

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: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/28/2020 10:35 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINTS MARY & ELIZABETH MED (14-0180) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ERIC ZORNOW
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,501,096	201,195	0	0	1.00
2.00	Subprovider - IPF	0	69,464	5		0	2.00
3.00	Subprovider - IRF	0	-6,767	7		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	40,618	-175		0	7.00
200.00	Total	0	1,604,411	201,032	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: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:35 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2233 WEST DIVISION STREET			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60622		County: COOK 2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)
								V	XVIII
								XIX	
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE SAINTS MARY & ELIZABETH MED	140180	16974	1	07/01/1966	N P O 3.00
4.00	Subprovider - IPF			PRESENCE ST MARY AND ELIZABETH PSYCH	14S180	16974	4	01/01/2018	N P O 4.00
5.00	Subprovider - IRF			ST. MARY OF NAZARETH REHAB UNIT	14T180	16974	5	01/01/1984	N P O 5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF			ST. ELIZABETH'S SNF	145541	16974		01/28/1986	N P N 9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
								From:	To:
								1.00	2.00
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019		06/30/2020 20.00
21.00	Type of Control (see instructions)						1		21.00
								1.00	2.00 3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N 22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y 22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N 22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N N 22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N 23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2020 10:35 am

MCRIF32 - 16.4.169.5

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:35 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	8.86	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)	INTERNAL MEDICINE/FAMILY PRACTICE		0.00	47.61	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:35 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	7,142,428	0			0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

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		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149013		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ALEXIAN BROTHERS HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 05901		141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 10:35 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 10:35 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 10:35 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3718	PATRICK.GILLILAND@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 10:35 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	344	121,134	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)		344	121,134	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,516	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		370	130,650	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,490		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	30	10,980		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		429			0	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)		8	2,928			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: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,495	10,286	72,179			1.00
2.00	HMO and other (see instructions)	8,925	29,932				2.00
3.00	HMO IPF Subprovider	463	67				3.00
4.00	HMO IRF Subprovider	461	977				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)	15,495	10,286	72,179			7.00
8.00	INTENSIVE CARE UNIT	1,086	736	5,234			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		764	2,479			13.00
14.00	Total (see instructions)	16,581	11,786	79,892	56.47	1,094.38	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,268	181	3,784	0.00	20.33	16.00
17.00	SUBPROVIDER - IRF	1,511	120	3,699	0.00	14.86	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	2,642	87	4,839	0.00	25.10	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)			112			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				56.47	1,154.67	27.00
28.00	Observation Bed Days		712	3,126			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	351	477			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			27			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: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,725	2,274	15,251	1.00
2.00 HMO and other (see instructions)			1,517	339		2.00
3.00 HMO IPF Subprovider				2		3.00
4.00 HMO IRF Subprovider				5		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,725	2,274	15,251	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	150	22	418	16.00
17.00 SUBPROVIDER - IRF	0.00	0	124	13	326	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 10:35 am

		Wkst. A Line Number	Amount Reported	Reclassification 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	90,420,274	0	90,420,274	2,401,721.35	37.65	1.00	
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00	
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00	
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00	
4.01	Physicians - Part A - Teaching		806,509	0	806,509	8,793.00	91.72	4.01	
5.00	Physician and Non Physician-Part B		1,148,743	0	1,148,743	8,885.00	129.29	5.00	
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00	
7.00	Interns & residents (in an approved program)	21.00	0	2,400,392	2,400,392	84,344.00	28.46	7.00	
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01	
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00	
9.00	SNF	44.00	1,811,823	0	1,811,823	52,211.00	34.70	9.00	
10.00	Excluded area salaries (see instructions)		3,175,218	0	3,175,218	84,348.00	37.64	10.00	
	OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		6,945,146	0	6,945,146	199,791.00	34.76	11.00	
12.00	Contract labor: Top level management and other management and administrative services		3,779,490	0	3,779,490	95,751.00	39.47	12.00	
13.00	Contract labor: Physician-Part A - Administrative		30,688	0	30,688	120.00	255.73	13.00	
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00	
14.01	Home office salaries		14,470,560	0	14,470,560	305,758.00	47.33	14.01	
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02	
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00	
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00	
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01	
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02	
	WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		17,744,531	0	17,744,531			17.00	
18.00	Wage-related costs (other) (see instructions)							18.00	
19.00	Excluded areas		1,147,749	0	1,147,749			19.00	
20.00	Non-physician anesthetist Part A		0	0	0			20.00	
21.00	Non-physician anesthetist Part B		0	0	0			21.00	
22.00	Physician Part A - Administrative		0	0	0			22.00	
22.01	Physician Part A - Teaching		160,097	0	160,097			22.01	
23.00	Physician Part B		186,170	0	186,170			23.00	
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00	
25.00	Interns & residents (in an approved program)		846,447	0	846,447			25.00	
25.50	Home office wage-related (core)		2,473,951	0	2,473,951			25.50	
25.51	Related organization wage-related (core)		0	0	0			25.51	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 10:35 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	516,494	0	516,494	15,180.89	34.02	26.00
27.00	Administrative & General	5.00	6,790,133	0	6,790,133	208,137.79	32.62	27.00
28.00	Administrative & General under contract (see inst.)		727,565	0	727,565	5,024.00	144.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	317	0	317	15.00	21.13	30.00
31.00	Laundry & Linen Service	8.00	46,697	0	46,697	2,960.32	15.77	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,978,530	0	2,978,530	122,227.00	24.37	33.00
34.00	Dietary	10.00	267,318	-153,182	114,136	2,033.23	56.14	34.00
35.00	Dietary under contract (see instructions)		3,853,955	-2,208,437	1,645,518	60,582.00	27.16	35.00
36.00	Cafeteria	11.00	0	153,182	153,182	2,728.78	56.14	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,887,305	0	1,887,305	35,986.15	52.45	38.00
39.00	Central Services and Supply	14.00	472,963	0	472,963	22,619.34	20.91	39.00
40.00	Pharmacy	15.00	3,582,414	0	3,582,414	81,794.14	43.80	40.00
41.00	Medical Records & Medical Records Library	16.00	417,581	0	417,581	11,908.37	35.07	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: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/28/2020 10:35 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	96,025,072	-4,608,829	91,416,243	2,487,532.35	36.75	1.00
2.00	Excluded area salaries (see instructions)	4,987,041	0	4,987,041	136,559.00	36.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,038,031	-4,608,829	86,429,202	2,350,973.35	36.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,225,884	0	25,225,884	601,420.00	41.94	4.00
5.00	Subtotal wage-related costs (see inst.)	20,218,482	0	20,218,482	0.00	23.39	5.00
6.00	Total (sum of lines 3 thru 5)	136,482,397	-4,608,829	131,873,568	2,952,393.35	44.67	6.00
7.00	Total overhead cost (see instructions)	21,541,272	-2,208,437	19,332,835	571,197.01	33.85	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/28/2020 10:35 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,724,411	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,223,601	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,525,154	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	17,726	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-20,098	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)	245,167	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,539,503	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,610,155	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	128,711	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	90,664	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,084,994	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,945,146	20,084,994	1.00
2.00	Hospital	6,945,146	17,744,531	2.00
3.00	Subprovider - IPF	0	342,481	3.00
4.00	Subprovider - IRF	0	245,134	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	431,885	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,320,963	18.00

Health Financial Systems		PRESENCE SAINTS MARY & ELIZABETH MED		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/28/2020 10:35 am	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.209068	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			123,164,717	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			487,614,718	6.00
7.00	Medicaid cost (line 1 times line 6)			101,944,634	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)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	47,439,995	2,763,801	50,203,796	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,918,185	2,763,801	12,681,986	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,918,185	2,763,801	12,681,986	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)			9,976,974	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,183,044	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,358,530	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,618,444	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,559,191	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			15,241,177	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,241,177	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:

11/28/2020 10:35 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,015,207	11,015,207	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	12,324,658	12,324,658	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	516,494	13,539,080	14,055,574	-343	14,055,231	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,790,133	106,878,383	113,668,516	-13,858,183	99,810,333	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	317	6,064,505	6,064,822	-480,588	5,584,234	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,697	1,009,439	1,056,136	0	1,056,136	8.00
9.00	00900	HOUSEKEEPING	0	4,104,408	4,104,408	-224	4,104,184	9.00
10.00	01000	DIETARY	267,318	6,683,862	6,951,180	-3,973,861	2,977,319	10.00
11.00	01100	CAFETERIA	0	-404	-404	4,015,566	4,015,162	11.00
13.00	01300	NURSING ADMINISTRATION	1,887,305	2,079,949	3,967,254	-277,928	3,689,326	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	472,963	1,263,753	1,736,716	-576,520	1,160,196	14.00
15.00	01500	PHARMACY	3,582,414	9,389,147	12,971,561	-8,593,296	4,378,265	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	417,581	376,176	793,757	-68,157	725,600	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,400,392	2,400,392	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,718,788	1,342,048	6,060,836	-2,400,392	3,660,444	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	132,092	16,491	148,583	0	148,583	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,802,054	13,085,348	40,887,402	-1,462,377	39,425,025	30.00
31.00	03100	INTENSIVE CARE UNIT	4,795,924	1,755,324	6,551,248	-696,459	5,854,789	31.00
40.00	04000	SUBPROVIDER - IPF	1,560,593	179,613	1,740,206	-19,510	1,720,696	40.00
41.00	04100	SUBPROVIDER - IRF	1,117,168	128,474	1,245,642	-15,180	1,230,462	41.00
43.00	04300	NURSERY	766,822	489,054	1,255,876	-62,456	1,193,420	43.00
44.00	04400	SKILLED NURSING FACILITY	1,811,823	325,394	2,137,217	-77,375	2,059,842	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,974,800	13,081,853	19,056,653	-10,165,593	8,891,060	50.00
51.00	05100	RECOVERY ROOM	801,753	94,766	896,519	-32,524	863,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,943,806	749,380	4,693,186	-419,229	4,273,957	52.00
53.00	05300	ANESTHESIOLOGY	124,546	3,008,014	3,132,560	-408,279	2,724,281	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,441,925	1,650,950	5,092,875	-1,225,006	3,867,869	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,314,637	4,477,811	5,792,448	-3,695,429	2,097,019	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	258,417	606,316	864,733	-420,681	444,052	55.00
57.00	05700	CT SCAN	698,007	160,928	858,935	-101,691	757,244	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	286,681	495,259	781,940	-385,071	396,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	455,373	959,762	1,415,135	-519,352	895,783	59.00
60.00	06000	LABORATORY	432	10,081,800	10,082,232	-413,223	9,669,009	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	42,808	4,246	47,054	-475	46,579	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,235	2,235	0	2,235	63.00
65.00	06500	RESPIRATORY THERAPY	1,745,380	680,578	2,425,958	-218,612	2,207,346	65.00
66.00	06600	PHYSICAL THERAPY	2,563,231	278,723	2,841,954	-27,914	2,814,040	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,057,005	81,878	1,138,883	-3,092	1,135,791	67.00
68.00	06800	SPEECH PATHOLOGY	296,227	22,054	318,281	0	318,281	68.00
69.00	06900	ELECTROCARDIOLOGY	939,264	357,501	1,296,765	-161,917	1,134,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	462,990	-105,944	357,046	-21,235	335,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,328,545	11,328,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,680,287	4,680,287	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,686,200	15,686,200	73.00
74.00	07400	RENAL DIALYSIS	462,324	208,934	671,258	-122,463	548,795	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	949,065	3,903,798	4,852,863	-227,102	4,625,761	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	79,042	6,598	85,640	-689	84,951	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	445,409	756,916	1,202,325	-24,085	1,178,240	90.00
91.00	09100	EMERGENCY	7,025,301	3,695,534	10,720,835	-1,245,917	9,474,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,315,560	5,315,560	-5,315,560	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,054,909	219,285,494	309,340,403	3,732,867	313,073,270	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,902,224	1,902,224	0	1,902,224	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	26,334	26,334	194.00
194.01	07951	OUTPATIENT PHARMACY	365,365	6,574,319	6,939,684	-3,759,201	3,180,483	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	90,420,274	227,762,037	318,182,311	0	318,182,311	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,022,310	5,992,897	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,205,159	13,529,817	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	460,809	14,516,040	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	413,781	100,224,114	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,013,984	7,598,218	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,056,136	8.00
9.00	00900	HOUSEKEEPING	0	4,104,184	9.00
10.00	01000	DIETARY	0	2,977,319	10.00
11.00	01100	CAFETERIA	-1,020,695	2,994,467	11.00
13.00	01300	NURSING ADMINISTRATION	146,313	3,835,639	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,160,196	14.00
15.00	01500	PHARMACY	283,328	4,661,593	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-124,029	601,571	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,400,392	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,660,444	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	148,583	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,044,061	35,380,964	30.00
31.00	03100	INTENSIVE CARE UNIT	611,103	6,465,892	31.00
40.00	04000	SUBPROVIDER - IPF	-39,700	1,680,996	40.00
41.00	04100	SUBPROVIDER - IRF	-30,000	1,200,462	41.00
43.00	04300	NURSERY	-360,000	833,420	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,059,842	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-508,147	8,382,913	50.00
51.00	05100	RECOVERY ROOM	0	863,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-887,987	3,385,970	52.00
53.00	05300	ANESTHESIOLOGY	-2,530,826	193,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,032	3,864,837	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,097,019	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-16,000	428,052	55.00
57.00	05700	CT SCAN	0	757,244	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	396,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	895,783	59.00
60.00	06000	LABORATORY	208,664	9,877,673	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	46,579	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,235	63.00
65.00	06500	RESPIRATORY THERAPY	-12,521	2,194,825	65.00
66.00	06600	PHYSICAL THERAPY	0	2,814,040	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,135,791	67.00
68.00	06800	SPEECH PATHOLOGY	0	318,281	68.00
69.00	06900	ELECTROCARDIOLOGY	-101,047	1,033,801	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-350,000	-14,189	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,328,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,680,287	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,686,200	73.00
74.00	07400	RENAL DIALYSIS	0	548,795	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-111,895	4,513,866	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	-1,161	83,790	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-513,438	664,802	90.00
91.00	09100	EMERGENCY	-1,621,580	7,853,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,955,288	301,117,982	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,902,224	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	CONVENT	0	26,334	194.00
194.01	07951	OUTPATIENT PHARMACY	0	3,180,483	194.01
194.02	07952	FUND DEVELOPMENT	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	-11,955,288	306,227,023	200.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:35 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CONTRACT PHARM RCL					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,759,201		1.00
	TOTALS		0	3,759,201		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,926,999		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	75,619		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	12,002,618		
	C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,328,545		1.00
2.00	DIETARY	10.00	0	42,118		2.00
3.00	CAFETERIA	11.00	0	7,470		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	TOTALS		0	11,378,133		

