	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	963,911	0	963,911	192.00
192.01	19201	FAMILY PRACTICE	2,238,011	-2,238,011	0	192.01
192.02	19202	UNUSED SPACE	594,771	0	594,771	192.02
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)	262,700,244	-3,518,109	259,182,135	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0164

Period:

From 04/01/2019

To 03/31/2020

Worksheet Non-CMS W

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	DATA PROCESSING	5	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	6	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	9	MEALS SERVED	10.00
11.00	CAFETERIA	10	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	11	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED REQS	14.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	14	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part II
Date/Time Prepared:
9/23/2020 3:53 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	29,412	16,782	46,194	4.00
5.01	00550	DATA PROCESSING	0	45,141	0	45,141	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	89,297	0	89,297	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	75,537	0	75,537	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,337,430	630,828	2,968,258	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,136,193	3,117	1,139,310	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,918	0	23,918	8.00
9.00	00900	HOUSEKEEPING	0	81,782	12,970	94,752	9.00
10.00	01000	DIETARY	0	119,771	28,848	148,619	10.00
11.00	01100	CAFETERIA	0	128,374	1,793	130,167	11.00
13.00	01300	NURSING ADMINISTRATION	0	130,188	901,866	1,032,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	91,655	23,456	115,111	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,021	8,660	10,681	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,729,788	511,331	2,241,119	30.00
31.00	03100	INTENSIVE CARE UNIT	0	325,471	369,949	695,420	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	48,095	138,818	186,913	35.00
43.00	04300	NURSERY	0	23,633	2,239	25,872	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	893,178	4,524,070	5,417,248	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	71,572	81,293	152,865	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	251,618	159,827	411,445	52.00
53.00	05300	ANESTHESIOLOGY	0	10,961	61,396	72,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	224,668	741,083	965,751	54.00
54.01	03480	ONCOLOGY	0	240,242	1,538,231	1,778,473	54.01
54.02	03440	MAMMOGRAPHY	0	0	441,253	441,253	54.02
56.00	05600	RADIOISOTOPE	0	46,385	15,741	62,126	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	55,428	481,277	536,705	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	343,688	1,623,625	1,967,313	59.00
60.00	06000	LABORATORY	0	227,985	542,022	770,007	60.00
64.00	06400	INTRAVENOUS THERAPY	0	108,680	57,665	166,345	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,736	126,870	167,606	65.00
66.00	06600	PHYSICAL THERAPY	0	40,528	29,025	69,553	66.00
69.00	06900	ELECTROCARDIOLOGY	0	165,560	917,554	1,083,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,297	17,337	23,634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	100,595	60,345	160,940	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	6,466	6,466	88.00
91.00	09100	EMERGENCY	0	262,087	377,100	639,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,507,914	14,452,837	23,960,751	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,305	0	58,305	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	173,723	4,872	178,595	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	223,709	0	223,709	192.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,963,651	14,457,709	24,421,360	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part II
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	45,141					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	298	89,793				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,117	184	76,838			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	3,985	7	0	2,972,880		5.04
6.00	00600	MAINTENANCE & REPAIRS	745	0	0	68,304	1,211,510	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	20,905	4,636	8.00
9.00	00900	HOUSEKEEPING	186	22	0	38,870	15,851	9.00
10.00	01000	DIETARY	521	11	0	22,232	23,214	10.00
11.00	01100	CAFETERIA	0	33	0	16,052	24,882	11.00
13.00	01300	NURSING ADMINISTRATION	447	7	0	32,216	25,233	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	186	91	0	12,410	17,765	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,006	0	0	11,749	392	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	2,230	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	19,943	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	19,467	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,269	12,549	3,346	383,796	335,271	30.00
31.00	03100	INTENSIVE CARE UNIT	2,160	5,838	595	106,234	63,083	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	298	20	252	20,118	9,322	35.00
43.00	04300	NURSERY	0	973	142	2,899	4,581	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,283	32,497	12,120	256,548	173,117	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	931	95	885	19,884	13,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,272	3,863	1,538	85,345	48,769	52.00
53.00	05300	ANESTHESIOLOGY	559	2,710	1,834	25,932	2,125	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,155	3,097	8,319	91,370	43,546	54.00
54.01	03480	ONCOLOGY	1,341	13	3,269	60,293	46,564	54.01
54.02	03440	MAMMOGRAPHY	1,192	112	724	28,505	0	54.02
56.00	05600	RADIOISOTOPE	223	86	1,018	29,982	8,990	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	112	325	2,314	20,986	10,743	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,676	14,065	4,679	112,433	66,614	59.00
60.00	06000	LABORATORY	1,899	3,128	7,147	153,524	44,188	60.00
64.00	06400	INTRAVENOUS THERAPY	745	1,485	872	28,159	21,065	64.00
65.00	06500	RESPIRATORY THERAPY	186	1,317	847	31,552	7,895	65.00
66.00	06600	PHYSICAL THERAPY	2,309	151	1,550	71,355	7,855	66.00
69.00	06900	ELECTROCARDIOLOGY	1,155	386	4,595	162,618	32,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74	184	89	3,602	1,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,452	180,062	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,674	211,667	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,155	1,817	9,994	482,899	19,498	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,751	66	103	27,220	0	88.00
91.00	09100	EMERGENCY	2,905	4,661	3,480	100,054	50,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,141	89,793	76,838	2,961,415	1,123,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	740	11,301	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,886	33,671	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	2,839	43,360	192.02
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)	45,141	89,793	76,838	2,972,880	1,211,510	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part II
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,874					8.00
9.00	00900	HOUSEKEEPING	0	149,736				9.00
10.00	01000	DIETARY	0	2,919	198,970			10.00
11.00	01100	CAFETERIA	0	3,128	0	174,509		11.00
13.00	01300	NURSING ADMINISTRATION	0	3,172	0	1,734	1,095,598	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,233	0	2,119	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49	0	2,504	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,852	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,434	42,152	161,310	45,265	444,201	30.00
31.00	03100	INTENSIVE CARE UNIT	7,585	7,931	30,260	9,823	96,451	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,855	1,172	7,400	2,119	20,537	35.00
43.00	04300	NURSERY	0	576	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,764	0	21,573	210,820	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,744	0	1,541	16,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,131	0	9,438	93,553	52.00
53.00	05300	ANESTHESIOLOGY	0	267	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,475	0	8,860	0	54.00
54.01	03480	ONCOLOGY	0	5,854	0	2,504	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	1,130	0	578	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,351	0	1,156	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,375	0	10,016	98,576	59.00
60.00	06000	LABORATORY	0	5,555	0	10,401	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,648	0	2,504	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	993	0	4,238	3,627	65.00
66.00	06600	PHYSICAL THERAPY	0	988	0	8,282	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,034	0	4,815	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	153	0	385	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	2,451	0	7,127	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,311	0	88.00
91.00	09100	EMERGENCY	0	6,386	0	11,364	111,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,874	138,631	198,970	174,509	1,095,598	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,421	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,233	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	5,451	0	0	0	192.02
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)	49,874	149,736	198,970	174,509	1,095,598	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part II
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			14.00	16.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	150,517					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,631				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	2,587			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		20,702		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			23,319	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	840	1,184				30.00
