

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: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/27/2020 12:08 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/27/2020	Time: 12:08 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL (14-0187) 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)

Officer or Administrator of Provider(s)

PRESIDENT AND CEO

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-556,583	195,268	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	23,688	-52		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-532,895	195,216	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: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 12:08 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1 SAINT ELIZABETH BLVD			PO Box:				1.00		
2.00	City: OFALLON			State: IL		Zip Code: 62269		County: ST. CLAIR 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		ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF		REHABILITATION	14T187	41180	5	07/01/1987	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA		BELLEVILLE HHA	147506	41180		11/01/1991	N	N N	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.				1	Y				23.00
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
			1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,389	723	0	0	4,112	247		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 12:08 pm	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	33	31	0	0	208			25.00
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	14.25	0.000000
			1.00	2.00	3.00	
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 12:08 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	484,528	467,991	3,644,049 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/27/2020 12:08 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 06101				141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:						142.00	
143.00	City: SPRINGFIELD	State:		Zip Code: 62707				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	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/27/2020 12:08 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/20/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/01/2020	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: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 11/27/2020 12:08 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
				1.00		2.00	
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		BKD LLP		41.00	
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/27/2020 12:08 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	124	43,812	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)		124	43,812	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	6,796	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)		144	50,608	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	2,096		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	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)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,715	1,152	30,899			1.00
2.00	HMO and other (see instructions)	7,897	4,608				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	21	255				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,715	1,152	30,899			7.00
8.00	INTENSIVE CARE UNIT	2,809	152	5,994			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		312	1,962			13.00
14.00	Total (see instructions)	16,524	1,616	38,855	14.25	943.68	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	863	17	1,745	0.00	9.84	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			278			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)				14.25	953.52	27.00
28.00	Observation Bed Days		139	4,298			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			338			30.00
31.00	Employee discount days - IRF			21			31.00
32.00	Labor & delivery days (see instructions)	0	247	425			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,434	340	9,121	1.00
2.00 HMO and other (see instructions)			1,499	1,360		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				26		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	3,434	340	9,121	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	86	2	180	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	63,685,959	-2,835,129	60,850,830	1,983,322.99	30.68
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		355,342	0	355,342	2,080.00	170.84
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,731,489	0	1,731,489	33,790.91	51.24
8.00	Home office and/or related organization personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		929,483	8,723	938,206	30,431.66	30.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,351,927	0	6,351,927	140,727.27	45.14
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		421,386	0	421,386	2,863.90	147.14
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	14.00
14.01	Home office salaries		14,566,828	0	14,566,828	448,873.86	32.45
14.02	Related organization salaries		0	0	0	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,965,652	0	28,965,652		17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas		453,562	0	453,562		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		112,485	0	112,485		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