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:35 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,680,287		1.00
2.00	CLINIC	90.00	0	12		2.00
3.00	OUTPATIENT ONCOLOGY	54.01	0	675		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
	TOTALS		0	4,680,974		
	E - MORTGAGE INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,315,560		1.00
	TOTALS		0	5,315,560		
	F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,699,647		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,324,658		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	18,024,305		
	G - PHONE					
1.00	OPERATION OF PLANT	7.00	0	239,901		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	239,901		
	H - CAFETERIA					
1.00	CAFETERIA	11.00	153,182	3,855,297		1.00
	TOTALS		153,182	3,855,297		
	I - INTERNS RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,400,392	0		1.00
	TOTALS		2,400,392	0		
	J - CONVENT MAINT					
1.00	CONVENT	194.00	0	26,334		1.00
	TOTALS		0	26,334		
500.00	Grand Total: Increases		2,553,574	59,282,323		500.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:35 am

	Decreases						11/28/2020 10:35 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CONTRACT PHARM RCL						
1.00	OUTPATIENT PHARMACY	194.01	0	3,759,201	0		1.00
	TOTALS		0	3,759,201			
	B - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	110	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	625	0		2.00
3.00	OPERATION OF PLANT	7.00	0	2	0		3.00
4.00	HOUSEKEEPING	9.00	0	3	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,642	0		5.00
6.00	PHARMACY	15.00	0	8,442,771	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	64,801	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	11,857	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	4,316	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	97	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	1,633	0		11.00
12.00	OPERATING ROOM	50.00	0	16,933	0		12.00
13.00	RECOVERY ROOM	51.00	0	150	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	765	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	14,063	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,860	0		16.00
17.00	OUTPATIENT ONCOLOGY	54.01	0	3,277,918	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,944	0		18.00
19.00	CT SCAN	57.00	0	4,506	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	103,652	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	8,854	0		21.00
22.00	LABORATORY	60.00	0	1,090	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	298	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	116	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	107	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	4,842	0		26.00
27.00	RENAL DIALYSIS	74.00	0	619	0		27.00
28.00	CLINIC	90.00	0	2,139	0		28.00
29.00	EMERGENCY	91.00	0	8,905	0		29.00
	TOTALS		0	12,002,618			
	C - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	233	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	372,396	0		2.00
3.00	OPERATION OF PLANT	7.00	0	210	0		3.00
4.00	HOUSEKEEPING	9.00	0	221	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	71,586	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	465,485	0		6.00
7.00	PHARMACY	15.00	0	108,445	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,211	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,316,582	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	483,868	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	65	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	9,712	0		12.00
13.00	NURSERY	43.00	0	62,456	0		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	71,653	0		14.00
15.00	OPERATING ROOM	50.00	0	5,265,482	0		15.00
16.00	RECOVERY ROOM	51.00	0	29,034	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	330,408	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	261,395	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	479,764	0		19.00
20.00	OUTPATIENT ONCOLOGY	54.01	0	170,070	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,502	0		21.00
22.00	CT SCAN	57.00	0	9,090	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	99,851	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	69,836	0		24.00
25.00	LABORATORY	60.00	0	285,845	0		25.00
26.00	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	475	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	197,770	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	12,577	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	2,985	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	28,365	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,044	0		31.00
32.00	RENAL DIALYSIS	74.00	0	99,251	0		32.00
33.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	843	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	689	0		34.00
35.00	CLINIC	90.00	0	7,138	0		35.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:35 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
36.00	EMERGENCY	91.00	0	1,047,596	0		36.00
	TOTALS		0	11,378,133			
D - IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	73	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,613	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	381	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	26,707	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	8,088	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	38	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	289	0		7.00
8.00	OPERATING ROOM	50.00	0	4,343,639	0		8.00
9.00	RECOVERY ROOM	51.00	0	1,613	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	54,197	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	2,106	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,439	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	582	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	129,668	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	52	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	142	0		16.00
17.00	RENAL DIALYSIS	74.00	0	6,860	0		17.00
18.00	EMERGENCY	91.00	0	23,487	0		18.00
	TOTALS		0	4,680,974			
E - MORTGAGE INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,315,560	11		1.00
	TOTALS		0	5,315,560			
F - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,247,925	9		1.00
2.00	OPERATION OF PLANT	7.00	0	693,943	9		2.00
3.00	DIETARY	10.00	0	4,763	0		3.00
4.00	CAFETERIA	11.00	0	383	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	206,342	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,780	0		6.00
7.00	PHARMACY	15.00	0	42,080	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	764	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	107,231	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	200,187	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	19,445	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	5,333	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	3,800	0		13.00
14.00	OPERATING ROOM	50.00	0	539,539	0		14.00
15.00	RECOVERY ROOM	51.00	0	1,727	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,859	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	130,715	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	674,943	0		18.00
19.00	OUTPATIENT ONCOLOGY	54.01	0	248,116	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	409,235	0		20.00
21.00	CT SCAN	57.00	0	88,095	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	180,986	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	310,994	0		23.00
24.00	LABORATORY	60.00	0	126,288	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	20,544	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	15,169	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	128,568	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,191	0		28.00
29.00	RENAL DIALYSIS	74.00	0	15,733	0		29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	301,878	0		30.00
31.00	CLINIC	90.00	0	14,820	0		31.00
32.00	EMERGENCY	91.00	0	165,929	0		32.00
	TOTALS		0	18,024,305			
G - PHONE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	237,164	0		1.00
2.00	DIETARY	10.00	0	2,737	0		2.00
	TOTALS		0	239,901			
H - CAFETERIA							
1.00	DIETARY	10.00	153,182	3,855,297	0		1.00
	TOTALS		153,182	3,855,297			
I - INTERNS RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,400,392	0	0		1.00
	TOTALS		2,400,392	0			

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
11/28/2020 10:35 am

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
1.00	J - CONVENT MAINT					
	OPERATION OF PLANT	7.00	0	26,334	0	1.00
	TOTALS		0	26,334		
500.00	Grand Total: Decreases		2,553,574	59,282,323		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/28/2020 10:35 am

		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	35,010,000	0	0	0	0	1.00
2.00	Land Improvements	272,750	95,555	0	95,555	0	2.00
3.00	Buildings and Fixtures	120,712,313	7,640,524	0	7,640,524	0	3.00
4.00	Building Improvements	0	2,168,344	0	2,168,344	0	4.00
5.00	Fixed Equipment	0	7,877,179	0	7,877,179	0	5.00
6.00	Movable Equipment	28,601,320	0	0	0	6,547,472	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	184,596,383	17,781,602	0	17,781,602	6,547,472	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	184,596,383	17,781,602	0	17,781,602	6,547,472	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,010,000	0				1.00
2.00	Land Improvements	368,305	0				2.00
3.00	Buildings and Fixtures	128,352,837	0				3.00
4.00	Building Improvements	2,168,344	0				4.00
5.00	Fixed Equipment	7,877,179	0				5.00
6.00	Movable Equipment	22,053,848	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	195,830,513	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	195,830,513	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/28/2020 10:35 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	173,776,665	0	173,776,665	0.887383	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,053,848	0	22,053,848	0.112617	0	2.00
3.00	Total (sum of lines 1-2)	195,830,513	0	195,830,513	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	7,846,527	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,529,817	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,376,344	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-1,853,630	0	0	0	5,992,897	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,529,817	2.00
3.00	Total (sum of lines 1-2)	-1,853,630	0	0	0	19,522,714	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,584,595	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,896,908			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	7,104,689			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,020,695	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,766,385	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	1,205,159	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-3,032	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	COST OFFSET - CONTRIBUTIONS	A	-5,082	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	COST OFFSET - CONTRIBUTIONS	A	-30,698	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	33.02
33.03	MISC INCOME	B	-81,197	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	33.03
33.04	MISC INCOME	B	-1,422,503	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	MISC INCOME	B	-6,590	OPERATING ROOM	50.00	0	33.05
33.06	MISC INCOME	B	-637	DELIVERY ROOM & LABOR ROOM	52.00	0	33.06
33.07	MISC INCOME	B	-18,695	PHARMACY	15.00	0	33.07
33.08	MISC INCOME	B	-1,161	CARDIAC REHABILITATION	76.97	0	33.08
33.09	MISC INCOME	B	-1,240	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	MISC INCOME	B	-190	MEDICAL RECORDS & LIBRARY	16.00	0	33.10
33.11	COST OFFSET - CONTRIBUTIONS	A	-193,654	MEDICAL RECORDS & LIBRARY	16.00	0	33.11
33.12	COST OFFSET - CONTRIBUTIONS	A	-3,326	CLINIC	90.00	0	33.12
33.13	COST OFFSET - MARKETING	A	-196	LABORATORY	60.00	0	33.13
33.14	COST OFFSET - MARKETING	A	-221,759	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	COST OFFSET - BUSINESS DEVELOPMENT	A	-6,593	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.16
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,955,288				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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:

11/28/2020 10:35 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	DIRECT INSURANCE	7,556,015	6,517,019	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	DIRECT WORKERS COMP	1,539,503	1,327,812	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-3,584,595	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	PROJECT SYMPHONY	270,455	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	RESOURCE GROUP	-353,503	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	INFO SERVICES	16,239,691	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	ACO OPERATIONS	208,060	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER AND CENTRAL SCHE	786,601	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	CLINICAL INFORMATICS	25,504	0	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	63,089	0	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	QUALITY MANAGEMENT	1,818,848	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH INTAKE	416,913	0	4.08
4.09	15.00	PHARMACY	PHARMACY ADMIN	302,023	0	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	REVENUE CYCLE MGMT	11,752,038	0	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	PT ACCESS CONTACT CENTER	97,990	0	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	MEDICAL AFFAIRS ADMIN	285,915	0	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE CONTRACTING	181,214	0	4.13
4.14	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	146,313	0	4.14
4.15	7.00	OPERATION OF PLANT	FACILITIES	475,682	0	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	SERVICE LINES	739,620	0	4.16
4.17	31.00	INTENSIVE CARE UNIT	TELE ICU	950,410	0	4.17
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	616,000	0	4.18
4.19	16.00	MEDICAL RECORDS & LIBRARY	HEALTH INFORMATION MGMT	77,855	0	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	CASE MGMT	302,023	0	4.20
4.21	7.00	OPERATION OF PLANT	BIOMED ENG	1,538,302	0	4.21
4.22	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL	3,913,265	0	4.22
4.23	5.00	ADMINISTRATIVE & GENERAL	POOLED NON CAPITAL	30,923,069	62,598,640	4.23
4.24	60.00	LABORATORY	ALVERNO	9,395,680	9,135,820	4.24
4.25	0.00			0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			86,683,980	79,579,291	5.00

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

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

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

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

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

(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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 10:35 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,038,996	0		1.00
2.00	211,691	0		2.00
3.00	-3,584,595	11		3.00
4.00	270,455	0		4.00
4.01	-353,503	0		4.01
4.02	16,239,691	0		4.02
4.03	208,060	0		4.03
4.04	786,601	0		4.04
4.05	25,504	0		4.05
4.06	63,089	0		4.06
4.07	1,818,848	0		4.07
4.08	416,913	0		4.08
4.09	302,023	0		4.09
4.10	11,752,038	0		4.10
4.11	97,990	0		4.11
4.12	285,915	0		4.12
4.13	181,214	0		4.13
4.14	146,313	0		4.14
4.15	475,682	0		4.15
4.16	739,620	0		4.16
4.17	950,410	0		4.17
4.18	616,000	0		4.18
4.19	77,855	0		4.19
4.20	302,023	0		4.20
4.21	1,538,302	0		4.21
4.22	3,913,265	9		4.22
4.23	-31,675,571	0		4.23
4.24	259,860	0		4.24
4.25	0	0		4.25
5.00	7,104,689			5.00

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

Related Organization(s) and/or Home Office	
Type of Business	
6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0180