31.00	03100	INTENSIVE CARE UNIT	756	211				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	30	89				35.00
43.00	04300	NURSERY	1	50				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,678	3,731				50.00
50.01	05001	SAME DAY SURGERY	0	0				50.01
51.00	05100	RECOVERY ROOM	15	313				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441	544				52.00
53.00	05300	ANESTHESIOLOGY	1,843	649				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,385	2,944				54.00
54.01	03480	ONCOLOGY	179	1,157				54.01
54.02	03440	MAMMOGRAPHY	760	256				54.02
56.00	05600	RADIOISOTOPE	1	360				56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7	819				58.00
59.00	05900	CARDIAC CATHETERIZATION	74,818	1,656				59.00
60.00	06000	LABORATORY	169	2,529				60.00
64.00	06400	INTRAVENOUS THERAPY	112	309				64.00
65.00	06500	RESPIRATORY THERAPY	1,540	300				65.00
66.00	06600	PHYSICAL THERAPY	1	548				66.00
69.00	06900	ELECTROCARDIOLOGY	930	1,626				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113	32				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	127	1,575				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	946				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,536				73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	200	36				88.00
91.00	09100	EMERGENCY	571	1,231				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	150,517	26,631	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	FAMILY PRACTICE	0	0				192.01
192.02	19202	UNUSED SPACE	0	0				192.02
200.00		Cross Foot Adjustments			2,587	20,702	23,319	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	150,517	26,631	2,587	20,702	23,319	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet B
Part II
Date/Time Prepared:
9/23/2020 3:53 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
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,729,671	0	3,729,671	30.00
31.00	03100	INTENSIVE CARE UNIT	1,028,878	0	1,028,878	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	250,673	0	250,673	35.00
43.00	04300	NURSERY	35,094	0	35,094	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,221,128	0	6,221,128	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	208,765	0	208,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	665,586	0	665,586	52.00
53.00	05300	ANESTHESIOLOGY	108,792	0	108,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,135,755	0	1,135,755	54.00
54.01	03480	ONCOLOGY	1,900,237	0	1,900,237	54.01
54.02	03440	MAMMOGRAPHY	473,288	0	473,288	54.02
56.00	05600	RADIOISOTOPE	104,651	0	104,651	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	574,767	0	574,767	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,362,777	0	2,362,777	59.00
60.00	06000	LABORATORY	1,000,180	0	1,000,180	60.00
64.00	06400	INTRAVENOUS THERAPY	224,971	0	224,971	64.00
65.00	06500	RESPIRATORY THERAPY	221,028	0	221,028	65.00
66.00	06600	PHYSICAL THERAPY	164,563	0	164,563	66.00
69.00	06900	ELECTROCARDIOLOGY	1,296,436	0	1,296,436	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,566	0	29,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	186,216	0	186,216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	215,287	0	215,287	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	691,681	0	691,681	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	38,445	0	38,445	88.00
91.00	09100	EMERGENCY	934,806	0	934,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,803,241	0	23,803,241	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,767	0	71,767	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	224,385	0	224,385	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	192.01
192.02	19202	UNUSED SPACE	275,359	0	275,359	192.02
200.00		Cross Foot Adjustments	46,608	0	46,608	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,421,360	0	24,421,360	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet B-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	384,500					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,347,051				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,135	8,528	72,893,255			4.00
5.01	00550	DATA PROCESSING	1,742	0	0	1,212		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	3,446	0	312,546	8	14,331,589	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,915	0	0	30	29,378	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	90,202	320,571	993,965	107	1,067	5.04
6.00	00600	MAINTENANCE & REPAIRS	43,846	1,584	4,969,789	20	38	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	923	0	655,163	0	30	8.00
9.00	00900	HOUSEKEEPING	3,156	6,591	86,348	5	3,445	9.00
10.00	01000	DIETARY	4,622	14,660	2,293,345	14	1,786	10.00
11.00	01100	CAFETERIA	4,954	911	389,495	0	5,314	11.00
13.00	01300	NURSING ADMINISTRATION	5,024	458,306	1,158,789	12	1,048	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	11,920	949,045	5	14,543	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	4,401	394,660	27	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	563,108	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,197,819	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,753	259,846	15,703,291	222	2,003,010	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	187,999	3,992,423	58	931,791	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	70,544	864,494	8	3,156	35.00
43.00	04300	NURSERY	912	1,138	0	0	155,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	2,299,021	5,913,291	115	5,186,303	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	41,311	832,615	25	15,220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	81,220	3,544,534	61	616,585	52.00
53.00	05300	ANESTHESIOLOGY	423	31,200	813,110	15	432,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	376,600	2,922,797	31	494,282	54.00
54.01	03480	ONCOLOGY	9,271	781,691	930,758	36	2,012	54.01
54.02	03440	MAMMOGRAPHY	0	224,234	766,286	32	17,837	54.02
56.00	05600	RADIOISOTOPE	1,790	7,999	247,132	6	13,778	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	244,573	392,267	3	51,909	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	825,086	4,030,774	45	2,245,036	59.00
60.00	06000	LABORATORY	8,798	275,442	2,575,262	51	499,225	60.00
64.00	06400	INTRAVENOUS THERAPY	4,194	29,304	1,147,270	20	237,059	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	64,472	1,461,810	5	210,257	65.00
66.00	06600	PHYSICAL THERAPY	1,564	14,750	3,108,427	62	24,119	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	466,278	1,693,522	31	61,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	8,810	126,427	2	29,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,882	30,666	3,571,415	31	290,059	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	3,286	460,955	47	10,470	88.00
91.00	09100	EMERGENCY	10,114	191,633	3,830,323	78	743,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	366,913	7,344,575	72,893,255	1,212	14,331,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,250	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,704	2,476	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	8,633	0	0	0	0	192.02
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)	9,963,651	14,457,709	22,751,755	11,211,737	566,002	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.913267	1.967825	0.312124	9,250.608086	0.039493	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			46,194	45,141	89,793	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000634	37.245050	0.006265	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet B-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet B-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5.03	5A.04	5.04	6.00	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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,176,522,030					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-28,411,164	234,289,080			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,382,946	241,214		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,647,456	923	35,651	8.00
9.00	00900	HOUSEKEEPING	0	0	3,063,257	3,156	0	9.00
10.00	01000	DIETARY	0	0	1,752,054	4,622	0	10.00
11.00	01100	CAFETERIA	0	0	1,265,009	4,954	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,538,891	5,024	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	978,012	3,537	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	925,882	78	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	175,760	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,571,687	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,534,127	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,474,261	0	30,246,334	66,753	28,903	30.00
31.00	03100	INTENSIVE CARE UNIT	9,155,973	0	8,372,110	12,560	5,422	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,872,791	0	1,585,430	1,856	1,326	35.00
43.00	04300	NURSERY	2,186,080	0	228,454	912	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	180,823,794	0	20,218,180	34,468	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	13,620,239	0	1,567,053	2,762	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,669,129	0	6,725,919	9,710	0	52.00
53.00	05300	ANESTHESIOLOGY	28,219,841	0	2,043,625	423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,988,847	0	7,200,730	8,670	0	54.00
54.01	03480	ONCOLOGY	50,298,736	0	4,751,631	9,271	0	54.01
54.02	03440	MAMMOGRAPHY	11,131,486	0	2,246,463	0	0	54.02
56.00	05600	RADIOISOTOPE	15,659,381	0	2,362,812	1,790	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,604,145	0	1,653,840	2,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,991,784	0	8,860,683	13,263	0	59.00