25.50	Home office wage-related (core)		5,464,191	0	5,464,191		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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,838,192	-3,280,957	3,557,235	86,547.17	41.10	27.00
28.00	Administrative & General under contract (see inst.)		1,880,816	0	1,880,816	29,840.65	63.03	28.00
29.00	Maintenance & Repairs	6.00	304,083	0	304,083	9,318.67	32.63	29.00
30.00	Operation of Plant	7.00	1,295,801	0	1,295,801	53,320.11	24.30	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,063,776	0	1,063,776	86,517.19	12.30	32.00
33.00	Housekeeping under contract (see instructions)		634,004	0	634,004	10,482.35	60.48	33.00
34.00	Dietary	10.00	1,173,109	-621,325	551,784	33,079.68	16.68	34.00
35.00	Dietary under contract (see instructions)		280,836	0	280,836	6,239.88	45.01	35.00
36.00	Cafeteria	11.00	0	621,325	621,325	43,720.68	14.21	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,327,270	55,257	1,382,527	47,889.82	28.87	38.00
39.00	Central Services and Supply	14.00	494,469	0	494,469	28,993.75	17.05	39.00
40.00	Pharmacy	15.00	2,169,781	0	2,169,781	57,006.91	38.06	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,648,186	165	1,648,351	49,066.75	33.59	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/27/2020 12:08 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	64,750,126	-2,835,129	61,914,997	1,996,094.96	31.02	1.00
2.00	Excluded area salaries (see instructions)	929,483	8,723	938,206	30,431.66	30.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	63,820,643	-2,843,852	60,976,791	1,965,663.30	31.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,340,141	0	21,340,141	592,465.03	36.02	4.00
5.00	Subtotal wage-related costs (see inst.)	34,542,328	0	34,542,328	0.00	56.65	5.00
6.00	Total (sum of lines 3 thru 5)	119,703,112	-2,843,852	116,859,260	2,558,128.33	45.68	6.00
7.00	Total overhead cost (see instructions)	19,110,323	-3,225,535	15,884,788	542,023.61	29.31	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2020 12:08 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		681,873	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)		7,331,131	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)		0	8.02
8.03	Health Insurance (Purchased)		11,954,864	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		95,494	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		997,994	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		5,591,580	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		2,583,868	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		294,895	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		29,531,699	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,351,927	29,531,699	1.00
2.00	Hospital	6,351,927	29,078,137	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	266,740	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	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	186,822	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/27/2020 12:08 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.245646 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	4,176,523		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	23,720,359		6.00
7.00	Medicaid cost (line 1 times line 6)	5,826,811		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)	1,650,288		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)	1,650,288		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)	15,097,982	2,364,349	17,462,331 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,708,759	2,364,349	6,073,108 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)	3,708,759	2,364,349	6,073,108 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	7,685,190		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	689,750		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,061,154		27.01
28.00	Non-Medicare bad debt expense (see instructions)	6,624,036		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,998,572		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,071,680		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	9,721,968		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,193,908	5,193,908	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,748,577	7,748,577	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		20,243,934	20,243,934	5,509,175	25,753,109	4.00
5.01	00540	NONPATIENT TELEPHONES	213,603	101,807	315,410	-97,647	217,763	5.01
5.02	00550	DATA PROCESSING	176	14,168,023	14,168,199	-1,499,783	12,668,416	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-11,709	-11,709	11,709	0	5.03
5.04	00570	ADMITTING	0	11,482	11,482	-10,446	1,036	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	9,567,875	9,567,875	0	9,567,875	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	6,624,413	44,305,798	50,930,211	-5,788,022	45,142,189	5.06
6.00	00600	MAINTENANCE & REPAIRS	304,083	3,092,474	3,396,557	-57,058	3,339,499	6.00
7.00	00700	OPERATION OF PLANT	1,295,801	11,531,034	12,826,835	-5,194,278	7,632,557	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	753,903	753,903	-897	753,006	8.00