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2020 10:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	366,882	366,882	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	128,165	128,165	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	8,040	8,040	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	4,042,821	4,042,821	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	339,307	339,307	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	39,700	39,700	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	30,000	30,000	0	0	0	7.00
8.00	43.00	NURSERY	360,000	360,000	0	0	0	8.00
9.00	50.00	OPERATING ROOM	501,557	501,557	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	887,350	887,350	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	2,530,826	2,530,826	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	16,000	16,000	0	0	0	12.00
13.00	60.00	LABORATORY	51,000	51,000	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	12,521	12,521	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	101,047	101,047	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	350,000	350,000	0	0	0	16.00
17.00	90.00	CLINIC	510,112	510,112	0	0	0	17.00
18.00	91.00	EMERGENCY	1,621,580	1,621,580	0	0	0	18.00
200.00			11,896,908	11,896,908	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	7.00
8.00	43.00	NURSERY	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	16.00
17.00	90.00	CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	366,882		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	128,165		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	8,040		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,042,821		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	339,307		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	39,700		6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	30,000		7.00
8.00	43.00	NURSERY	0	0	0	360,000		8.00
9.00	50.00	OPERATING ROOM	0	0	0	501,557		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	887,350		10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	2,530,826		11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	16,000		12.00
13.00	60.00	LABORATORY	0	0	0	51,000		13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	12,521		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	101,047		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	350,000		16.00
17.00	90.00	CLINIC	0	0	0	510,112		17.00
18.00	91.00	EMERGENCY	0	0	0	1,621,580		18.00
200.00			0	0	0	11,896,908		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,992,897	5,992,897			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,529,817	13,529,817			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,516,040	41,422	93,516	14,650,978	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	100,224,114	356,165	804,092	1,106,540	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,598,218	727,692	1,642,868	52	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,056,136	25,034	56,518	7,610	8.00
9.00	00900	HOUSEKEEPING	4,104,184	75,299	169,999	0	9.00
10.00	01000	DIETARY	2,977,319	149,491	337,496	18,600	10.00
11.00	01100	CAFETERIA	2,994,467	22,359	50,478	24,963	11.00
13.00	01300	NURSING ADMINISTRATION	3,835,639	114,606	258,739	307,561	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,160,196	112,341	253,627	77,075	14.00
15.00	01500	PHARMACY	4,661,593	40,516	91,471	583,801	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	601,571	70,371	158,873	68,050	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,400,392	0	0	391,175	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,660,444	12,913	29,154	377,813	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	148,583	0	0	21,526	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,380,964	1,155,245	2,608,135	4,530,699	30.00
31.00	03100	INTENSIVE CARE UNIT	6,465,892	60,068	135,612	781,558	31.00
40.00	04000	SUBPROVIDER - IPF	1,680,996	28,943	65,344	254,319	40.00
41.00	04100	SUBPROVIDER - IRF	1,200,462	49,359	111,436	182,057	41.00
43.00	04300	NURSERY	833,420	11,030	24,903	124,964	43.00
44.00	04400	SKILLED NURSING FACILITY	2,059,842	55,384	125,037	295,260	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,382,913	317,705	717,263	973,671	50.00
51.00	05100	RECOVERY ROOM	863,995	20,821	47,007	130,656	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,385,970	145,695	328,926	642,694	52.00
53.00	05300	ANESTHESIOLOGY	193,455	3,063	6,915	20,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,864,837	125,404	283,117	560,906	54.00
54.01	03190	OUTPATIENT ONCOLOGY	2,097,019	1,347	3,041	214,237	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	428,052	7,687	17,355	42,112	55.00
57.00	05700	CT SCAN	757,244	12,848	29,006	113,749	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	396,869	4,732	10,682	46,718	58.00
59.00	05900	CARDIAC CATHETERIZATION	895,783	32,722	73,874	74,209	59.00
60.00	06000	LABORATORY	9,877,673	112,329	253,600	70	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	46,579	0	0	6,976	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,235	9,326	21,055	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,194,825	6,746	15,229	284,432	65.00
66.00	06600	PHYSICAL THERAPY	2,814,040	53,257	120,234	417,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,135,791	5,733	12,942	172,253	67.00
68.00	06800	SPEECH PATHOLOGY	318,281	0	0	48,274	68.00
69.00	06900	ELECTROCARDIOLOGY	1,033,801	47,131	106,404	153,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-14,189	12,776	28,844	75,450	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,328,545	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,680,287	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,686,200	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	548,795	3,617	8,166	75,342	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,513,866	71,927	162,384	154,662	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	83,790	21,030	47,478	12,881	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	664,802	156,421	353,143	72,585	90.00
91.00	09100	EMERGENCY	7,853,338	945,665	2,134,973	1,144,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	301,117,982	5,226,220	11,798,936	14,591,437	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	4,070	9,189	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,902,224	708,301	1,599,090	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.00	07950	CONVENT	26,334	49,413	111,557	0	187,304	194.00
194.01	07951	OUTPATIENT PHARMACY	3,180,483	3,260	7,359	59,541	3,250,643	194.01
194.02	07952	FUND DEVELOPMENT	0	1,633	3,686	0	5,319	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	306,227,023	5,992,897	13,529,817	14,650,978	306,227,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	102,490,911					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,014,890	0	14,983,720			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	576,150	0	77,062	1,798,510		8.00
9.00	00900	HOUSEKEEPING	2,188,037	0	231,790	816	6,770,125	9.00
10.00	01000	DIETARY	1,752,100	0	460,168	0	212,295	10.00
11.00	01100	CAFETERIA	1,555,587	0	68,825	0	31,752	11.00
13.00	01300	NURSING ADMINISTRATION	2,272,080	0	352,785	0	162,754	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	806,521	0	345,814	0	159,538	14.00
15.00	01500	PHARMACY	2,705,129	0	124,718	14,284	57,538	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	452,180	0	216,620	341	99,936	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,404,317	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,052,636	0	39,751	575	18,339	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	85,575	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,971,071	0	3,556,132	729,687	1,640,589	30.00
31.00	03100	INTENSIVE CARE UNIT	3,744,319	0	184,904	172,596	85,304	31.00
40.00	04000	SUBPROVIDER - IPF	1,021,005	0	89,095	0	41,103	40.00
41.00	04100	SUBPROVIDER - IRF	776,375	0	151,940	6,130	70,096	41.00
43.00	04300	NURSERY	500,198	0	33,954	175	15,664	43.00
44.00	04400	SKILLED NURSING FACILITY	1,275,513	0	170,486	55,089	78,652	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,227,543	0	977,972	450,462	451,179	50.00
51.00	05100	RECOVERY ROOM	534,487	0	64,093	3,223	29,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,265,409	0	448,483	132,499	206,904	52.00
53.00	05300	ANESTHESIOLOGY	112,548	0	9,429	10,595	4,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,431,910	0	386,023	8,287	178,089	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,164,901	0	4,146	23,555	1,913	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	249,117	0	23,663	441	10,917	55.00
57.00	05700	CT SCAN	459,214	0	39,549	0	18,246	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	230,904	0	14,565	608	6,719	58.00
59.00	05900	CARDIAC CATHETERIZATION	541,585	0	100,725	5,481	46,469	59.00
60.00	06000	LABORATORY	5,153,151	0	345,777	1,049	159,521	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	26,941	0	0	67	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,408	0	28,708	0	13,244	63.00
65.00	06500	RESPIRATORY THERAPY	1,258,262	0	20,765	825	9,580	65.00
66.00	06600	PHYSICAL THERAPY	1,713,031	0	163,937	317	75,631	66.00
67.00	06700	OCCUPATIONAL THERAPY	667,415	0	17,647	0	8,141	67.00
68.00	06800	SPEECH PATHOLOGY	184,398	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	674,298	0	145,080	800	66,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,755	0	39,329	50	18,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,698,904	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,354,451	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,891,053	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	319,904	0	11,135	13,651	5,137	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,466,407	0	221,408	50	102,145	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	83,094	0	64,735	317	29,865	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	627,287	0	481,502	0	222,137	90.00
91.00	09100	EMERGENCY	6,076,345	0	2,910,987	165,516	1,342,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,634,405	0	12,623,702	1,797,486	5,681,350	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	6,670	0	12,529	0	5,780	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,117,676	0	2,180,324	0	1,005,874	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	94,225	0	152,105	0	70,173	194.00
194.01	07951	OUTPATIENT PHARMACY	1,635,259	0	10,034	1,024	4,629	194.01
194.02	07952	FUND DEVELOPMENT	2,676	0	5,026	0	2,319	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	102,490,911	0	14,983,720	1,798,510	6,770,125	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,907,469					10.00
11.00	01100	CAFETERIA	0	4,748,431				11.00
13.00	01300	NURSING ADMINISTRATION	0	108,235	7,412,399			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,124	0	2,942,236		14.00
15.00	01500	PHARMACY	0	205,448	0	0	8,484,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,948	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	137,660	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	132,958	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	7,575	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,759,252	1,594,394	3,257,390	886,973	2,557,523	30.00
31.00	03100	INTENSIVE CARE UNIT	342,320	275,041	401,889	125,847	362,917	31.00
40.00	04000	SUBPROVIDER - IPF	247,485	89,498	165,052	34,719	100,122	40.00
41.00	04100	SUBPROVIDER - IRF	241,926	64,068	120,693	40,497	116,786	41.00
43.00	04300	NURSERY	0	43,976	70,591	50,955	146,945	43.00
44.00	04400	SKILLED NURSING FACILITY	316,486	103,906	203,839	20,835	60,083	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	342,649	576,756	165,452	477,132	50.00
51.00	05100	RECOVERY ROOM	0	45,980	67,870	37,455	108,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	226,173	322,440	78,546	226,513	52.00
53.00	05300	ANESTHESIOLOGY	0	7,143	17,928	37,381	107,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	197,391	357,222	60,104	173,327	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	75,393	109,332	72	208	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,820	25,147	455	1,312	55.00
57.00	05700	CT SCAN	0	40,030	71,715	75,275	217,079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,441	25,951	14,038	40,483	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,115	39,358	32,961	95,053	59.00
60.00	06000	LABORATORY	0	25	47	304,855	879,142	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	2,455	3,123	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	15,102	43,552	63.00
65.00	06500	RESPIRATORY THERAPY	0	100,096	181,258	87,659	252,791	65.00
66.00	06600	PHYSICAL THERAPY	0	146,999	256,495	45,780	132,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	60,618	98,720	27,039	77,975	67.00
68.00	06800	SPEECH PATHOLOGY	0	16,988	27,064	4,138	11,933	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,866	108,090	69,308	199,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,552	14,937	501	1,445	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	108,494	312,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	71,939	207,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	358,850	1,034,852	73.00
74.00	07400	RENAL DIALYSIS	0	26,514	43,726	30,817	88,869	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	54,428	94,414	8	23	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,533	7,238	91	263	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	25,544	43,933	0	1	90.00
91.00	09100	EMERGENCY	0	402,894	700,181	156,090	450,133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,907,469	4,727,478	7,412,399	2,942,236	8,484,498	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	20,953	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,907,469	4,748,431	7,412,399	2,942,236	8,484,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES APPRV		PRGM COSTS APPRV
			16.00	17.00	20.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,691,890					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		4,333,544		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			6,324,583	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,326,632	0	0	3,918,233	5,718,458	30.00
31.00	03100	INTENSIVE CARE UNIT	95,421	0	0	281,828	411,313	31.00
40.00	04000	SUBPROVIDER - IPF	68,986	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	67,436	0	0	0	0	41.00
43.00	04300	NURSERY	45,195	0	0	133,483	194,812	43.00
44.00	04400	SKILLED NURSING FACILITY	88,220	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,691,890	0	0	4,333,544	6,324,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	1,691,890	0	0	4,333,544	6,324,583	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	263,259				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	95,591,377	-9,636,691	85,954,686	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,926,829	-693,141	13,233,688	31.00
40.00	04000	SUBPROVIDER - IPF	0	3,886,667	0	3,886,667	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,199,261	0	3,199,261	41.00
43.00	04300	NURSERY	0	2,230,265	-328,295	1,901,970	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,908,632	0	4,908,632	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,060,697	0	19,060,697	50.00
51.00	05100	RECOVERY ROOM	0	1,953,169	0	1,953,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,410,252	0	8,410,252	52.00
53.00	05300	ANESTHESIOLOGY	0	530,901	0	530,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,626,617	0	8,626,617	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,695,164	0	3,695,164	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	821,078	0	821,078	55.00
57.00	05700	CT SCAN	0	1,833,955	0	1,833,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	808,710	0	808,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,964,335	0	1,964,335	59.00
60.00	06000	LABORATORY	0	17,087,239	0	17,087,239	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	86,141	0	86,141	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	149,630	0	149,630	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,412,468	0	4,412,468	65.00
66.00	06600	PHYSICAL THERAPY	0	5,939,453	0	5,939,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,284,274	0	2,284,274	67.00
68.00	06800	SPEECH PATHOLOGY	0	611,076	0	611,076	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,658,646	0	2,658,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	255,594	0	255,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,448,819	0	17,448,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,314,134	0	7,314,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	263,259	25,234,214	0	25,234,214	73.00
74.00	07400	RENAL DIALYSIS	0	1,175,673	0	1,175,673	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,841,722	0	7,841,722	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	355,315	0	355,315	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,647,355	0	2,647,355	90.00
91.00	09100	EMERGENCY	0	24,283,945	0	24,283,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	263,259	291,233,607	-10,658,127	280,575,480	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	38,238	0	38,238	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,513,489	0	9,513,489	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	CONVENT	0	503,807	0	503,807	194.00
194.01	07951	OUTPATIENT PHARMACY	0	4,922,542	0	4,922,542	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.02	07952	FUND DEVELOPMENT	0	15,340	0	15,340		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0		194.03
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	263,259	306,227,023	-10,658,127	295,568,896		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:35 am