60.00	06000	LABORATORY	109,961,082	0	12,098,954	8,798	0	60.00
64.00	06400	INTRAVENOUS THERAPY	13,413,150	0	2,219,165	4,194	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,036,302	0	2,486,581	1,572	0	65.00
66.00	06600	PHYSICAL THERAPY	23,847,160	0	5,623,388	1,564	0	66.00
69.00	06900	ELECTROCARDIOLOGY	70,699,570	0	12,815,685	6,389	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,373,251	0	283,889	243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	68,491,226	0	14,190,408	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,141,312	0	16,681,158	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	153,746,810	0	38,057,755	3,882	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,581,470	0	2,145,144	0	0	88.00
91.00	09100	EMERGENCY	53,534,210	0	7,885,129	10,114	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,176,522,030	-28,411,164	233,385,601	223,627	35,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,305	2,250	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	621,465	6,704	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	223,709	8,633	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,258,647		28,411,164	6,035,709	1,870,331	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004470		0.121265	25.022217	52.462231	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	76,838		2,972,880	1,211,510	49,874	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000065		0.012689	5.022553	1.398951	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: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet B-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	237,135					9.00
10.00	01000	DIETARY	4,622	106,953				10.00
11.00	01100	CAFETERIA	4,954	0	906			11.00
13.00	01300	NURSING ADMINISTRATION	5,024	0	9	1,206,284		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	0	11	0	13,883,243	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	0	13	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	20	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,753	86,709	235	489,078	77,448	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	16,266	51	106,195	69,712	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	3,978	11	22,612	2,800	35.00
43.00	04300	NURSERY	912	0	0	0	50	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	0	112	232,119	5,873,304	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	0	8	17,718	1,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	0	49	103,004	40,691	52.00
53.00	05300	ANESTHESIOLOGY	423	0	0	0	169,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	0	46	0	312,240	54.00
54.01	03480	ONCOLOGY	9,271	0	13	0	16,520	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	70,125	54.02
56.00	05600	RADIOISOTOPE	1,790	0	3	0	138	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	0	6	0	620	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	0	52	108,535	6,901,217	59.00
60.00	06000	LABORATORY	8,798	0	54	0	15,577	60.00
64.00	06400	INTRAVENOUS THERAPY	4,194	0	13	0	10,297	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	0	22	3,993	142,044	65.00
66.00	06600	PHYSICAL THERAPY	1,564	0	43	0	105	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	0	25	0	85,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	0	2	0	10,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,684	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,882	0	37	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	12	0	18,416	88.00
91.00	09100	EMERGENCY	10,114	0	59	123,030	52,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	219,548	106,953	906	1,206,284	13,883,243	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,250	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,704	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	8,633	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,513,693	2,148,655	1,615,775	3,062,975	1,257,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.817269	20.089712	1,783.416115	2.539182	0.090551	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	149,736	198,970	174,509	1,095,598	150,517	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.631438	1.860350	192.614790	0.908242	0.010842	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: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet B-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			16.00	19.00	21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,176,522,030					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		51,976			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			51,976		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,474,261	0	6,747	6,747		30.00
31.00	03100	INTENSIVE CARE UNIT	9,155,973	0	1,056	1,056		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,872,791	0	0	0		35.00
43.00	04300	NURSERY	2,186,080	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	180,823,794	0	1,432	1,432		50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	13,620,239	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,669,129	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	28,219,841	100	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,988,847	0	321	321		54.00
54.01	03480	ONCOLOGY	50,298,736	0	0	0		54.01
54.02	03440	MAMMOGRAPHY	11,131,486	0	0	0		54.02
56.00	05600	RADIOISOTOPE	15,659,381	0	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,604,145	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	71,991,784	0	0	0		59.00
60.00	06000	LABORATORY	109,961,082	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	13,413,150	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	13,036,302	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	23,847,160	0	726	726		66.00
69.00	06900	ELECTROCARDIOLOGY	70,699,570	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,373,251	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	68,491,226	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,141,312	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	153,746,810	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,581,470	0	6,227	6,227		88.00
91.00	09100	EMERGENCY	53,534,210	0	2,403	2,403		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,176,522,030	100	18,912	18,912		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	FAMILY PRACTICE	0	0	33,064	33,064		192.01
192.02	19202	UNUSED SPACE	0	0	0	0		192.02
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)	1,064,451	197,074	1,762,278	1,755,831		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000905	1,970.740000	33.905610	33.781572		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,631	2,587	20,702	23,319		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000023	25.870000	0.398299	0.448649		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet B-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	16.00	19.00	21.00	22.00		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet C
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,546,393		41,546,393	807	41,547,200	30.00
31.00	03100	INTENSIVE CARE UNIT	10,874,167		10,874,167	70	10,874,237	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,081,904		2,081,904	0	2,081,904	35.00
43.00	04300	NURSERY	294,473		294,473	0	294,473	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,527,438		25,527,438	7,469	25,534,907	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,938,826		1,938,826	0	1,938,826	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,302,419		8,302,419	17,901	8,320,320	52.00
53.00	05300	ANESTHESIOLOGY	2,546,303		2,546,303	0	2,546,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,645,477		8,645,477	0	8,645,477	54.00
54.01	03480	ONCOLOGY	5,767,390		5,767,390	53,861	5,821,251	54.01
54.02	03440	MAMMOGRAPHY	2,535,304		2,535,304	0	2,535,304	54.02
56.00	05600	RADIOISOTOPE	2,740,185		2,740,185	0	2,740,185	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,982,588		1,982,588	0	1,982,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,521,956		11,521,956	71,367	11,593,323	59.00
60.00	06000	LABORATORY	14,113,871		14,113,871	32,841	14,146,712	60.00
64.00	06400	INTRAVENOUS THERAPY	2,691,614		2,691,614	0	2,691,614	64.00
65.00	06500	RESPIRATORY THERAPY	2,924,778	0	2,924,778	2,540	2,927,318	65.00
66.00	06600	PHYSICAL THERAPY	6,465,896	0	6,465,896	0	6,465,896	66.00
69.00	06900	ELECTROCARDIOLOGY	14,740,650		14,740,650	0	14,740,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,751		333,751	0	333,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,974,251		15,974,251	0	15,974,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,741,232		18,741,232	0	18,741,232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,032,708		43,032,708	0	43,032,708	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,429,775		2,429,775	0	2,429,775	88.00
91.00	09100	EMERGENCY	9,715,090		9,715,090	4,491	9,719,581	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,792,009		5,792,009		5,792,009	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	263,260,448	0	263,260,448	191,347	263,451,795	200.00
201.00		Less Observation Beds	5,792,009		5,792,009		5,792,009	201.00
202.00		Total (see instructions)	257,468,439	0	257,468,439	191,347	257,659,786	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet C
Part I
Date/Time Prepared:
9/23/2020 3:53 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,262,134		40,262,134		30.00
31.00	03100	INTENSIVE CARE UNIT	9,155,973		9,155,973		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,872,791		3,872,791		35.00
43.00	04300	NURSERY	2,186,080		2,186,080		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,666,103	82,264,364	176,930,467	0.144279	0.000000