9.00	00900	HOUSEKEEPING	1,063,776	790,350	1,854,126	-64,886	1,789,240	9.00
10.00	01000	DIETARY	1,173,109	639,801	1,812,910	-1,013,970	798,940	10.00
11.00	01100	CAFETERIA	0	0	0	989,574	989,574	11.00
13.00	01300	NURSING ADMINISTRATION	1,327,270	72,936	1,400,206	76,861	1,477,067	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	494,469	384,496	878,965	-141,313	737,652	14.00
15.00	01500	PHARMACY	2,169,781	11,708,660	13,878,441	-11,459,934	2,418,507	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,648,186	706,719	2,354,905	-4,623	2,350,282	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,406,724	1,406,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,205,719	1,205,719	22.00
23.00	02300	PARAMED ED PRGM	420,321	10,987	431,308	0	431,308	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,525,519	2,095,975	17,621,494	-1,704,311	15,917,183	30.00
31.00	03100	INTENSIVE CARE UNIT	4,523,688	1,061,824	5,585,512	-736,191	4,849,321	31.00
41.00	04100	SUBPROVIDER - IRF	495,784	319,120	814,904	-50,454	764,450	41.00
43.00	04300	NURSERY	663,430	830,834	1,494,264	-128,512	1,365,752	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,223,244	13,703,256	19,926,500	-11,647,304	8,279,196	50.00
51.00	05100	RECOVERY ROOM	826,206	81,672	907,878	-52,854	855,024	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,409,850	82,777	1,492,627	-36,274	1,456,353	52.00
53.00	05300	ANESTHESIOLOGY	85,899	560,986	646,885	-509,195	137,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,514,429	1,952,575	4,467,004	-937,475	3,529,529	54.00
56.00	05600	RADIOISOTOPE	439,978	824,886	1,264,864	-582,689	682,175	56.00
57.00	05700	CT SCAN	584,700	509,927	1,094,627	-386,076	708,551	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,268,998	10,827,529	13,096,527	-10,281,193	2,815,334	59.00
60.00	06000	LABORATORY	2,606,261	4,988,801	7,595,062	-2,498,149	5,096,913	60.00
64.00	06400	INTRAVENOUS THERAPY	170,399	519,882	690,281	-107,755	582,526	64.00
65.00	06500	RESPIRATORY THERAPY	1,113,327	384,661	1,497,988	-372,167	1,125,821	65.00
66.00	06600	PHYSICAL THERAPY	532,592	3,036,685	3,569,277	791,767	4,361,044	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,139	575,012	634,151	-34,345	599,806	67.00
68.00	06800	SPEECH PATHOLOGY	100	262,446	262,546	9,378	271,924	68.00
69.00	06900	ELECTROCARDIOLOGY	862,335	581,283	1,443,618	-389,766	1,053,852	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,420,758	20,420,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,478,870	8,478,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,198,698	10,198,698	73.00
74.00	07400	RENAL DIALYSIS	0	720,734	720,734	-14,585	706,149	74.00
76.00	03952	PAIN MANAGEMENT	497,428	193,226	690,654	-25,279	665,375	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	220,007	89,219	309,226	18,434	327,660	76.03
76.04	03650	VASCULAR LAB	299,881	170,382	470,263	-170,112	300,151	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	347,299	26,727,521	27,074,820	-1,785,919	25,288,901	90.00
91.00	09100	EMERGENCY	4,157,503	2,278,904	6,436,407	-796,467	5,639,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	509,597	48,098	557,695	426,499	984,194	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,672,581	191,506,785	255,179,366	3,906,722	259,086,088	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51	51	-117	-66	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,378	6,306,377	6,319,755	-3,957,970	2,361,785	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	51,365	51,365	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	63,685,959	197,813,213	261,499,172	0	261,499,172	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet A Date/Time Prepared: 11/27/2020 12:08 pm	
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation					
			6.00	7.00					
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,252,338	7,446,246	1.00				
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,478,106	14,226,683	2.00				
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8,281,481	17,471,628	4.00				
5.01	00540	NONPATIENT TELEPHONES	0	217,763	5.01				
5.02	00550	DATA PROCESSING	-1,769,004	10,899,412	5.02				
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03				
5.04	00570	ADMITTING	1,773,235	1,774,271	5.04				
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,181,196	6,386,679	5.05				
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-26,574,368	18,567,821	5.06				
6.00	00600	MAINTENANCE & REPAIRS	-43,816	3,295,683	6.00				
7.00	00700	OPERATION OF PLANT	0	7,632,557	7.00				
8.00	00800	LAUNDRY & LINEN SERVICE	-186,216	566,790	8.00				
9.00	00900	HOUSEKEEPING	0	1,789,240	9.00				
10.00	01000	DIETARY	0	798,940	10.00				
11.00	01100	CAFETERIA	0	989,574	11.00				
13.00	01300	NURSING ADMINISTRATION	-5,263	1,471,804	13.00				
14.00	01400	CENTRAL SERVICES & SUPPLY	0	737,652	14.00				
15.00	01500	PHARMACY	-139,848	2,278,659	15.00				
16.00	01600	MEDICAL RECORDS & LIBRARY	3,746,444	3,746,444	16.00				
17.00	01700	SOCIAL SERVICE	0	2,350,282	17.00				
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,406,724	21.00				
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-162,230	1,043,489	22.00				