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	110	41,422	93,516	135,048	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,367	356,165	804,092	1,241,624	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,375	727,692	1,642,868	2,376,935	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103	25,034	56,518	81,655	8.00
9.00	00900	HOUSEKEEPING	56	75,299	169,999	245,354	9.00
10.00	01000	DIETARY	10,865	149,491	337,496	497,852	10.00
11.00	01100	CAFETERIA	0	22,359	50,478	72,837	11.00
13.00	01300	NURSING ADMINISTRATION	12,767	114,606	258,739	386,112	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	402,529	112,341	253,627	768,497	14.00
15.00	01500	PHARMACY	8,575	40,516	91,471	140,562	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,007	70,371	158,873	234,251	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,605	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	422	12,913	29,154	42,489	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	198	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,558	1,155,245	2,608,135	3,839,938	30.00
31.00	03100	INTENSIVE CARE UNIT	4,983	60,068	135,612	200,663	31.00
40.00	04000	SUBPROVIDER - IPF	0	28,943	65,344	94,287	40.00
41.00	04100	SUBPROVIDER - IRF	5,602	49,359	111,436	166,397	41.00
43.00	04300	NURSERY	0	11,030	24,903	35,933	43.00
44.00	04400	SKILLED NURSING FACILITY	1,938	55,384	125,037	182,359	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	585,176	317,705	717,263	1,620,144	50.00
51.00	05100	RECOVERY ROOM	118	20,821	47,007	67,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,965	145,695	328,926	479,586	52.00
53.00	05300	ANESTHESIOLOGY	275	3,063	6,915	10,253	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,360	125,404	283,117	427,881	54.00
54.01	03190	OUTPATIENT ONCOLOGY	29,969	1,347	3,041	34,357	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	349	7,687	17,355	25,391	55.00
57.00	05700	CT SCAN	0	12,848	29,006	41,854	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,732	10,682	15,414	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,995	32,722	73,874	108,591	59.00
60.00	06000	LABORATORY	15,349	112,329	253,600	381,278	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	108	0	0	108	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	381	9,326	21,055	30,762	63.00
65.00	06500	RESPIRATORY THERAPY	207,456	6,746	15,229	229,431	65.00
66.00	06600	PHYSICAL THERAPY	5,141	53,257	120,234	178,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,987	5,733	12,942	20,662	67.00
68.00	06800	SPEECH PATHOLOGY	57	0	0	57	68.00
69.00	06900	ELECTROCARDIOLOGY	10,485	47,131	106,404	164,020	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	701	12,776	28,844	42,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,617	8,166	11,783	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	71,927	162,384	234,311	76.00
76.01	03950	IP RENAL DIALYSIS	163	0	0	163	76.01
76.97	07697	CARDIAC REHABILITATION	0	21,030	47,478	68,508	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,493	156,421	353,143	529,057	90.00
91.00	09100	EMERGENCY	17,979	945,665	2,134,973	3,098,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,538,764	5,226,220	11,798,936	18,563,920	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	4,070	9,189	13,259	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	708,301	1,599,090	2,307,391	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	CONVENT	0	49,413	111,557	160,970	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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11/28/2020 10:35 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.01	07951	OUTPATIENT PHARMACY	0	3,260	7,359	10,619	549	194.01
194.02	07952	FUND DEVELOPMENT	0	1,633	3,686	5,319	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,538,764	5,992,897	13,529,817	21,061,478	135,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,251,823					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	61,248	0	2,438,183			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,037	0	12,540	101,302		8.00
9.00	00900	HOUSEKEEPING	26,723	0	37,717	46	309,840	9.00
10.00	01000	DIETARY	21,399	0	74,880	0	9,716	10.00
11.00	01100	CAFETERIA	18,999	0	11,199	0	1,453	11.00
13.00	01300	NURSING ADMINISTRATION	27,750	0	57,406	0	7,449	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,850	0	56,272	0	7,301	14.00
15.00	01500	PHARMACY	33,039	0	20,294	805	2,633	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,523	0	35,249	19	4,574	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,151	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	25,070	0	6,468	32	839	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,045	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	268,406	0	578,660	41,097	75,081	30.00
31.00	03100	INTENSIVE CARE UNIT	45,731	0	30,088	9,722	3,904	31.00
40.00	04000	SUBPROVIDER - IPF	12,470	0	14,498	0	1,881	40.00
41.00	04100	SUBPROVIDER - IRF	9,482	0	24,724	345	3,208	41.00
43.00	04300	NURSERY	6,109	0	5,525	10	717	43.00
44.00	04400	SKILLED NURSING FACILITY	15,578	0	27,742	3,103	3,600	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,846	0	159,138	25,373	20,649	50.00
51.00	05100	RECOVERY ROOM	6,528	0	10,429	182	1,353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,668	0	72,978	7,463	9,469	52.00
53.00	05300	ANESTHESIOLOGY	1,375	0	1,534	597	199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,702	0	62,815	467	8,150	54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,227	0	675	1,327	88	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,043	0	3,851	25	500	55.00
57.00	05700	CT SCAN	5,609	0	6,435	5	835	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,820	0	2,370	34	308	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,615	0	16,390	309	2,127	59.00
60.00	06000	LABORATORY	62,937	0	56,266	59	7,301	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	329	0	0	4	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	200	0	4,671	0	606	63.00
65.00	06500	RESPIRATORY THERAPY	15,368	0	3,379	46	438	65.00
66.00	06600	PHYSICAL THERAPY	20,922	0	26,676	18	3,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,151	0	2,871	0	373	67.00
68.00	06800	SPEECH PATHOLOGY	2,252	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,235	0	23,608	45	3,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	632	0	6,400	3	830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,603	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,756	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,376	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,907	0	1,812	769	235	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,123	0	36,028	3	4,675	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,015	0	10,534	18	1,367	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,661	0	78,351	0	10,166	90.00
91.00	09100	EMERGENCY	74,212	0	473,682	9,323	61,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,204,722	0	2,054,155	101,244	260,011	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	81	0	2,039	0	265	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,864	0	354,787	0	46,035	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	1,151	0	24,751	0	3,211	194.00
194.01	07951	OUTPATIENT PHARMACY	19,972	0	1,633	58	212	194.01
194.02	07952	FUND DEVELOPMENT	33	0	818	0	106	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,251,823	0	2,438,183	101,302	309,840	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	604,018					10.00
11.00	01100	CAFETERIA	0	104,718				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,387	483,939			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	598	0	843,228		14.00
15.00	01500	PHARMACY	0	4,532	0	0	207,246	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	528	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,036	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,933	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	167	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	486,616	35,147	212,669	253,949	62,464	30.00
31.00	03100	INTENSIVE CARE UNIT	35,001	6,067	26,238	36,082	8,865	31.00
40.00	04000	SUBPROVIDER - IPF	25,305	1,974	10,776	9,954	2,446	40.00
41.00	04100	SUBPROVIDER - IRF	24,736	1,413	7,880	11,611	2,853	41.00
43.00	04300	NURSERY	0	970	4,609	14,610	3,590	43.00
44.00	04400	SKILLED NURSING FACILITY	32,360	2,292	13,308	5,974	1,468	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,558	37,655	47,438	11,655	50.00
51.00	05100	RECOVERY ROOM	0	1,014	4,431	10,739	2,638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,989	21,051	22,521	5,533	52.00
53.00	05300	ANESTHESIOLOGY	0	158	1,170	10,718	2,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,354	23,322	17,233	4,234	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,663	7,138	21	5	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	327	1,642	130	32	55.00
57.00	05700	CT SCAN	0	883	4,682	21,583	5,303	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	363	1,694	4,025	989	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	576	2,570	9,450	2,322	59.00
60.00	06000	LABORATORY	0	1	3	87,407	21,475	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	54	204	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,330	1,064	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,208	11,834	25,133	6,175	65.00
66.00	06600	PHYSICAL THERAPY	0	3,242	16,746	13,126	3,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,337	6,445	7,753	1,905	67.00
68.00	06800	SPEECH PATHOLOGY	0	375	1,767	1,186	291	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,188	7,057	19,872	4,882	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	586	975	144	35	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,107	7,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,626	5,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,888	25,279	73.00
74.00	07400	RENAL DIALYSIS	0	585	2,855	8,836	2,171	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,201	6,164	2	1	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	100	473	26	6	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	563	2,868	0	0	90.00
91.00	09100	EMERGENCY	0	8,887	45,713	44,754	10,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	604,018	104,256	483,939	843,228	207,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	462	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	604,018	104,718	483,939	843,228	207,246	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS			
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
						APPRV	APPRV		
			16.00	17.00	20.00	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
5.00	00500	ADMINISTRATIVE & GENERAL							5.00
6.00	00600	MAINTENANCE & REPAIRS							6.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA							11.00
13.00	01300	NURSING ADMINISTRATION							13.00
14.00	01400	CENTRAL SERVICES & SUPPLY							14.00
15.00	01500	PHARMACY							15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	280,771						16.00
17.00	01700	SOCIAL SERVICE	0	0					17.00
20.00	02000	NURSING SCHOOL	0	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		23,792			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			81,313		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	220,157	0					30.00
31.00	03100	INTENSIVE CARE UNIT	15,835	0					31.00
40.00	04000	SUBPROVIDER - IPF	11,448	0					40.00
41.00	04100	SUBPROVIDER - IRF	11,191	0					41.00
43.00	04300	NURSERY	7,500	0					43.00
44.00	04400	SKILLED NURSING FACILITY	14,640	0					44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	280,771	0	0	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
193.00	19300	NONPAID WORKERS	0	0					193.00
194.00	07950	CONVENT	0	0					194.00
194.01	07951	OUTPATIENT PHARMACY	0	0					194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

 Worksheet B
 Part II
 Date/Time Prepared:
 11/28/2020 10:35 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
194.02	07952	FUND DEVELOPMENT	0	0				194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0				194.03
200.00		Cross Foot Adjustments			0	23,792	81,313	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	280,771	0	0	23,792	81,313	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,410				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		6,115,957	0	6,115,957	30.00
31.00	03100	INTENSIVE CARE UNIT		425,399	0	425,399	31.00
40.00	04000	SUBPROVIDER - IPF		187,383	0	187,383	40.00
41.00	04100	SUBPROVIDER - IRF		265,518	0	265,518	41.00
43.00	04300	NURSERY		80,725	0	80,725	43.00
44.00	04400	SKILLED NURSING FACILITY		305,145	0	305,145	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,002,430	0	2,002,430	50.00
51.00	05100	RECOVERY ROOM		106,464	0	106,464	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		657,182	0	657,182	52.00
53.00	05300	ANESTHESIOLOGY		28,824	0	28,824	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		583,328	0	583,328	54.00
54.01	03190	OUTPATIENT ONCOLOGY		61,476	0	61,476	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		35,329	0	35,329	55.00
57.00	05700	CT SCAN		88,232	0	88,232	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		28,448	0	28,448	58.00
59.00	05900	CARDIAC CATHETERIZATION		149,634	0	149,634	59.00
60.00	06000	LABORATORY		616,728	0	616,728	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		763	0	763	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		41,633	0	41,633	63.00
65.00	06500	RESPIRATORY THERAPY		296,634	0	296,634	65.00
66.00	06600	PHYSICAL THERAPY		269,898	0	269,898	66.00
67.00	06700	OCCUPATIONAL THERAPY		51,085	0	51,085	67.00
68.00	06800	SPEECH PATHOLOGY		6,373	0	6,373	68.00
69.00	06900	ELECTROCARDIOLOGY		233,381	0	233,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		52,621	0	52,621	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		108,353	0	108,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		54,450	0	54,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		224,543	0	224,543	73.00
74.00	07400	RENAL DIALYSIS		33,647	0	33,647	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		313,933	0	313,933	76.00
76.01	03950	IP RENAL DIALYSIS		163	0	163	76.01
76.97	07697	CARDIAC REHABILITATION		82,166	0	82,166	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		629,335	0	629,335	90.00
91.00	09100	EMERGENCY		3,838,198	0	3,838,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,975,378	0	17,975,378	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		15,644	0	15,644	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		2,734,077	0	2,734,077	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	CONVENT		190,083	0	190,083	194.00
194.01	07951	OUTPATIENT PHARMACY		33,505	0	33,505	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.02	07952	FUND DEVELOPMENT		6,276	0	6,276		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE		0	0	0		194.03
200.00		Cross Foot Adjustments	1,410	106,515	0	106,515		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,410	21,061,478	0	21,061,478		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,005,668					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,005,668				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,951	6,951	89,903,780			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,768	59,768	6,790,133	-102,490,911	203,736,112	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	122,114	122,114	317	0	9,968,830	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,201	4,201	46,697	0	1,145,298	8.00
9.00	00900	HOUSEKEEPING	12,636	12,636	0	0	4,349,482	9.00
10.00	01000	DIETARY	25,086	25,086	114,136	0	3,482,906	10.00
11.00	01100	CAFETERIA	3,752	3,752	153,182	0	3,092,267	11.00
13.00	01300	NURSING ADMINISTRATION	19,232	19,232	1,887,305	0	4,516,545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,852	18,852	472,963	0	1,603,239	14.00
15.00	01500	PHARMACY	6,799	6,799	3,582,414	0	5,377,381	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,809	11,809	417,581	0	898,865	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,400,392	0	2,791,567	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,167	2,167	2,318,396	0	4,080,324	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	132,092	0	170,109	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193,862	193,862	27,802,054	0	43,675,043	30.00
31.00	03100	INTENSIVE CARE UNIT	10,080	10,080	4,795,924	0	7,443,130	31.00
40.00	04000	SUBPROVIDER - IPF	4,857	4,857	1,560,593	0	2,029,602	40.00
41.00	04100	SUBPROVIDER - IRF	8,283	8,283	1,117,168	0	1,543,314	41.00
43.00	04300	NURSERY	1,851	1,851	766,822	0	994,317	43.00
44.00	04400	SKILLED NURSING FACILITY	9,294	9,294	1,811,823	0	2,535,523	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,314	53,314	5,974,800	0	10,391,552	50.00
51.00	05100	RECOVERY ROOM	3,494	3,494	801,753	0	1,062,479	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	3,943,806	0	4,503,285	52.00
53.00	05300	ANESTHESIOLOGY	514	514	124,546	0	223,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,044	21,044	3,441,925	0	4,834,264	54.00
54.01	03190	OUTPATIENT ONCOLOGY	226	226	1,314,637	0	2,315,644	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	258,417	0	495,206	55.00
57.00	05700	CT SCAN	2,156	2,156	698,007	0	912,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	794	794	286,681	0	459,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,491	5,491	455,373	0	1,076,588	59.00
60.00	06000	LABORATORY	18,850	18,850	432	0	10,243,672	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	42,808	0	53,555	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	32,616	63.00
65.00	06500	RESPIRATORY THERAPY	1,132	1,132	1,745,380	0	2,501,232	65.00
66.00	06600	PHYSICAL THERAPY	8,937	8,937	2,563,231	0	3,405,243	66.00
67.00	06700	OCCUPATIONAL THERAPY	962	962	1,057,005	0	1,326,719	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	296,227	0	366,555	68.00
69.00	06900	ELECTROCARDIOLOGY	7,909	7,909	939,264	0	1,340,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,144	2,144	462,990	0	102,881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,328,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,680,287	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,686,200	73.00
74.00	07400	RENAL DIALYSIS	607	607	462,324	0	635,920	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,070	12,070	949,065	0	4,902,839	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,529	3,529	79,042	0	165,179	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,249	26,249	445,409	0	1,246,951	90.00
91.00	09100	EMERGENCY	158,692	158,692	7,025,301	0	12,078,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	877,012	877,012	89,538,415	-102,490,911	196,069,972	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	683	683	0	0	13,259	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	118,860	118,860	0	0	4,209,615	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.00	07950	CONVENT	8,292	8,292	0	0	187,304	194.00
194.01	07951	OUTPATIENT PHARMACY	547	547	365,365	0	3,250,643	194.01
194.02	07952	FUND DEVELOPMENT	274	274	0	0	5,319	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	5,992,897	13,529,817	14,650,978		102,490,911	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.959121	13.453562	0.162963		0.503057	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			135,048		1,251,823	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001502		0.006144	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:

11/28/2020 10:35 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	816,835				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,201	215,931			8.00
9.00	00900	HOUSEKEEPING	0	12,636	98	799,998		9.00
10.00	01000	DIETARY	0	25,086	0	25,086	90,324	10.00
11.00	01100	CAFETERIA	0	3,752	0	3,752	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,232	0	19,232	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,852	0	18,852	0	14.00
15.00	01500	PHARMACY	0	6,799	1,715	6,799	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,809	41	11,809	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,167	69	2,167	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	193,862	87,607	193,862	72,768	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,080	20,722	10,080	5,234	31.00
40.00	04000	SUBPROVIDER - IPF	0	4,857	0	4,857	3,784	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,283	736	8,283	3,699	41.00
43.00	04300	NURSERY	0	1,851	21	1,851	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,294	6,614	9,294	4,839	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	53,314	54,083	53,314	0	50.00
51.00	05100	RECOVERY ROOM	0	3,494	387	3,494	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,449	15,908	24,449	0	52.00
53.00	05300	ANESTHESIOLOGY	0	514	1,272	514	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,044	995	21,044	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	226	2,828	226	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,290	53	1,290	0	55.00
57.00	05700	CT SCAN	0	2,156	0	2,156	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	794	73	794	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,491	658	5,491	0	59.00
60.00	06000	LABORATORY	0	18,850	126	18,850	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	8	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,565	0	1,565	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,132	99	1,132	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,937	38	8,937	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	962	0	962	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,909	96	7,909	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,144	6	2,144	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	607	1,639	607	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	12,070	6	12,070	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	3,529	38	3,529	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	26,249	0	26,249	0	90.00
91.00	09100	EMERGENCY	0	158,692	19,872	158,692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	688,179	215,808	671,342	90,324	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	683	0	683	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	118,860	0	118,860	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	8,292	0	8,292	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	547	123	547	0	194.01
194.02	07952	FUND DEVELOPMENT	0	274	0	274	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	14,983,720	1,798,510	6,770,125	5,907,469	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	18.343631	8.329096	8.462677	65.403093	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,438,183	101,302	309,840	604,018	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.984915	0.469141	0.387301	6.687237	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	82,799,315					11.00
13.00	01300	NURSING ADMINISTRATION	1,887,305	1,898,597				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	472,963	0	764,784,688			14.00
15.00	01500	PHARMACY	3,582,414	0	0	764,784,688		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	417,581	0	0	0	92,803	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,400,392	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,318,396	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	132,092	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,802,054	834,342	230,534,318	230,534,318	72,768	30.00
31.00	03100	INTENSIVE CARE UNIT	4,795,924	102,939	32,712,933	32,712,933	5,234	31.00
40.00	04000	SUBPROVIDER - IPF	1,560,593	42,276	9,024,889	9,024,889	3,784	40.00
41.00	04100	SUBPROVIDER - IRF	1,117,168	30,914	10,526,936	10,526,936	3,699	41.00
43.00	04300	NURSERY	766,822	18,081	13,245,412	13,245,412	2,479	43.00
44.00	04400	SKILLED NURSING FACILITY	1,811,823	52,211	5,415,795	5,415,795	4,839	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,974,800	147,729	43,008,091	43,008,091	0	50.00
51.00	05100	RECOVERY ROOM	801,753	17,384	9,736,136	9,736,136	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,943,806	82,589	20,417,573	20,417,573	0	52.00
53.00	05300	ANESTHESIOLOGY	124,546	4,592	9,716,797	9,716,797	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,441,925	91,498	15,623,493	15,623,493	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,314,637	28,004	18,727	18,727	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	258,417	6,441	118,300	118,300	0	55.00
57.00	05700	CT SCAN	698,007	18,369	19,567,285	19,567,285	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	286,681	6,647	3,649,070	3,649,070	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	455,373	10,081	8,567,987	8,567,987	0	59.00
60.00	06000	LABORATORY	432	12	79,244,860	79,244,860	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	42,808	800	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,925,694	3,925,694	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,745,380	46,427	22,786,242	22,786,242	0	65.00
66.00	06600	PHYSICAL THERAPY	2,563,231	65,698	11,900,143	11,900,143	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,057,005	25,286	7,028,564	7,028,564	0	67.00
68.00	06800	SPEECH PATHOLOGY	296,227	6,932	1,075,583	1,075,583	0	68.00
69.00	06900	ELECTROCARDIOLOGY	939,264	27,686	18,016,192	18,016,192	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	462,990	3,826	130,206	130,206	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	28,202,311	28,202,311	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,699,961	18,699,961	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	93,280,351	93,280,351	0	73.00
74.00	07400	RENAL DIALYSIS	462,324	11,200	8,010,531	8,010,531	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	949,065	24,183	2,044	2,044	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	79,042	1,854	23,723	23,723	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	445,409	11,253	46	46	0	90.00
91.00	09100	EMERGENCY	7,025,301	179,343	40,574,495	40,574,495	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,433,950	1,898,597	764,784,688	764,784,688	92,803	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	365,365	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
			11.00	13.00	14.00	15.00	16.00	
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,748,431	7,412,399	2,942,236	8,484,498	1,691,890	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.057349	3.904146	0.003847	0.011094	18.230984	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	104,718	483,939	843,228	207,246	280,771	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001265	0.254893	0.001103	0.000271	3.025452	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
			(DAYS)	(PATIENT DA YS)	APPRV (PATIENT DA YS)	PRGM COSTS APPRV (PATIENT DA YS)		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		80,481			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			80,481		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0				100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	72,768	72,768	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,234	5,234	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	2,479	2,479	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	80,481	80,481	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
					21.00	22.00		
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	4,333,544	6,324,583	263,259	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	53.845554	78.584796	2,632.590000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	23,792	81,313	1,410	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.295623	1.010338	14.100000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:35 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,954,686		85,954,686	0	85,954,686	30.00
31.00	03100	INTENSIVE CARE UNIT	13,233,688		13,233,688	0	13,233,688	31.00
40.00	04000	SUBPROVIDER - IPF	3,886,667		3,886,667	0	3,886,667	40.00
41.00	04100	SUBPROVIDER - IRF	3,199,261		3,199,261	0	3,199,261	41.00
43.00	04300	NURSERY	1,901,970		1,901,970	0	1,901,970	43.00
44.00	04400	SKILLED NURSING FACILITY	4,908,632		4,908,632	0	4,908,632	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,060,697		19,060,697	0	19,060,697	50.00
51.00	05100	RECOVERY ROOM	1,953,169		1,953,169	0	1,953,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,410,252		8,410,252	0	8,410,252	52.00
53.00	05300	ANESTHESIOLOGY	530,901		530,901	0	530,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,626,617		8,626,617	0	8,626,617	54.00
54.01	03190	OUTPATIENT ONCOLOGY	3,695,164		3,695,164	0	3,695,164	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	821,078		821,078	0	821,078	55.00
57.00	05700	CT SCAN	1,833,955		1,833,955	0	1,833,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	808,710		808,710	0	808,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,964,335		1,964,335	0	1,964,335	59.00
60.00	06000	LABORATORY	17,087,239		17,087,239	0	17,087,239	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	86,141		86,141	0	86,141	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	149,630		149,630	0	149,630	63.00
65.00	06500	RESPIRATORY THERAPY	4,412,468	0	4,412,468	0	4,412,468	65.00
66.00	06600	PHYSICAL THERAPY	5,939,453	0	5,939,453	0	5,939,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,284,274	0	2,284,274	0	2,284,274	67.00
68.00	06800	SPEECH PATHOLOGY	611,076	0	611,076	0	611,076	68.00
69.00	06900	ELECTROCARDIOLOGY	2,658,646		2,658,646	0	2,658,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255,594		255,594	0	255,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,448,819		17,448,819	0	17,448,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,314,134		7,314,134	0	7,314,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,234,214		25,234,214	0	25,234,214	73.00
74.00	07400	RENAL DIALYSIS	1,175,673		1,175,673	0	1,175,673	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,841,722		7,841,722	0	7,841,722	76.00
76.01	03950	IP RENAL DIALYSIS	0		0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	355,315		355,315	0	355,315	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,647,355		2,647,355	0	2,647,355	90.00
91.00	09100	EMERGENCY	24,283,945		24,283,945	0	24,283,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,568,079		3,568,079		3,568,079	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	284,143,559	0	284,143,559	0	284,143,559	200.00
201.00		Less Observation Beds	3,568,079		3,568,079		3,568,079	201.00
202.00		Total (see instructions)	280,575,480	0	280,575,480	0	280,575,480	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:35 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	228,415,309		228,415,309			30.00
31.00	03100	INTENSIVE CARE UNIT	32,712,933		32,712,933			31.00
40.00	04000	SUBPROVIDER - IPF	9,024,889		9,024,889			40.00
41.00	04100	SUBPROVIDER - IRF	10,526,936		10,526,936			41.00
43.00	04300	NURSERY	13,245,412		13,245,412			43.00
44.00	04400	SKILLED NURSING FACILITY	5,415,795		5,415,795			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,008,091	72,153,171	115,161,262	0.165513	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,736,136	10,218,934	19,955,070	0.097878	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,417,573	3,065,718	23,483,291	0.358138	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,716,797	14,898,439	24,615,236	0.021568	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,623,493	57,288,431	72,911,924	0.118316	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	18,727	11,857,614	11,876,341	0.311137	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	118,300	6,575,554	6,693,854	0.122661	0.000000	55.00
57.00	05700	CT SCAN	19,567,285	32,363,614	51,930,899	0.035315	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,649,070	9,921,299	13,570,369	0.059594	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,567,987	2,887,324	11,455,311	0.171478	0.000000	59.00
60.00	06000	LABORATORY	79,244,860	53,122,649	132,367,509	0.129089	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	140,770	140,770	0.611927	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,925,694	693,583	4,619,277	0.032393	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,786,242	2,311,835	25,098,077	0.175809	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,900,143	15,735,538	27,635,681	0.214920	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,028,564	3,034,626	10,063,190	0.226993	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,075,583	67,534	1,143,117	0.534570	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	18,016,192	21,593,094	39,609,286	0.067122	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,206	1,202,803	1,333,009	0.191742	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,202,311	15,635,033	43,837,344	0.398035	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,699,961	12,691,347	31,391,308	0.232999	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	93,280,351	117,028,615	210,308,966	0.119986	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,010,531	462,357	8,472,888	0.138757	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,044	14,335,623	14,337,667	0.546932	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	23,723	234,147	257,870	1.377884	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	46	4,246,350	4,246,396	0.623436	0.000000	90.00
91.00	09100	EMERGENCY	40,574,495	79,223,087	119,797,582	0.202708	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,119,009	14,253,628	16,372,637	0.217929	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	764,784,688	577,242,717	1,342,027,405			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	764,784,688	577,242,717	1,342,027,405			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.165513			50.00
51.00	05100	RECOVERY ROOM	0.097878			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358138			52.00
53.00	05300	ANESTHESIOLOGY	0.021568			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118316			54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.311137			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122661			55.00
57.00	05700	CT SCAN	0.035315			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059594			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171478			59.00
60.00	06000	LABORATORY	0.129089			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.611927			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.032393			63.00
65.00	06500	RESPIRATORY THERAPY	0.175809			65.00
66.00	06600	PHYSICAL THERAPY	0.214920			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226993			67.00
68.00	06800	SPEECH PATHOLOGY	0.534570			68.00
69.00	06900	ELECTROCARDIOLOGY	0.067122			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191742			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119986			73.00
74.00	07400	RENAL DIALYSIS	0.138757			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932			76.00
76.01	03950	IP RENAL DIALYSIS	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	1.377884			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.623436			90.00
91.00	09100	EMERGENCY	0.202708			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.217929			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
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: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:35 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,954,686		85,954,686	0	85,954,686	30.00
31.00	03100	INTENSIVE CARE UNIT	13,233,688		13,233,688	0	13,233,688	31.00
40.00	04000	SUBPROVIDER - IPF	3,886,667		3,886,667	0	3,886,667	40.00
41.00	04100	SUBPROVIDER - IRF	3,199,261		3,199,261	0	3,199,261	41.00
43.00	04300	NURSERY	1,901,970		1,901,970	0	1,901,970	43.00
44.00	04400	SKILLED NURSING FACILITY	4,908,632		4,908,632	0	4,908,632	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,060,697		19,060,697	0	19,060,697	50.00
51.00	05100	RECOVERY ROOM	1,953,169		1,953,169	0	1,953,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,410,252		8,410,252	0	8,410,252	52.00
53.00	05300	ANESTHESIOLOGY	530,901		530,901	0	530,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,626,617		8,626,617	0	8,626,617	54.00
54.01	03190	OUTPATIENT ONCOLOGY	3,695,164		3,695,164	0	3,695,164	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	821,078		821,078	0	821,078	55.00
57.00	05700	CT SCAN	1,833,955		1,833,955	0	1,833,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	808,710		808,710	0	808,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,964,335		1,964,335	0	1,964,335	59.00
60.00	06000	LABORATORY	17,087,239		17,087,239	0	17,087,239	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	86,141		86,141	0	86,141	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	149,630		149,630	0	149,630	63.00
65.00	06500	RESPIRATORY THERAPY	4,412,468	0	4,412,468	0	4,412,468	65.00
66.00	06600	PHYSICAL THERAPY	5,939,453	0	5,939,453	0	5,939,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,284,274	0	2,284,274	0	2,284,274	67.00
68.00	06800	SPEECH PATHOLOGY	611,076	0	611,076	0	611,076	68.00
69.00	06900	ELECTROCARDIOLOGY	2,658,646		2,658,646	0	2,658,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255,594		255,594	0	255,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,448,819		17,448,819	0	17,448,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,314,134		7,314,134	0	7,314,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,234,214		25,234,214	0	25,234,214	73.00
74.00	07400	RENAL DIALYSIS	1,175,673		1,175,673	0	1,175,673	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,841,722		7,841,722	0	7,841,722	76.00
76.01	03950	IP RENAL DIALYSIS	0		0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	355,315		355,315	0	355,315	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,647,355		2,647,355	0	2,647,355	90.00
91.00	09100	EMERGENCY	24,283,945		24,283,945	0	24,283,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,568,079		3,568,079	0	3,568,079	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	284,143,559	0	284,143,559	0	284,143,559	200.00
201.00		Less Observation Beds	3,568,079		3,568,079		3,568,079	201.00
202.00		Total (see instructions)	280,575,480	0	280,575,480	0	280,575,480	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			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	228,415,309		228,415,309			30.00
31.00	03100	INTENSIVE CARE UNIT	32,712,933		32,712,933			31.00
40.00	04000	SUBPROVIDER - IPF	9,024,889		9,024,889			40.00
41.00	04100	SUBPROVIDER - IRF	10,526,936		10,526,936			41.00
43.00	04300	NURSERY	13,245,412		13,245,412			43.00
44.00	04400	SKILLED NURSING FACILITY	5,415,795		5,415,795			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,008,091	72,153,171	115,161,262	0.165513	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,736,136	10,218,934	19,955,070	0.097878	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,417,573	3,065,718	23,483,291	0.358138	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,716,797	14,898,439	24,615,236	0.021568	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,623,493	57,288,431	72,911,924	0.118316	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	18,727	11,857,614	11,876,341	0.311137	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	118,300	6,575,554	6,693,854	0.122661	0.000000	55.00
57.00	05700	CT SCAN	19,567,285	32,363,614	51,930,899	0.035315	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,649,070	9,921,299	13,570,369	0.059594	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,567,987	2,887,324	11,455,311	0.171478	0.000000	59.00
60.00	06000	LABORATORY	79,244,860	53,122,649	132,367,509	0.129089	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	140,770	140,770	0.611927	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,925,694	693,583	4,619,277	0.032393	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,786,242	2,311,835	25,098,077	0.175809	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,900,143	15,735,538	27,635,681	0.214920	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,028,564	3,034,626	10,063,190	0.226993	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,075,583	67,534	1,143,117	0.534570	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	18,016,192	21,593,094	39,609,286	0.067122	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,206	1,202,803	1,333,009	0.191742	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,202,311	15,635,033	43,837,344	0.398035	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,699,961	12,691,347	31,391,308	0.232999	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	93,280,351	117,028,615	210,308,966	0.119986	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,010,531	462,357	8,472,888	0.138757	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,044	14,335,623	14,337,667	0.546932	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	23,723	234,147	257,870	1.377884	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	46	4,246,350	4,246,396	0.623436	0.000000	90.00
91.00	09100	EMERGENCY	40,574,495	79,223,087	119,797,582	0.202708	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,119,009	14,253,628	16,372,637	0.217929	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	764,784,688	577,242,717	1,342,027,405			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	764,784,688	577,242,717	1,342,027,405			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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	03190	OUTPATIENT ONCOLOGY	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950	IP RENAL DIALYSIS	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
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
114.00	11400	UTILIZATION REVIEW-SNF				114.00
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: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/28/2020 10:35 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,115,957	0	6,115,957	75,305	81.22	30.00
31.00	INTENSIVE CARE UNIT	425,399		425,399	5,234	81.28	31.00
40.00	SUBPROVIDER - IPF	187,383	0	187,383	3,784	49.52	40.00
41.00	SUBPROVIDER - IRF	265,518	0	265,518	3,699	71.78	41.00
43.00	NURSERY	80,725		80,725	2,479	32.56	43.00
44.00	SKILLED NURSING FACILITY	305,145		305,145	4,839	63.06	44.00
200.00	Total (lines 30 through 199)	7,380,127		7,380,127	95,340		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	15,495	1,258,504				30.00
31.00	INTENSIVE CARE UNIT	1,086	88,270				31.00
40.00	SUBPROVIDER - IPF	1,268	62,791				40.00
41.00	SUBPROVIDER - IRF	1,511	108,460				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	2,642	166,605				44.00
200.00	Total (lines 30 through 199)	22,002	1,684,630				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/28/2020 10:35 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,002,430	115,161,262	0.017388	10,508,864	182,728	50.00
51.00	05100	RECOVERY ROOM	106,464	19,955,070	0.005335	2,192,011	11,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	657,182	23,483,291	0.027985	111,184	3,111	52.00
53.00	05300	ANESTHESIOLOGY	28,824	24,615,236	0.001171	2,284,546	2,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	583,328	72,911,924	0.008000	4,616,727	36,934	54.00
54.01	03190	OUTPATIENT ONCOLOGY	61,476	11,876,341	0.005176	15,424	80	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35,329	6,693,854	0.005278	85,216	450	55.00
57.00	05700	CT SCAN	88,232	51,930,899	0.001699	5,308,051	9,018	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,448	13,570,369	0.002096	980,055	2,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,634	11,455,311	0.013062	2,661,108	34,759	59.00
60.00	06000	LABORATORY	616,728	132,367,509	0.004659	19,206,039	89,481	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	763	140,770	0.005420	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,633	4,619,277	0.009013	968,304	8,727	63.00
65.00	06500	RESPIRATORY THERAPY	296,634	25,098,077	0.011819	6,336,609	74,892	65.00
66.00	06600	PHYSICAL THERAPY	269,898	27,635,681	0.009766	1,455,388	14,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,085	10,063,190	0.005076	658,898	3,345	67.00
68.00	06800	SPEECH PATHOLOGY	6,373	1,143,117	0.005575	251,845	1,404	68.00
69.00	06900	ELECTROCARDIOLOGY	233,381	39,609,286	0.005892	5,596,521	32,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,621	1,333,009	0.039475	34,484	1,361	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,353	43,837,344	0.002472	7,026,945	17,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,450	31,391,308	0.001735	5,219,095	9,055	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	224,543	210,308,966	0.001068	21,592,927	23,061	73.00
74.00	07400	RENAL DIALYSIS	33,647	8,472,888	0.003971	3,190,219	12,668	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	313,933	14,337,667	0.021896	1,213	27	76.00
76.01	03950	IP RENAL DIALYSIS	163	0	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	82,166	257,870	0.318633	8,022	2,556	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	629,335	4,246,396	0.148205	0	0	90.00
91.00	09100	EMERGENCY	3,838,198	119,797,582	0.032039	9,896,048	317,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	253,880	16,372,637	0.015506	734,097	11,383	92.00
200.00		Total (lines 50 through 199)	10,849,131	1,042,686,131		110,939,840	903,081	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 10:35 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	75,305	0.00	15,495	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,234	0.00	1,086	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	3,784	0.00	1,268	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,699	0.00	1,511	41.00		
43.00	04300	NURSERY	0	0	2,479	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	4,839	0.00	2,642	44.00		
200.00		Total (lines 30 through 199)	0	0	95,340	0.00	22,002	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							
31.00	03100	INTENSIVE CARE UNIT	0							
40.00	04000	SUBPROVIDER - IPF	0							
41.00	04100	SUBPROVIDER - IRF	0							
43.00	04300	NURSERY	0							
44.00	04400	SKILLED NURSING FACILITY	0							
200.00		Total (lines 30 through 199)	0							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	263,259	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	263,259	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	115,161,262	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,955,070	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,483,291	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,615,236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,911,924	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	11,876,341	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,693,854	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	51,930,899	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,570,369	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,455,311	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	132,367,509	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	140,770	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,619,277	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,098,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,635,681	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,063,190	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,143,117	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,609,286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,333,009	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,837,344	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,391,308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,259	263,259	210,308,966	0.001252	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,472,888	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	14,337,667	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	257,870	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,246,396	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	119,797,582	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,372,637	0.000000	92.00
200.00		Total (lines 50 through 199)	0	263,259	263,259	1,042,686,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 10:35 am