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	6,030,778	6,736,796	12,767,574	0.151855	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,045,030	2,621,814	23,666,844	0.350804	0.000000
53.00	05300	ANESTHESIOLOGY	14,620,838	13,067,380	27,688,218	0.091963	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,895,816	89,950,297	125,846,113	0.068699	0.000000
54.01	03480	ONCOLOGY	244,427	49,490,613	49,735,040	0.115962	0.000000
54.02	03440	MAMMOGRAPHY	556	10,820,725	10,821,281	0.234289	0.000000
56.00	05600	RADIOISOTOPE	3,021,698	20,213,263	23,234,961	0.117934	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,426,565	27,795,956	34,222,521	0.057932	0.000000
59.00	05900	CARDIAC CATHETERIZATION	27,080,285	44,120,951	71,201,236	0.161822	0.000000
60.00	06000	LABORATORY	43,971,260	63,009,283	106,980,543	0.131929	0.000000
64.00	06400	INTRAVENOUS THERAPY	55,871	13,250,687	13,306,558	0.202277	0.000000
65.00	06500	RESPIRATORY THERAPY	11,276,639	1,721,544	12,998,183	0.225014	0.000000
66.00	06600	PHYSICAL THERAPY	7,578,037	15,415,295	22,993,332	0.281207	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,769,825	47,261,550	62,031,375	0.237632	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	677,244	681,815	1,359,059	0.245575	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,560,787	28,467,848	67,028,635	0.238320	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,957,657	14,692,059	40,649,716	0.461042	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	40,865,225	111,126,114	151,991,339	0.283126	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,581,470	1,581,470		88.00
91.00	09100	EMERGENCY	11,826,711	40,839,269	52,665,980	0.184466	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,478,795	9,239,638	10,718,433	0.540378	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	461,527,125	694,368,731	1,155,895,856		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	461,527,125	694,368,731	1,155,895,856		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet C
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.144322			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.151855			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.351560			52.00
53.00	05300	ANESTHESIOLOGY	0.091963			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068699			54.00
54.01	03480	ONCOLOGY	0.117045			54.01
54.02	03440	MAMMOGRAPHY	0.234289			54.02
56.00	05600	RADIOISOTOPE	0.117934			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057932			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162825			59.00
60.00	06000	LABORATORY	0.132236			60.00
64.00	06400	INTRAVENOUS THERAPY	0.202277			64.00
65.00	06500	RESPIRATORY THERAPY	0.225210			65.00
66.00	06600	PHYSICAL THERAPY	0.281207			66.00
69.00	06900	ELECTROCARDIOLOGY	0.237632			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245575			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.238320			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461042			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283126			73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
91.00	09100	EMERGENCY	0.184551			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.540378			92.00
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: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet C
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,546,393		41,546,393	807	41,547,200	30.00
31.00	03100	INTENSIVE CARE UNIT	10,874,167		10,874,167	70	10,874,237	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,081,904		2,081,904	0	2,081,904	35.00
43.00	04300	NURSERY	294,473		294,473	0	294,473	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,527,438		25,527,438	7,469	25,534,907	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,938,826		1,938,826	0	1,938,826	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,302,419		8,302,419	17,901	8,320,320	52.00
53.00	05300	ANESTHESIOLOGY	2,546,303		2,546,303	0	2,546,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,645,477		8,645,477	0	8,645,477	54.00
54.01	03480	ONCOLOGY	5,767,390		5,767,390	53,861	5,821,251	54.01
54.02	03440	MAMMOGRAPHY	2,535,304		2,535,304	0	2,535,304	54.02
56.00	05600	RADIOISOTOPE	2,740,185		2,740,185	0	2,740,185	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,982,588		1,982,588	0	1,982,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,521,956		11,521,956	71,367	11,593,323	59.00
60.00	06000	LABORATORY	14,113,871		14,113,871	32,841	14,146,712	60.00
64.00	06400	INTRAVENOUS THERAPY	2,691,614		2,691,614	0	2,691,614	64.00
65.00	06500	RESPIRATORY THERAPY	2,924,778	0	2,924,778	2,540	2,927,318	65.00
66.00	06600	PHYSICAL THERAPY	6,465,896	0	6,465,896	0	6,465,896	66.00
69.00	06900	ELECTROCARDIOLOGY	14,740,650		14,740,650	0	14,740,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,751		333,751	0	333,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,974,251		15,974,251	0	15,974,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,741,232		18,741,232	0	18,741,232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,032,708		43,032,708	0	43,032,708	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,429,775		2,429,775	0	2,429,775	88.00
91.00	09100	EMERGENCY	9,715,090		9,715,090	4,491	9,719,581	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,792,009		5,792,009		5,792,009	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	263,260,448	0	263,260,448	191,347	263,451,795	200.00
201.00		Less Observation Beds	5,792,009		5,792,009		5,792,009	201.00
202.00		Total (see instructions)	257,468,439	0	257,468,439	191,347	257,659,786	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet C
Part I
Date/Time Prepared:
9/23/2020 3:53 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,262,134		40,262,134			30.00
31.00	03100	INTENSIVE CARE UNIT	9,155,973		9,155,973			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,872,791		3,872,791			35.00
43.00	04300	NURSERY	2,186,080		2,186,080			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,666,103	82,264,364	176,930,467	0.144279	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,030,778	6,736,796	12,767,574	0.151855	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,045,030	2,621,814	23,666,844	0.350804	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,620,838	13,067,380	27,688,218	0.091963	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,895,816	89,950,297	125,846,113	0.068699	0.000000	54.00
54.01	03480	ONCOLOGY	244,427	49,490,613	49,735,040	0.115962	0.000000	54.01
54.02	03440	MAMMOGRAPHY	556	10,820,725	10,821,281	0.234289	0.000000	54.02
56.00	05600	RADIOISOTOPE	3,021,698	20,213,263	23,234,961	0.117934	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,426,565	27,795,956	34,222,521	0.057932	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,080,285	44,120,951	71,201,236	0.161822	0.000000	59.00
60.00	06000	LABORATORY	43,971,260	63,009,283	106,980,543	0.131929	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	55,871	13,250,687	13,306,558	0.202277	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,276,639	1,721,544	12,998,183	0.225014	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,578,037	15,415,295	22,993,332	0.281207	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	14,769,825	47,261,550	62,031,375	0.237632	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	677,244	681,815	1,359,059	0.245575	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,560,787	28,467,848	67,028,635	0.238320	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,957,657	14,692,059	40,649,716	0.461042	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,865,225	111,126,114	151,991,339	0.283126	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	1,581,470	1,581,470	1.536403	0.000000	88.00
91.00	09100	EMERGENCY	11,826,711	40,839,269	52,665,980	0.184466	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,478,795	9,239,638	10,718,433	0.540378	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	461,527,125	694,368,731	1,155,895,856			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	461,527,125	694,368,731	1,155,895,856			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet C
Part I
Date/Time Prepared:
9/23/2020 3:53 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03480	ONCOLOGY	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
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: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet D Part I Date/Time Prepared: 9/23/2020 3:53 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	3,729,671	0	3,729,671	33,585	111.05	30.00
31.00	INTENSIVE CARE UNIT	1,028,878		1,028,878	5,422	189.76	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	250,673		250,673	1,326	189.04	35.00
43.00	NURSERY	35,094		35,094	3,714	9.45	43.00
200.00	Total (lines 30 through 199)	5,044,316		5,044,316	44,047		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	13,142	1,459,419				
31.00	INTENSIVE CARE UNIT	2,626	498,310				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,768	1,957,729				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet D
Part II
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	6,221,128	176,930,467	0.035161	53,019,738	1,864,227	50.00
50.01	05001	SAME DAY SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	208,765	12,767,574	0.016351	2,938,542	48,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	665,586	23,666,844	0.028123	21,000	591	52.00
53.00	05300	ANESTHESIOLOGY	108,792	27,688,218	0.003929	6,097,926	23,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,135,755	125,846,113	0.009025	15,867,608	143,205	54.00
54.01	03480	ONCOLOGY	1,900,237	49,735,040	0.038207	51,382	1,963	54.01
54.02	03440	MAMMOGRAPHY	473,288	10,821,281	0.043737	0	0	54.02
56.00	05600	RADIOISOTOPE	104,651	23,234,961	0.004504	1,747,948	7,873	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	574,767	34,222,521	0.016795	2,896,214	48,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,362,777	71,201,236	0.033184	6,603,599	219,134	59.00
60.00	06000	LABORATORY	1,000,180	106,980,543	0.009349	20,041,545	187,368	60.00
64.00	06400	INTRAVENOUS THERAPY	224,971	13,306,558	0.016907	39,428	667	64.00
65.00	06500	RESPIRATORY THERAPY	221,028	12,998,183	0.017005	5,578,527	94,863	65.00
66.00	06600	PHYSICAL THERAPY	164,563	22,993,332	0.007157	4,278,342	30,620	66.00
69.00	06900	ELECTROCARDIOLOGY	1,296,436	62,031,375	0.020900	7,747,924	161,932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,566	1,359,059	0.021755	263,327	5,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	186,216	67,028,635	0.002778	19,650,328	54,589	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	215,287	40,649,716	0.005296	14,176,105	75,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	691,681	151,991,339	0.004551	18,641,668	84,838	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	38,445	1,581,470	0.024310	0	0	88.00
91.00	09100	EMERGENCY	934,806	52,665,980	0.017750	5,342,931	94,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	519,943	10,718,433	0.048509	955,271	46,339	92.00
200.00		Total (lines 50 through 199)	19,278,868	1,100,418,878		185,959,353	3,194,501	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0164		Period: From 04/01/2019 To 03/31/2020		Worksheet D Part III Date/Time Prepared: 9/23/2020 3:53 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0	0	0	0	0	35.00
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	33,585	0.00	13,142	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	5,422	0.00	2,626	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0	1,326	0.00	0	35.00	
43.00	04300	NURSERY		0	0	3,714	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	0	44,047		15,768	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0					30.00
31.00	03100	INTENSIVE CARE UNIT		0	0					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0					35.00
43.00	04300	NURSERY		0	0					43.00
200.00		Total (lines 30 through 199)		0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet D
Part IV
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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 PATIENTS	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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet D
Part IV
Date/Time Prepared:
9/23/2020 3:53 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	176,930,467	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	12,767,574	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,666,844	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,688,218	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	125,846,113	0.000000	54.00
54.01	03480	ONCOLOGY	0	0	0	49,735,040	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	10,821,281	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	23,234,961	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	34,222,521	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	71,201,236	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	106,980,543	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	13,306,558	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,998,183	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,993,332	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,031,375	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,359,059	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	67,028,635	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,649,716	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	151,991,339	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	1,581,470	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	52,665,980	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,718,433	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,100,418,878		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet D
Part IV
Date/Time Prepared:
9/23/2020 3:53 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	53,019,738	0	32,366,477	0 50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0.000000	2,938,542	0	5,608,630	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	21,000	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,097,926	0	3,774,261	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,867,608	0	26,380,169	0 54.00
54.01	03480	ONCOLOGY	0.000000	51,382	0	21,749,071	0 54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	89	0 54.02
56.00	05600	RADIOISOTOPE	0.000000	1,747,948	0	15,191,751	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,896,214	0	8,190,629	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,603,599	0	14,640,441	0 59.00
60.00	06000	LABORATORY	0.000000	20,041,545	0	14,935,815	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	39,428	0	6,402,205	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,578,527	0	727,965	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,278,342	0	65,867	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,747,924	0	9,058,545	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	263,327	0	170,348	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	19,650,328	0	10,518,095	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	14,176,105	0	7,157,042	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	18,641,668	0	52,151,701	0 73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
91.00	09100	EMERGENCY	0.000000	5,342,931	0	8,624,626	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	955,271	0	2,996,950	0 92.00
200.00		Total (lines 50 through 199)		185,959,353	0	240,710,677	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0164		Period: From 04/01/2019 To 03/31/2020	Worksheet D Part IV Date/Time Prepared: 9/23/2020 3:53 pm
			Title XVIII		Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
50.01	05001	SAME DAY SURGERY	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03480	ONCOLOGY	0	0	54.01	
54.02	03440	MAMMOGRAPHY	0	0	54.02	
56.00	05600	RADIOISOTOPE	0	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0164		Period: From 04/01/2019 To 03/31/2020		Worksheet D Part V Date/Time Prepared: 9/23/2020 3:53 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		0.144279	32,366,477	0	0	4,669,803	50.00
50.01	05001	SAME DAY SURGERY		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.151855	5,608,630	0	0	851,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.350804	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.091963	3,774,261	0	0	347,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.068699	26,380,169	0	0	1,812,291	54.00
54.01	03480	ONCOLOGY		0.115962	21,749,071	0	0	2,522,066	54.01
54.02	03440	MAMMOGRAPHY		0.234289	89	0	0	21	54.02
56.00	05600	RADIOISOTOPE		0.117934	15,191,751	0	0	1,791,624	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.057932	8,190,629	0	0	474,500	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.161822	14,640,441	0	0	2,369,145	59.00
60.00	06000	LABORATORY		0.131929	14,935,815	0	0	1,970,467	60.00
64.00	06400	INTRAVENOUS THERAPY		0.202277	6,402,205	0	0	1,295,019	64.00
65.00	06500	RESPIRATORY THERAPY		0.225014	727,965	0	0	163,802	65.00
66.00	06600	PHYSICAL THERAPY		0.281207	65,867	0	0	18,522	66.00
69.00	06900	ELECTROCARDIOLOGY		0.237632	9,058,545	0	0	2,152,600	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.245575	170,348	0	0	41,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.238320	10,518,095	0	0	2,506,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.461042	7,157,042	0	0	3,299,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.283126	52,151,701	0	53,446	14,765,502	73.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000				0	88.00
91.00	09100	EMERGENCY		0.184466	8,624,626	0	0	1,590,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.540378	2,996,950	0	0	1,619,486	92.00
200.00		Subtotal (see instructions)			240,710,677	0	53,446	44,262,791	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			240,710,677	0	53,446	44,262,791	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet D
Part V
Date/Time Prepared:
9/23/2020 3:53 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	05001	SAME DAY SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03480	ONCOLOGY	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,132		73.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	15,132		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	15,132		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet D-1 Date/Time Prepared: 9/23/2020 3:53 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)			33,585	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			33,585	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)			28,903	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)			13,142	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)			41,547,200	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)			41,547,200	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)			41,547,200	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)			1,237.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			16,257,705	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)			16,257,705	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet D-1

Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	10,874,237	5,422	2,005.58	2,626	5,266,653		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,081,904	1,326	1,570.06	0	0		47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,234,061		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,758,419		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,957,729		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,194,501		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,152,230		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,606,189		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)					4,682		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,237.08		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,792,009		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet D-1

Date/Time Prepared:
9/23/2020 3:53 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	3,729,671	41,547,200	0.089769	5,792,009	519,943	90.00
91.00	Nursing School cost	0	41,547,200	0.000000	5,792,009	0	91.00
92.00	Allied health cost	0	41,547,200	0.000000	5,792,009	0	92.00
93.00	All other Medical Education	0	41,547,200	0.000000	5,792,009	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet D-3 Date/Time Prepared: 9/23/2020 3:53 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		15,588,139		30.00
31.00	03100	INTENSIVE CARE UNIT		4,074,973		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.144322	53,019,738	7,651,915	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.151855	2,938,542	446,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.351560	21,000	7,383	52.00
53.00	05300	ANESTHESIOLOGY	0.091963	6,097,926	560,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068699	15,867,608	1,090,089	54.00
54.01	03480	ONCOLOGY	0.117045	51,382	6,014	54.01
54.02	03440	MAMMOGRAPHY	0.234289	0	0	54.02
56.00	05600	RADIOISOTOPE	0.117934	1,747,948	206,142	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057932	2,896,214	167,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162825	6,603,599	1,075,231	59.00
60.00	06000	LABORATORY	0.132236	20,041,545	2,650,214	60.00
64.00	06400	INTRAVENOUS THERAPY	0.202277	39,428	7,975	64.00
65.00	06500	RESPIRATORY THERAPY	0.225210	5,578,527	1,256,340	65.00
66.00	06600	PHYSICAL THERAPY	0.281207	4,278,342	1,203,100	66.00
69.00	06900	ELECTROCARDIOLOGY	0.237632	7,747,924	1,841,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245575	263,327	64,667	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.238320	19,650,328	4,683,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461042	14,176,105	6,535,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283126	18,641,668	5,277,941	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.184551	5,342,931	986,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.540378	955,271	516,207	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		185,959,353	36,234,061	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		185,959,353		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet E Part A Date/Time Prepared: 9/23/2020 3:53 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)			18,330,459	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			18,449,248	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)			1,000,003	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			857,315	2.04
3.00	Managed Care Simulated Payments			7,268,065	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			161.87	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)			5.17	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)			5.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			16.48	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)			5.17	12.00
13.00	Total allowable FTE count for the prior year.			5.17	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.			5.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.			5.17	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			5.17	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.031939	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.031663	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.031663	21.00
22.00	IME payment adjustment (see instructions)			630,846	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			124,662	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) .			7.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			11.31	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)			7.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.043245	26.00
27.00	IME payments adjustment factor. (see instructions)			0.011414	27.00
28.00	IME add-on adjustment amount (see instructions)			419,804	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			82,958	28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,050,650	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			207,620	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)			29.73	31.00
32.00	Sum of lines 30 and 31			35.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)			18.21	33.00
34.00	Disproportionate share adjustment (see instructions)			1,674,396	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet E Part A Date/Time Prepared: 9/23/2020 3:53 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,029,275	1,701,013		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,017,418	850,507		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,867,925			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)	43,229,996			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)		43,437,616		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,476,257		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).		399,914		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,313,787		59.00
60.00	Primary payer payments		5,467		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,308,320		61.00
62.00	Deductibles billed to program beneficiaries		3,629,868		62.00
63.00	Coinsurance billed to program beneficiaries		71,808		63.00
64.00	Allowable bad debts (see instructions)		1,327,305		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		862,748		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,075,368		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,469,392		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)		-15,775		70.93
70.94	HRR adjustment amount (see instructions)		-533,176		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet E
Part A
Date/Time Prepared:
9/23/2020 3:53 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		43,920,441		71.00
71.01	Sequestration adjustment (see instructions)		878,409		71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments		42,479,683		72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		562,349		74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		370,819		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet DSH