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	10,508,864	0	13,159,450	0
51.00	05100	RECOVERY ROOM	0.000000	2,192,011	0	1,480,868	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	111,184	0	19,204	0
53.00	05300	ANESTHESIOLOGY	0.000000	2,284,546	0	2,687,378	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,616,727	0	7,962,021	0
54.01	03190	OUTPATIENT ONCOLOGY	0.000000	15,424	0	3,656,876	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	85,216	0	1,123,339	0
57.00	05700	CT SCAN	0.000000	5,308,051	0	5,752,621	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	980,055	0	1,585,321	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,661,108	0	1,327,036	0
60.00	06000	LABORATORY	0.000000	19,206,039	0	7,522,408	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	46,530	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	968,304	0	181,101	0
65.00	06500	RESPIRATORY THERAPY	0.000000	6,336,609	0	363,308	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,455,388	0	38,018	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	658,898	0	14,608	0
68.00	06800	SPEECH PATHOLOGY	0.000000	251,845	0	4,553	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,596,521	0	4,473,436	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	34,484	0	182,178	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,026,945	0	2,479,705	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,219,095	0	2,654,623	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001252	21,592,927	27,034	38,136,901	47,747
74.00	07400	RENAL DIALYSIS	0.000000	3,190,219	0	287,381	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	1,213	0	1,706,828	0
76.01	03950	IP RENAL DIALYSIS	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	8,022	0	70,039	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	894,668	0
91.00	09100	EMERGENCY	0.000000	9,896,048	0	7,888,213	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	734,097	0	2,556,933	0
200.00		Total (lines 50 through 199)		110,939,840	27,034	108,255,545	47,747

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.165513	13,159,450	0	0	2,178,060	50.00
51.00	05100	RECOVERY ROOM	0.097878	1,480,868	0	0	144,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358138	19,204	0	2	6,878	52.00
53.00	05300	ANESTHESIOLOGY	0.021568	2,687,378	0	0	57,961	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118316	7,962,021	0	0	942,034	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.311137	3,656,876	0	45	1,137,789	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122661	1,123,339	0	0	137,790	55.00
57.00	05700	CT SCAN	0.035315	5,752,621	0	0	203,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059594	1,585,321	0	0	94,476	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171478	1,327,036	0	0	227,557	59.00
60.00	06000	LABORATORY	0.129089	7,522,408	0	0	971,060	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	46,530	0	0	28,473	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.032393	181,101	0	0	5,866	63.00
65.00	06500	RESPIRATORY THERAPY	0.175809	363,308	0	0	63,873	65.00
66.00	06600	PHYSICAL THERAPY	0.214920	38,018	0	0	8,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226993	14,608	0	0	3,316	67.00
68.00	06800	SPEECH PATHOLOGY	0.534570	4,553	0	0	2,434	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067122	4,473,436	0	0	300,266	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191742	182,178	0	0	34,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	2,479,705	0	0	987,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999	2,654,623	0	0	618,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119986	38,136,901	0	123,268	4,575,894	73.00
74.00	07400	RENAL DIALYSIS	0.138757	287,381	0	0	39,876	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	1,706,828	0	0	933,519	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.377884	70,039	0	0	96,506	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.623436	894,668	0	0	557,768	90.00
91.00	09100	EMERGENCY	0.202708	7,888,213	0	73	1,599,004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.217929	2,556,933	0	24	557,230	92.00
200.00		Subtotal (see instructions)		108,255,545	0	123,412	16,514,364	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		108,255,545	0	123,412	16,514,364	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/28/2020 10:35 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	14		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,790		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	IP RENAL DIALYSIS	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	15		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5		92.00
200.00		Subtotal (see instructions)	0	14,825		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	14,825		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/28/2020 10:35 am	
				Component CCN: 14-S180			
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,002,430	115,161,262	0.017388	4,499	78
51.00	05100	RECOVERY ROOM	106,464	19,955,070	0.005335	326	2
52.00	05200	DELIVERY ROOM & LABOR ROOM	657,182	23,483,291	0.027985	0	0
53.00	05300	ANESTHESIOLOGY	28,824	24,615,236	0.001171	1,145	1
54.00	05400	RADIOLOGY-DIAGNOSTIC	583,328	72,911,924	0.008000	27,947	224
54.01	03190	OUTPATIENT ONCOLOGY	61,476	11,876,341	0.005176	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	35,329	6,693,854	0.005278	0	0
57.00	05700	CT SCAN	88,232	51,930,899	0.001699	62,452	106
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,448	13,570,369	0.002096	3,388	7
59.00	05900	CARDIAC CATHETERIZATION	149,634	11,455,311	0.013062	0	0
60.00	06000	LABORATORY	616,728	132,367,509	0.004659	339,055	1,580
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	763	140,770	0.005420	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,633	4,619,277	0.009013	4,303	39
65.00	06500	RESPIRATORY THERAPY	296,634	25,098,077	0.011819	20,790	246
66.00	06600	PHYSICAL THERAPY	269,898	27,635,681	0.009766	11,783	115
67.00	06700	OCCUPATIONAL THERAPY	51,085	10,063,190	0.005076	6,144	31
68.00	06800	SPEECH PATHOLOGY	6,373	1,143,117	0.005575	6,337	35
69.00	06900	ELECTROCARDIOLOGY	233,381	39,609,286	0.005892	46,820	276
70.00	07000	ELECTROENCEPHALOGRAPHY	52,621	1,333,009	0.039475	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,353	43,837,344	0.002472	17,515	43
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,450	31,391,308	0.001735	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	224,543	210,308,966	0.001068	531,980	568
74.00	07400	RENAL DIALYSIS	33,647	8,472,888	0.003971	77,717	309
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	313,933	14,337,667	0.021896	199	4
76.01	03950	IP RENAL DIALYSIS	163	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	82,166	257,870	0.318633	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	629,335	4,246,396	0.148205	0	0
91.00	09100	EMERGENCY	3,838,198	119,797,582	0.032039	309,903	9,929
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,372,637	0.000000	0	0
200.00		Total (lines 50 through 199)	10,595,251	1,042,686,131		1,472,303	13,593

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	263,259	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	263,259	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Subprovider - IPF		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	115,161,262	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,955,070	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,483,291	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,615,236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,911,924	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	11,876,341	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,693,854	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	51,930,899	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,570,369	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,455,311	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	132,367,509	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	140,770	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,619,277	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,098,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,635,681	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,063,190	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,143,117	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,609,286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,333,009	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,837,344	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,391,308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,259	263,259	210,308,966	0.001252	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,472,888	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	14,337,667	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	257,870	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,246,396	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	119,797,582	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,372,637	0.000000	92.00
200.00		Total (lines 50 through 199)	0	263,259	263,259	1,042,686,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	4,499	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	326	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,145	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	27,947	0	2,630	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	62,452	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	3,388	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	339,055	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	4,303	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	20,790	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	11,783	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	6,144	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	6,337	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	46,820	0	8,260	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	17,515	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001252	531,980	666	2,535	3	73.00
74.00	07400	RENAL DIALYSIS		0.000000	77,717	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	199	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS		0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	309,903	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,472,303	666	13,425	3	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Subprovider - IPF		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	0.165513	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097878	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358138	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021568	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118316	2,630	0	0	0	311	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.311137	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122661	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.035315	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059594	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171478	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.129089	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.032393	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.175809	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.214920	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226993	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.534570	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067122	8,260	0	0	0	554	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191742	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119986	2,535	0	0	0	304	73.00
74.00	07400	RENAL DIALYSIS	0.138757	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.377884	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.623436	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.202708	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.217929	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		13,425	0	0	0	1,169	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		13,425	0	0	0	1,169	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 10:35 am		
			Title XVIII		Subprovider - IPF		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
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	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
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	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-T180

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/28/2020 10:35 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,002,430	115,161,262	0.017388	61,763	1,074	50.00
51.00	05100 RECOVERY ROOM	106,464	19,955,070	0.005335	13,886	74	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	657,182	23,483,291	0.027985	0	0	52.00
53.00	05300 ANESTHESIOLOGY	28,824	24,615,236	0.001171	12,051	14	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	583,328	72,911,924	0.008000	43,122	345	54.00
54.01	03190 OUTPATIENT ONCOLOGY	61,476	11,876,341	0.005176	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	35,329	6,693,854	0.005278	0	0	55.00
57.00	05700 CT SCAN	88,232	51,930,899	0.001699	58,378	99	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	28,448	13,570,369	0.002096	13,435	28	58.00
59.00	05900 CARDIAC CATHETERIZATION	149,634	11,455,311	0.013062	0	0	59.00
60.00	06000 LABORATORY	616,728	132,367,509	0.004659	757,576	3,530	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	763	140,770	0.005420	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	41,633	4,619,277	0.009013	1,535	14	63.00
65.00	06500 RESPIRATORY THERAPY	296,634	25,098,077	0.011819	245,621	2,903	65.00
66.00	06600 PHYSICAL THERAPY	269,898	27,635,681	0.009766	1,852,419	18,091	66.00
67.00	06700 OCCUPATIONAL THERAPY	51,085	10,063,190	0.005076	1,035,145	5,254	67.00
68.00	06800 SPEECH PATHOLOGY	6,373	1,143,117	0.005575	148,289	827	68.00
69.00	06900 ELECTROCARDIOLOGY	233,381	39,609,286	0.005892	40,815	240	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	52,621	1,333,009	0.039475	1,059	42	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	108,353	43,837,344	0.002472	144,637	358	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	54,450	31,391,308	0.001735	2,672	5	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	224,543	210,308,966	0.001068	937,328	1,001	73.00
74.00	07400 RENAL DIALYSIS	33,647	8,472,888	0.003971	219,785	873	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	313,933	14,337,667	0.021896	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	163	0	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	82,166	257,870	0.318633	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	629,335	4,246,396	0.148205	0	0	90.00
91.00	09100 EMERGENCY	3,838,198	119,797,582	0.032039	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	16,372,637	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	10,595,251	1,042,686,131		5,589,516	34,772	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	263,259	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	263,259	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	115,161,262	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,955,070	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,483,291	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,615,236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,911,924	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	11,876,341	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,693,854	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	51,930,899	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,570,369	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,455,311	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	132,367,509	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	140,770	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,619,277	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,098,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,635,681	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,063,190	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,143,117	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,609,286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,333,009	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,837,344	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,391,308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,259	263,259	210,308,966	0.001252	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,472,888	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	14,337,667	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	257,870	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,246,396	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	119,797,582	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,372,637	0.000000	92.00
200.00		Total (lines 50 through 199)	0	263,259	263,259	1,042,686,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		61,763	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		13,886	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		12,051	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		43,122	0	4,634	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000		0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		58,378	0	3,246	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		13,435	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		757,576	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		1,535	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		245,621	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,852,419	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,035,145	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		148,289	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		40,815	0	2,767	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		1,059	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		144,637	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		2,672	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001252		937,328	1,174	15,632	20	73.00
74.00	07400	RENAL DIALYSIS	0.000000		219,785	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000		0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			5,589,516	1,174	26,279	20	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-T180