Date/Time Prepared:
9/23/2020 3:53 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.42	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	29.73	0.00			29.73	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	35.15	0.00			29.73	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	161.87	0.00			161.87	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	18.21	0.00			13.74	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.42	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	2,229	0			2,229	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	474	0			474	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	8,558	0			8,558	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,061	0			1,061	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	12,322	0			12,322	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	39,365	0			39,365	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,085	0			2,085	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	41,450	0			41,450	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	29.73	0.00			29.73	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 14-0164		Period: From 04/01/2019 To 03/31/2020		Worksheet DSH Date/Time Prepared: 9/23/2020 3:53 pm	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	18.21			0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00			0.00	False	29.00
30.00	Line 28 or 29 as applicable		18.21			0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		18.21			0.00		31.00
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False					False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True					True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False					False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False					False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban					Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet DSH

Date/Time Prepared:
9/23/2020 3:53 pm

Title XVIII

Hospital

PPS

		Revised	
		Percentage	
		6.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	13.74	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	13.74	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	13.74	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet E Part B Date/Time Prepared: 9/23/2020 3:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,132	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,262,791	2.00
3.00	OPPS payments		39,426,035	3.00
4.00	Outlier payment (see instructions)		418,000	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.872	5.00
6.00	Line 2 times line 5		38,597,154	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,132	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		53,446	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)		53,446	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)		53,446	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		38,314	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)		15,132	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)		39,844,035	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)		7,235,271	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)		32,623,896	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		308,460	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)		32,932,356	30.00
31.00	Primary payer payments		148	31.00
32.00	Subtotal (line 30 minus line 31)		32,932,208	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)		1,617,182	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,051,168	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,251,533	36.00
37.00	Subtotal (see instructions)		33,983,376	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		33,983,376	40.00
40.01	Sequestration adjustment (see instructions)		679,668	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		33,153,686	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		150,022	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet E Part B Date/Time Prepared: 9/23/2020 3:53 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet E-1
Part I
Date/Time Prepared:
9/23/2020 3:53 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		42,479,683		33,153,686	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,479,683		33,153,686	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		562,349		150,022	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		43,042,032		33,303,708	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: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet E-1
Part II
Date/Time Prepared:
9/23/2020 3:53 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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164		Period: From 04/01/2019 To 03/31/2020		Worksheet E-4 Date/Time Prepared: 9/23/2020 3:53 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					15.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					15.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					16.48	6.00
7.00	Enter the lesser of line 5 or line 6					15.80	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	16.48	0.00	16.48		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	15.80	0.00	15.80		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	15.80	0.00			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.79	0.00			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	15.66	0.00			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	15.75	0.00			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	15.75	0.00			17.00	
18.00	Per resident amount	89,624.55	0.00			18.00	
19.00	Approved amount for resident costs	1,411,587	0	1,411,587		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.68		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			1,411,587		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	15,801	2,534	838			26.00
27.00	Total Inpatient Days (see instructions)	37,736	37,736	37,736			27.00
28.00	Ratio of inpatient days to total inpatient days	0.418725	0.067151	0.022207			28.00
29.00	Program direct GME amount	591,067	94,789	31,347	717,203		29.00
29.01	Percent reduction for MA DGME		7.00	7.00			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		6,635	2,194	8,829		30.00
31.00	Net Program direct GME amount				708,374		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet E-4 Date/Time Prepared: 9/23/2020 3:53 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			57,758,419	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			5,467	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			57,752,952	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			44,546,217	42.00
43.00	Primary payer payments (see instructions)			421	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44,545,796	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			102,298,748	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.564552	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.435448	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			708,374	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			399,914	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			308,460	50.00

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

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet G

Date/Time Prepared:
9/23/2020 3:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,599,830	0	20,525	0	1.00
2.00	Temporary investments	149,322	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	208,201,340	0	0	0	4.00
5.00	Other receivable	819,251	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-156,702,537	0	0	0	6.00
7.00	Inventory	11,043,122	0	0	0	7.00
8.00	Prepaid expenses	935,897	0	0	0	8.00
9.00	Other current assets	0	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)	73,046,225	0	20,525	0	11.00
FIXED ASSETS						
12.00	Land	10,601,438	0	0	0	12.00
13.00	Land improvements	7,838,668	0	0	0	13.00
14.00	Accumulated depreciation	-3,778,241	0	0	0	14.00
15.00	Buildings	202,431,582	0	0	0	15.00
16.00	Accumulated depreciation	-97,373,811	0	0	0	16.00
17.00	Leasehold improvements	168,640	0	0	0	17.00
18.00	Accumulated depreciation	-141,535	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	603,124	0	0	0	21.00
22.00	Accumulated depreciation	-497,697	0	0	0	22.00
23.00	Major movable equipment	86,477,345	0	0	0	23.00
24.00	Accumulated depreciation	-57,087,628	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	6,698,406	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	155,940,291	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,490,348	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	96,571	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,586,919	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	235,573,435	0	20,525	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,919,770	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,551,165	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,214,390	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	8,750,690	0	0	0	43.00
44.00	Other current liabilities	2,756,079	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,192,094	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	142,673,994	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	12,376,723	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	155,050,717	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	188,242,811	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	47,330,624	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	20,525	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	47,330,624	0	20,525	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	235,573,435	0	20,525	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet G-1

Date/Time Prepared:
9/23/2020 3:53 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		48,736,643		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,406,019				2.00
3.00	Total (sum of line 1 and line 2)		47,330,624		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	GRANT	0		0		609,002	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		47,330,624		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	RESTRICTED GRANT TRANSACTIONS	0		0		596,782	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		47,330,624		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	8,305		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)	8,305		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	GRANT		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)	609,002		0			10.00
11.00	Subtotal (line 3 plus line 10)	617,307		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00	RESTRICTED GRANT TRANSACTIONS		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)	596,782		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	20,525		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
9/23/2020 3:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,660,342		53,660,342	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)	53,660,342		53,660,342	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,155,973		9,155,973	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	3,872,791		3,872,791	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,028,764		13,028,764	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	66,689,106		66,689,106	17.00
18.00	Ancillary services	404,571,351	703,680,104	1,108,251,455	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	1,581,470	1,581,470	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	471,260,457	705,261,574	1,176,522,031	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		264,157,412		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)		264,157,412		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2019
To 03/31/2020

Worksheet G-3

Date/Time Prepared:
9/23/2020 3:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,176,522,031	1.00
2.00	Less contractual allowances and discounts on patients' accounts	844,355,284	2.00
3.00	Net patient revenues (line 1 minus line 2)	332,166,747	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	264,157,412	4.00
5.00	Net income from service to patients (line 3 minus line 4)	68,009,335	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	108,235	6.00
7.00	Income from investments	-2,572,099	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	45,728	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,308,402	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	414	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	53,623	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	13,239	21.00
22.00	Rental of hospital space	2,455,612	22.00
23.00	Governmental appropriations	469,133	23.00
24.00	MISCELLANEOUS, DEPARTMENTAL	7,156	24.00
25.00	Total other income (sum of lines 6-24)	1,889,443	25.00
26.00	Total (line 5 plus line 25)	69,898,778	26.00
27.00	CORP ALLOC, LOSS ON EQUIP, CONTR	71,304,797	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	71,304,797	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,406,019	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet L Parts I-III Date/Time Prepared: 9/23/2020 3:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,919,377	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		242,463	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)		103.10	3.00
4.00	Number of interns & residents (see instructions)		12.17	4.00
5.00	Indirect medical education percentage (see instructions)		3.39	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)		98,967	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.73	8.00
9.00	Sum of lines 7 and 8		35.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.38	10.00
11.00	Disproportionate share adjustment (see instructions)		215,450	11.00
12.00	Total prospective capital payments (see instructions)		3,476,257	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2019
To 03/31/2020Date/Time Prepared:
9/23/2020 3:53 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	0	0	0	0
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	132,994	0	132,994	0	132,994
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	132,994	0	132,994	0	132,994
11.00	Physician Services Under Agreement	528,272	0	528,272	0	528,272
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	250,814	0	250,814	0	250,814
14.00	Subtotal (sum of lines 11 through 13)	779,086	0	779,086	0	779,086
15.00	Medical Supplies	0	103,762	103,762	-18,416	85,346
16.00	Transportation (Health Care Staff)	0	5,271	5,271	0	5,271
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	109,033	109,033	-18,416	90,617
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	912,080	109,033	1,021,113	-18,416	1,002,697
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
FACILITY OVERHEAD						
29.00	Facility Costs	0	183,480	183,480	0	183,480
30.00	Administrative Costs	327,961	39,749	367,710	0	367,710
31.00	Total Facility Overhead (sum of lines 29 and 30)	327,961	223,229	551,190	0	551,190
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,240,041	332,262	1,572,303	-18,416	1,553,887

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2019

To 03/31/2020

Date/Time Prepared:
9/23/2020 3:53 pm

RHC I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	0	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	132,994	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	132,994	10.00
11.00	Physician Services Under Agreement	0	528,272	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	250,814	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	779,086	14.00
15.00	Medical Supplies	0	85,346	15.00
16.00	Transportation (Health Care Staff)	0	5,271	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	90,617	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,002,697	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	183,480	29.00
30.00	Administrative Costs	-1,345	366,365	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,345	549,845	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-1,345	1,552,542	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0164

Period:

Worksheet M-2

Component CCN: 14-3454

From 04/01/2019
To 03/31/2020Date/Time Prepared:
9/23/2020 3:53 pm

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.00	0		0	0	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.00	0			0	8.00
9.00	Physician Services Under Agreements		11,300			11,300	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,002,697	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,002,697	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					549,845	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					877,233	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,427,078	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,427,078	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,427,078	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					2,429,775	20.00

Health Financial Systems		MEMORIAL HOSPITAL OF CARBONDALE		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0164	Period: From 04/01/2019 To 03/31/2020	Worksheet M-3	
		Component CCN: 14-3454		Date/Time Prepared: 9/23/2020 3:53 pm	
		Title XVIII	RHC I	Cost	
				1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			2,429,775	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			61,259	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			2,368,516	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			0	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			11,300	5.00
6.00	Total adjusted visits (line 4 plus line 5)			11,300	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			209.60	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		84.70	86.31	8.00
9.00	Rate for Program covered visits (see instructions)		84.70	86.31	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		2,493	662	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		211,157	57,137	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	268,294	16.00
16.01	Total program charges (see instructions)(from contractor's records)			389,721	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			2,697	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			1,857	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			178,330	16.04
16.05	Total program cost (see instructions)		0	180,187	16.05
17.00	Primary payer amounts			273	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			43,524	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			69,239	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			179,914	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			28,414	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			208,328	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			208,328	26.00
26.01	Sequestration adjustment (see instructions)			4,167	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			174,053	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			30,108	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2019 To 03/31/2020	Worksheet M-4 Date/Time Prepared: 9/23/2020 3:53 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		132,994	132,994	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.003221	0.015279	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		428	2,032	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		15,216	7,604	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		15,644	9,636	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,002,697	1,002,697	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,427,078	1,427,078	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.015602	0.009610	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		22,265	13,714	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		37,909	23,350	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		117	555	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		324.01	42.07	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		59	221	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		19,117	9,297	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			61,259	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			28,414	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2019 To 03/31/2020	Worksheet M-5 Date/Time Prepared: 9/23/2020 3:53 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		174,053	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		174,053	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			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		30,108	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		204,161	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00