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/28/2020 10:35 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
								1.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.165513	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097878	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358138	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021568	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118316	4,634	0	0	548	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.311137	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122661	0	0	0	0	55.00
57.00	05700	CT SCAN	0.035315	3,246	0	0	115	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059594	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171478	0	0	0	0	59.00
60.00	06000	LABORATORY	0.129089	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.032393	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.175809	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.214920	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226993	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.534570	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067122	2,767	0	0	186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191742	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119986	15,632	0	1,132	1,876	73.00
74.00	07400	RENAL DIALYSIS	0.138757	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.377884	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.623436	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.202708	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.217929	0	0	0	0	92.00
200.00		Subtotal (see instructions)		26,279	0	1,132	2,725	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		26,279	0	1,132	2,725	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 10:35 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	136					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
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	136					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	136					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	263,259	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	263,259	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Skilled Nursing Facility		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	115,161,262	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,955,070	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,483,291	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,615,236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,911,924	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	11,876,341	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,693,854	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	51,930,899	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,570,369	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,455,311	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	132,367,509	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	140,770	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,619,277	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,098,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,635,681	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,063,190	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,143,117	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,609,286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,333,009	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,837,344	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,391,308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,259	263,259	210,308,966	0.001252	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,472,888	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	14,337,667	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	257,870	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,246,396	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	119,797,582	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,372,637	0.000000	92.00
200.00		Total (lines 50 through 199)	0	263,259	263,259	1,042,686,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		61,983	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		18,406	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		11,103	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		79,182	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000		0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		5,768	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		6,840	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		1,260,808	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		16,266	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,196,220	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,784,078	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,534,595	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		46,434	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		36,065	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		452	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		546,187	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		7,475	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001252		2,285,492	2,861	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000		0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			8,897,354	2,861	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-5541

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/28/2020 10:35 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.165513	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.097878	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.358138	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.021568	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118316	0	0	0	0 54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.311137	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122661	0	0	0	0 55.00
57.00	05700 CT SCAN	0.035315	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059594	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171478	0	0	0	0 59.00
60.00	06000 LABORATORY	0.129089	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.032393	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.175809	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.214920	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226993	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.534570	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.067122	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.191742	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.232999	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119986	0	0	9,125	0 73.00
74.00	07400 RENAL DIALYSIS	0.138757	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	0	0	0	0 76.00
76.01	03950 IP RENAL DIALYSIS	0.000000	0	0	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	1.377884	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.623436	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.202708	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217929	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	9,125	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	9,125	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/28/2020 10:35 am		
			Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,095					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
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	1,095					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	1,095					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 10:35 am	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	75,305	0.00	10,286	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,234	0.00	736	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	3,784	0.00	181	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,699	0.00	120	41.00		
43.00	04300	NURSERY	0	0	2,479	0.00	764	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	4,839	0.00	87	44.00		
200.00		Total (lines 30 through 199)	0	0	95,340		12,174	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0					30.00		
31.00	03100	INTENSIVE CARE UNIT	0					31.00		
40.00	04000	SUBPROVIDER - IPF	0					40.00		
41.00	04100	SUBPROVIDER - IRF	0					41.00		
43.00	04300	NURSERY	0					43.00		
44.00	04400	SKILLED NURSING FACILITY	0					44.00		
200.00		Total (lines 30 through 199)	0					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Title XIX			Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	263,259	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	263,259	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 10:35 am	
			Title XIX		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	115,161,262	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,955,070	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,483,291	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,615,236	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,911,924	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	11,876,341	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,693,854	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	51,930,899	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,570,369	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,455,311	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	132,367,509	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	140,770	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,619,277	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,098,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,635,681	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,063,190	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,143,117	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,609,286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,333,009	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,837,344	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,391,308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	263,259	263,259	210,308,966	0.001252	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,472,888	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	14,337,667	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	257,870	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,246,396	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	119,797,582	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,372,637	0.000000	92.00
200.00		Total (lines 50 through 199)	0	263,259	263,259	1,042,686,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description			Title XIX			Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
									9.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001252	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		75,305	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,305	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)		72,179	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)		15,495	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)		85,954,686	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)		85,954,686	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)		85,954,686	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)		1,141.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,686,303	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)		17,686,303	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:

11/28/2020 10:35 am

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
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	13,233,688	5,234	2,528.41	1,086	2,745,853
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,134,829
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,566,985
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,346,774
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					930,115
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,276,889
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,290,096
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					3,126
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,141.42
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,568,079

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,115,957	85,954,686	0.071153	3,568,079	253,880
91.00	Nursing School cost	0	85,954,686	0.000000	3,568,079	0
92.00	Allied health cost	0	85,954,686	0.000000	3,568,079	0
93.00	All other Medical Education	0	85,954,686	0.000000	3,568,079	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Subprovider - IPF	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)		3,784	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,784	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)		3,784	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,268	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)		3,886,667	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)		3,886,667	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)		3,886,667	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)		1,027.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,302,401	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,302,401	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					209,051	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,511,452	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)					62,791	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,259	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					77,050	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,434,402	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	187,383	3,886,667	0.048212	0	0	90.00
91.00	Nursing School cost	0	3,886,667	0.000000	0	0	91.00
92.00	Allied health cost	0	3,886,667	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,886,667	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,699	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,699	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)		3,699	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,511	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)		3,199,261	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)		3,199,261	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)		3,199,261	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)		864.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,306,864	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,306,864	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,077,298
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,384,162
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					108,460
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,946
52.00 Total Program excludable cost (sum of lines 50 and 51)					144,406
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,239,756
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	265,518	3,199,261	0.082994	0	0	90.00
91.00 Nursing School cost	0	3,199,261	0.000000	0	0	91.00
92.00 Allied health cost	0	3,199,261	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,199,261	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,839	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,839	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)		4,839	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)		2,642	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,908,632	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,908,632	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,908,632	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				4,908,632	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				1,014.39	71.00
72.00 Program routine service cost (line 9 x line 71)				2,680,018	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				2,680,018	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				2,680,018	83.00
84.00 Program inpatient ancillary services (see instructions)				1,648,346	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				4,328,364	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

Period:

Worksheet D-1

Component CCN: 14-5541

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/28/2020 10:35 am

Title XVIII

Skilled Nursing
Facility

PPS

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		75,305	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,305	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)		72,179	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)		10,286	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)		2,479	15.00	
16.00	Nursery days (title V or XIX only)		764	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)		85,954,686	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)		85,954,686	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)		85,954,686	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)		1,141.42	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,740,646	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)		11,740,646	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,901,970	2,479	767.23	764	586,164	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,233,688	5,234	2,528.41	736	1,860,910	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,187,720	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,126	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,141.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,568,079	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Title XIX		Hospital		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	6,115,957	85,954,686	0.071153	3,568,079	253,880
91.00	Nursing School cost	0	85,954,686	0.000000	3,568,079	0
92.00	Allied health cost	0	85,954,686	0.000000	3,568,079	0
93.00	All other Medical Education	0	85,954,686	0.000000	3,568,079	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,699 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,699 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)			3,699 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)			120 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)			2,479 15.00
16.00	Nursery days (title V or XIX only)			764 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)			3,199,261 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)			3,199,261 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)			3,199,261 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)			864.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			103,788 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)			103,788 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am	
				Title XIX		Subprovider - IRF	Cost
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					103,788	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XIX		Subprovider - IRF	Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	265,518	3,199,261	0.082994	0	0	90.00
91.00 Nursing School cost	0	3,199,261	0.000000	0	0	91.00
92.00 Allied health cost	0	3,199,261	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,199,261	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 10:35 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		51,544,425	30.00
31.00	03100	INTENSIVE CARE UNIT		8,319,373	31.00
40.00	04000	SUBPROVIDER - IPF		5,292,596	40.00
41.00	04100	SUBPROVIDER - IRF		7,904	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165513	10,508,864	50.00
51.00	05100	RECOVERY ROOM	0.097878	2,192,011	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358138	111,184	52.00
53.00	05300	ANESTHESIOLOGY	0.021568	2,284,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118316	4,616,727	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.311137	15,424	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122661	85,216	55.00
57.00	05700	CT SCAN	0.035315	5,308,051	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059594	980,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171478	2,661,108	59.00
60.00	06000	LABORATORY	0.129089	19,206,039	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.032393	968,304	63.00
65.00	06500	RESPIRATORY THERAPY	0.175809	6,336,609	65.00
66.00	06600	PHYSICAL THERAPY	0.214920	1,455,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226993	658,898	67.00
68.00	06800	SPEECH PATHOLOGY	0.534570	251,845	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067122	5,596,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191742	34,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	7,026,945	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999	5,219,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119986	21,592,927	73.00
74.00	07400	RENAL DIALYSIS	0.138757	3,190,219	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	1,213	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.377884	8,022	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.623436	0	90.00
91.00	09100	EMERGENCY	0.202708	9,896,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.217929	734,097	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		110,939,840	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)		110,939,840	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,314,885		30.00
31.00	03100 INTENSIVE CARE UNIT		14		31.00
40.00	04000 SUBPROVIDER - IPF		738,226		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.165513	4,499	745	50.00
51.00	05100 RECOVERY ROOM	0.097878	326	32	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.358138	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.021568	1,145	25	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118316	27,947	3,307	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.311137	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122661	0	0	55.00
57.00	05700 CT SCAN	0.035315	62,452	2,205	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059594	3,388	202	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171478	0	0	59.00
60.00	06000 LABORATORY	0.129089	339,055	43,768	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.032393	4,303	139	63.00
65.00	06500 RESPIRATORY THERAPY	0.175809	20,790	3,655	65.00
66.00	06600 PHYSICAL THERAPY	0.214920	11,783	2,532	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226993	6,144	1,395	67.00
68.00	06800 SPEECH PATHOLOGY	0.534570	6,337	3,388	68.00
69.00	06900 ELECTROCARDIOLOGY	0.067122	46,820	3,143	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.191742	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	17,515	6,972	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.232999	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119986	531,980	63,830	73.00
74.00	07400 RENAL DIALYSIS	0.138757	77,717	10,784	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	199	109	76.00
76.01	03950 IP RENAL DIALYSIS	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.377884	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.623436	0	0	90.00
91.00	09100 EMERGENCY	0.202708	309,903	62,820	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217929	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,472,303	209,051	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)		1,472,303		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,269,529		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.165513	61,763	10,223	50.00
51.00	05100 RECOVERY ROOM	0.097878	13,886	1,359	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.358138	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.021568	12,051	260	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118316	43,122	5,102	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.311137	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122661	0	0	55.00
57.00	05700 CT SCAN	0.035315	58,378	2,062	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059594	13,435	801	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171478	0	0	59.00
60.00	06000 LABORATORY	0.129089	757,576	97,795	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.032393	1,535	50	63.00
65.00	06500 RESPIRATORY THERAPY	0.175809	245,621	43,182	65.00
66.00	06600 PHYSICAL THERAPY	0.214920	1,852,419	398,122	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226993	1,035,145	234,971	67.00
68.00	06800 SPEECH PATHOLOGY	0.534570	148,289	79,271	68.00
69.00	06900 ELECTROCARDIOLOGY	0.067122	40,815	2,740	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.191742	1,059	203	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	144,637	57,571	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.232999	2,672	623	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119986	937,328	112,466	73.00
74.00	07400 RENAL DIALYSIS	0.138757	219,785	30,497	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.377884	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.623436	0	0	90.00
91.00	09100 EMERGENCY	0.202708	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217929	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,589,516	1,077,298	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)		5,589,516		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		423		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.165513	61,983	10,259	50.00
51.00	05100 RECOVERY ROOM	0.097878	18,406	1,802	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.358138	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.021568	11,103	239	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118316	79,182	9,368	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.311137	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122661	0	0	55.00
57.00	05700 CT SCAN	0.035315	5,768	204	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059594	6,840	408	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171478	0	0	59.00
60.00	06000 LABORATORY	0.129089	1,260,808	162,756	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.611927	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.032393	16,266	527	63.00
65.00	06500 RESPIRATORY THERAPY	0.175809	1,196,220	210,306	65.00
66.00	06600 PHYSICAL THERAPY	0.214920	1,784,078	383,434	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226993	1,534,595	348,342	67.00
68.00	06800 SPEECH PATHOLOGY	0.534570	46,434	24,822	68.00
69.00	06900 ELECTROCARDIOLOGY	0.067122	36,065	2,421	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.191742	452	87	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.398035	546,187	217,402	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.232999	7,475	1,742	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119986	2,285,492	274,227	73.00
74.00	07400 RENAL DIALYSIS	0.138757	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.546932	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.377884	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.623436	0	0	90.00
91.00	09100 EMERGENCY	0.202708	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217929	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,897,354	1,648,346	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)		8,897,354		202.00

Health Financial Systems		PRESENCE SAINTS MARY & ELIZABETH MED		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII	Hospital	PPS	
					1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments				0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				6,663,138 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)				17,943,176 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)				172,230 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)				378,125 2.04
3.00	Managed Care Simulated Payments				14,424,524 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)				356.05 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)				52.59 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				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)				1.50 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).				15.00 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)				66.09 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records				53.47 10.00
11.00	FTE count for residents in dental and podiatric programs.				3.00 11.00
12.00	Current year allowable FTE (see instructions)				56.47 12.00
13.00	Total allowable FTE count for the prior year.				54.46 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.				54.65 14.00
15.00	Sum of lines 12 through 14 divided by 3.				55.19 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				55.19 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).				0.155006 19.00
20.00	Prior year resident to bed ratio (see instructions)				0.148721 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)				0.148721 21.00
22.00	IME payment adjustment (see instructions)				1,918,677 22.00
22.01	IME payment adjustment - Managed Care (see instructions)				1,124,752 22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).				0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)				-12.62 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)				0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)				0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)				0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)				0 28.01
29.00	Total IME payment (sum of lines 22 and 28)				1,918,677 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				1,124,752 29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)				19.10 30.00
31.00	Percentage of Medicaid patient days (see instructions)				52.34 31.00
32.00	Sum of lines 30 and 31				71.44 32.00
33.00	Allowable disproportionate share percentage (see instructions)				48.15 33.00
34.00	Disproportionate share adjustment (see instructions)				2,961,985 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,500,527	2,733,820		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,638,490	2,046,631		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,685,121			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	33,722,452			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)		34,847,204		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,125,994		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).		1,790,908		52.00
53.00	Nursing and Allied Health Managed Care payment		31,086		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)		27,034		58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,822,226		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,822,226		61.00
62.00	Deductibles billed to program beneficiaries		2,299,440		62.00
63.00	Coinsurance billed to program beneficiaries		374,506		63.00
64.00	Allowable bad debts (see instructions)		2,182,380		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,418,547		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,617,098		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,566,827		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)		135,326		70.93
70.94	HRR adjustment amount (see instructions)		-74,898		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,627,255	71.00
71.01	Sequestration adjustment (see instructions)		628,375	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		35,497,784	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,501,096	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,486,833	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2020 10:35 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,663,138	0	6,663,138		6,663,138	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,943,176	0		17,943,176	17,943,176	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	172,230	0	172,230		172,230	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	378,125	0		378,125	378,125	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,424,524	0	3,308,368	11,116,156	14,424,524	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.148721	0.148721	0.148721	0.148721		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,918,677	0	519,558	1,399,119	1,918,677	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,124,752	0	257,970	866,782	1,124,752	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,918,677	0	519,558	1,399,119	1,918,677	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,124,752	0	257,970	866,782	1,124,752	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4815	0.4815	0.4815	0.4815		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,961,985	0	802,075	2,159,910	2,961,985	11.00
11.01	Uncompensated care payments	36.00	3,685,121	0	9,138,092	2,298,846	11,436,938	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,722,452	0	17,295,093	16,427,359	33,722,452	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,847,204	0	17,553,063	17,294,141	34,847,204	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,125,994	0	590,152	1,535,842	2,125,994	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2020 10:35 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	18,143,215	18,829,983	36,973,198
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,948,759	0	542,076	1,406,683	1,948,759
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	29,324	0	6,932	22,392	29,324
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0759	0.0759	0.0759	0.0759	
23.00	Indirect medical education adjustment (see instructions)	6.00	147,911	0	41,144	106,767	147,911
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	2,125,994	0	590,152	1,535,842	2,125,994
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2020 10:35 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,663,138	6,663,138		6,663,138	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,943,176		17,943,176	17,943,176	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	172,230	172,230		172,230	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	378,125		378,125	378,125	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,424,524	3,308,368	11,116,156	14,424,524	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.148721	0.148721	0.148721		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,918,677	519,558	1,399,119	1,918,677	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,124,752	257,970	866,782	1,124,752	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,918,677	519,558	1,399,119	1,918,677	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,124,752	257,970	866,782	1,124,752	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4815	0.4815	0.4815		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,961,985	802,075	2,159,910	2,961,985	11.00
11.01	Uncompensated care payments	36.00	3,685,121	2,153,141	4,862,037	7,015,178	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,722,452	10,310,142	23,412,310	33,722,452	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,847,204	10,568,112	24,279,092	34,847,204	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,125,994	590,152	1,535,842	2,125,994	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			11,158,264	25,814,934	36,973,198	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2020 10:35 am	
			Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,948,759	542,076	1,406,683	1,948,759	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	29,324	6,932	22,392	29,324	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0759	0.0759	0.0759		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	147,911	41,144	106,767	147,911	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,125,994	590,152	1,535,842	2,125,994	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	135,326	48,201	87,125	135,326	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-74,898	-1,333	-73,565	-74,898	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,825	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,466,617	2.00
3.00	OPPS payments		13,883,013	3.00
4.00	Outlier payment (see instructions)		79,093	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		47,747	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,825	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		123,412	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)		123,412	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)		123,412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		108,587	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)		14,825	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		14,009,853	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,702,180	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		11,322,498	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		646,414	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,968,912	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		11,968,912	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)		999,240	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		649,506	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		601,850	36.00
37.00	Subtotal (see instructions)		12,618,418	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)		12,618,418	40.00
40.01	Sequestration adjustment (see instructions)		210,728	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		12,206,495	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)		201,195	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

Health Financial Systems		PRESENCE SAINTS MARY & ELIZABETH MED		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019	Worksheet E	
		Component CCN: 14-S180	To 06/30/2020	Part B	
		Title XVIII	Subprovider - IPF	Date/Time Prepared: 11/28/2020 10:35 am	
				PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,166	2.00
3.00	OPPS payments			779	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			3	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	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)			0	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)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	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)			0	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)			782	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)			156	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)			626	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			626	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			626	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			626	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			626	40.00
40.01	Sequestration adjustment (see instructions)			10	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			611	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			5	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		PRESENCE SAINTS MARY & ELIZABETH MED		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 10:35 am	
		Component CCN: 14-T180			
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		136	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,705	2.00	
3.00	OPPS payments		1,407	3.00	
4.00	Outlier payment (see instructions)		0	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		20	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		136	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		1,132	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		1,132	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		1,132	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		996	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)		136	21.00	
22.00	Interns and residents (see instructions)		0	22.00	
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,427	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)		258	26.00	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,305	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00	
30.00	Subtotal (sum of lines 27 through 29)		1,305	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		1,305	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		1,305	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50		
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		1,305	40.00	
40.01	Sequestration adjustment (see instructions)		22	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03	
41.00	Interim payments		1,276	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)		7	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: 14-0180 Component CCN: 14-5541	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,095	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,095	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,125	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)		9,125	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		9,125	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,030	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)		1,095	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,095	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,095	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,095	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,095	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,095	40.00
40.01	Sequestration adjustment (see instructions)		18	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		1,252	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-175	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/28/2020 10:35 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		32,532,816		11,072,836	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,567,633		1,011,274	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/11/2020	397,335	02/11/2020	122,385	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)		397,335		122,385	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)		35,497,784		12,206,495	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		1,501,096		201,195	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		36,998,880		12,407,690	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0180
 Component CCN: 14-S180

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/28/2020 10:35 am
 PPS

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,123,790		611		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)		1,123,790		611		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		69,464		5		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,193,254		616		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,836,252		1,276		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,836,252		1,276		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		7		6.01
6.02	SETTLEMENT TO PROGRAM		6,767		0		6.02
7.00	Total Medicare program liability (see instructions)		2,829,485		1,283		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,511,110		1,252		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)		1,511,110		1,252		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		41,259		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		175		6.02
7.00	Total Medicare program liability (see instructions)		1,552,369		1,077		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: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/28/2020 10:35 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,271,014 1.00
2.00	Net IPF PPS Outlier Payments			36,432 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			10.338798 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,307,446 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,307,446 16.00
17.00	Primary payer payments			3,493 17.00
18.00	Subtotal (line 16 less line 17).			1,303,953 18.00
19.00	Deductibles			111,408 19.00
20.00	Subtotal (line 18 minus line 19)			1,192,545 20.00
21.00	Coinsurance			45,881 21.00
22.00	Subtotal (line 20 minus line 21)			1,146,664 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			101,831 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			66,190 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			84,045 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,212,854 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			666 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,213,520 31.00
31.01	Sequestration adjustment (see instructions)			20,266 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,123,790 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			69,464 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			36,432 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	2,577,783 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.1319 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	309,334 3.00		
4.00	Outlier Payments	0 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	10.106557 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	2,887,117 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	2,887,117 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	2,887,117 19.00		
20.00	Deductibles	8,272 20.00		
21.00	Subtotal (line 19 minus line 20)	2,878,845 21.00		
22.00	Coinsurance	12,881 22.00		
23.00	Subtotal (line 21 minus line 22)	2,865,964 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	16,003 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	10,402 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,160 26.00		
27.00	Subtotal (sum of lines 23 and 25)	2,876,366 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	1,174 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	2,877,540 32.00		
32.01	Sequestration adjustment (see instructions)	48,055 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	2,836,252 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-6,767 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	0 50.00		
51.00	Outlier reconciliation adjustment amount (see instructions)	0 51.00		
52.00	The rate used to calculate the Time Value of Money	0.00 52.00		
53.00	Time Value of Money (see instructions)	0 53.00		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,666,680	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		2,861	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,669,541	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		125,059	7.00
8.00	Allowable bad debts (see instructions)		59,076	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		38,399	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,582,881	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,582,881	15.00
15.01	Sequestration adjustment (see instructions)		30,512	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		641	15.75
16.00	Interim payments		1,511,110	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		40,618	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2020 10:35 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	14,187,720			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	14,187,720		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	14,187,720		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	14,187,720		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	14,187,720		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2020 10:35 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		103,788		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		103,788	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		103,788	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		103,788	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		103,788	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					41.12	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)					2.82	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))					13.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					51.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					53.47	6.00
7.00	Enter the lesser of line 5 or line 6					51.80	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.	48.11		5.24		53.35	
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.	46.61		5.08		51.69	
10.00	Weighted dental and podiatric resident FTE count for the current year			3.00		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	46.61		8.08		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	46.39		8.04		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	48.70		5.95		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	47.23		7.36		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	47.23		7.36		17.00	
18.00	Per resident amount	133,652.58		133,652.58		18.00	
19.00	Approved amount for resident costs	6,312,411		983,683		7,296,094	
						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	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					1.67	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	
24.00	Multiply line 22 time line 23					0	
25.00	Total direct GME amount (sum of lines 19 and 24)					7,296,094	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	19,360		4,925		4,924	
27.00	Total Inpatient Days (see instructions)	85,373		85,373		85,373	
28.00	Ratio of inpatient days to total inpatient days	0.226770		0.057688		0.057676	
29.00	Program direct GME amount	1,654,535		420,897		420,810	
29.01	Percent reduction for MA DGME			7.00		7.00	
30.00	Reduction for direct GME payments for Medicare Advantage			29,463		29,457	
31.00	Net Program direct GME amount					2,437,322	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 10:35 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			8,472,888	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)			45,812,158	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			3,493	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			45,808,665	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,534,314	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,534,314	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			62,342,979	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.734785	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.265215	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,437,322	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,790,908	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			646,414	50.00

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

Provider CCN: 14-0180

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

Worksheet G

Date/Time Prepared:
11/28/2020 10:35 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	6,191	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	152,864,368	0	0	0	4.00
5.00 Other receivable	1,656,405	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-108,561,996	0	0	0	6.00
7.00 Inventory	5,475,391	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	4,029,544	0	0	0	9.00
10.00 Due from other funds	16,268,662	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	71,738,565	0	0	0	11.00
FIXED ASSETS					
12.00 Land	35,010,000	0	0	0	12.00
13.00 Land improvements	368,306	0	0	0	13.00
14.00 Accumulated depreciation	-162,154	0	0	0	14.00
15.00 Buildings	130,521,180	0	0	0	15.00
16.00 Accumulated depreciation	-11,039,309	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	7,877,179	0	0	0	19.00
20.00 Accumulated depreciation	-2,339,286	0	0	0	20.00
21.00 Automobiles and trucks	117,500	0	0	0	21.00
22.00 Accumulated depreciation	-25,564	0	0	0	22.00
23.00 Major movable equipment	21,936,348	0	0	0	23.00
24.00 Accumulated depreciation	-9,155,804	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	173,108,396	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	1,518,407	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,518,407	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	246,365,368	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	36,255,285	0	0	0	37.00
38.00 Salaries, wages, and fees payable	5,952,014	0	0	0	38.00
39.00 Payroll taxes payable	1,691,414	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	50,713	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	59,663,536	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	103,612,962	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,767,700	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	2,767,700	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	106,380,662	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	139,984,706	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	0	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)	139,984,706	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	246,365,368	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0180

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

Worksheet G-1

Date/Time Prepared:
11/28/2020 10:35 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		207,312,694		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-9,020,989				2.00
3.00	Total (sum of line 1 and line 2)		198,291,705		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	OPENING BALANCE SHEET ADJ	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		198,291,705		0		11.00
12.00	NET ASSET TRANSFERS	58,306,999		0		0	12.00
13.00	OTHER TRANSFERS	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		58,306,999		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		139,984,706		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	OPENING BALANCE SHEET ADJ		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFERS		0				12.00
13.00	OTHER TRANSFERS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0180

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2020 10:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	246,067,268		246,067,268	1.00
2.00	SUBPROVIDER - IPF	9,016,593		9,016,593	2.00
3.00	SUBPROVIDER - IRF	10,509,539		10,509,539	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	5,462,390		5,462,390	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)	271,055,790		271,055,790	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,406,492		33,406,492	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,406,492		33,406,492	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	304,462,282		304,462,282	17.00
18.00	Ancillary services	460,322,333	477,010,626	937,332,959	18.00
19.00	Outpatient services	72	93,587,133	93,587,205	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN AND OP PHARM REV	0	6,940,784	6,940,784	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	764,784,687	577,538,543	1,342,323,230	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		318,182,311		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	ADD (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)		318,182,311		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0180

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

Worksheet G-3

Date/Time Prepared:
11/28/2020 10:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,342,323,230	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,053,512,627	2.00
3.00	Net patient revenues (line 1 minus line 2)	288,810,603	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	318,182,311	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-29,371,708	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	805,214	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	-8,726	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,020,695	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	4,969,050	17.00
18.00	Revenue from sale of medical records and abstracts	190	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,357,954	22.00
23.00	Governmental appropriations	0	23.00
24.00	BLUE CROSS BONUSES	0	24.00
24.01	MISCELLANEOUS REVENUE	453,408	24.01
24.50	COVID-19 PHE Funding	11,752,934	24.50
25.00	Total other income (sum of lines 6-24)	20,350,719	25.00
26.00	Total (line 5 plus line 25)	-9,020,989	26.00
27.00	RECONCILING ITEM	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-9,020,989	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0180	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/28/2020 10:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,948,759	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		29,324	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)		212.81	3.00
4.00	Number of interns & residents (see instructions)		55.19	4.00
5.00	Indirect medical education percentage (see instructions)		7.59	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)		147,911	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,125,994	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