23.00	02300	PARAMED ED PRGM	0	431,308	23.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	-3,330	15,913,853	30.00				
31.00	03100	INTENSIVE CARE UNIT	-1,530	4,847,791	31.00				
41.00	04100	SUBPROVIDER - IRF	0	764,450	41.00				
43.00	04300	NURSERY	0	1,365,752	43.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	-17,731	8,261,465	50.00				
51.00	05100	RECOVERY ROOM	0	855,024	51.00				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,456,353	52.00				
53.00	05300	ANESTHESIOLOGY	0	137,690	53.00				
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,844	3,526,685	54.00				
56.00	05600	RADIOISOTOPE	-3,684	678,491	56.00				
57.00	05700	CT SCAN	-2,250	706,301	57.00				
59.00	05900	CARDIAC CATHETERIZATION	0	2,815,334	59.00				
60.00	06000	LABORATORY	-63,179	5,033,734	60.00				
64.00	06400	INTRAVENOUS THERAPY	0	582,526	64.00				
65.00	06500	RESPIRATORY THERAPY	-3,312	1,122,509	65.00				
66.00	06600	PHYSICAL THERAPY	-942	4,360,102	66.00				
67.00	06700	OCCUPATIONAL THERAPY	-948	598,858	67.00				
68.00	06800	SPEECH PATHOLOGY	0	271,924	68.00				
69.00	06900	ELECTROCARDIOLOGY	-151,323	902,529	69.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,420,758	71.00				
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,478,870	72.00				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,198,698	73.00				
74.00	07400	RENAL DIALYSIS	0	706,149	74.00				
76.00	03952	PAIN MANAGEMENT	0	665,375	76.00				
76.01	03951	OP CARDIO VASCULAR	0	0	76.01				
76.02	03953	ANCILLARY PSYCH	0	0	76.02				
76.03	03950	SLEEP LAB	-1,402	326,258	76.03				
76.04	03650	VASCULAR LAB	0	300,151	76.04				
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	-6,560	25,282,341	90.00				
91.00	09100	EMERGENCY	-1,036,811	4,603,129	91.00				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	984,194	92.00				
93.00	04950	OTHER OP	0	984,194	93.00				
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	101.00				
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,389,145	231,696,943	118.00				
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-66	190.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-58,367	2,303,418	192.00				
193.00	19300	NONPAID WORKERS	0	0	193.00				
193.01	19301	WELLNESS/SENIOR VIP	0	51,365	193.01				
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,447,512	234,051,660	200.00				

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 12:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES & IMPLANTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10		1.00
2.00	NURSING ADMINISTRATION	13.00	0	68,986		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,420,758		3.00
4.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,478,870		4.00
5.00	IMPL. DEV. CHARGED TO PATIENT					5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	0		0	28,968,624		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,198,698		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	0		0	10,198,698		
	C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	9,382	41,983		1.00
	0		9,382	41,983		
	D - RENT EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	201,689		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,001,040		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

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 12:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
			0	1,202,729		
E - DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,992,219		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,747,537		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
			0	11,739,756		
F - CAFETERIA						
1.00	CAFETERIA	11.00	621,325	368,249		1.00
			621,325	368,249		
G - THERAPY RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00		106,495		1.00
2.00	SPEECH PATHOLOGY	68.00		15,329		2.00
			0	121,824		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,406,724		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	324,765		2.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 12:08 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		0	1,731,489	
	J - URGENT CARE/PT RECLASS				
1.00	PHYSICAL THERAPY	66.00	188	606,338	1.00
2.00	OTHER OP	93.00	136	440,351	2.00
	0		324	1,046,689	
	K - SLEEP LAB RECLASS				
1.00	SLEEP LAB	76.03	173	93,611	1.00
	TOTALS		173	93,611	
	L - NEW FACILITY/ADMIN RECLASS				
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	162	399,909	1.00
2.00	DATA PROCESSING	5.02	0	85,872	2.00
3.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	880,954	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	163,530	4.00
5.00	LABORATORY	60.00	0	407,827	5.00
6.00	INTRAVENOUS THERAPY	64.00	0	89,683	6.00
7.00	PHYSICAL THERAPY	66.00	0	467,689	7.00
8.00	PAIN MANAGEMENT	76.00	0	134,006	8.00
9.00	CLINIC	90.00	0	187,541	9.00
	0		162	2,817,011	
	M - COVID RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,225,005	1.00
2.00	ADMITTING	5.04	1,036	0	2.00
3.00	NURSING ADMINISTRATION	13.00	55,257	0	3.00
4.00	SOCIAL SERVICE	17.00	165	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	36,539	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	9,040	0	6.00
7.00	NURSERY	43.00	983	0	7.00
8.00	OPERATING ROOM	50.00	125,058	0	8.00
9.00	RECOVERY ROOM	51.00	17,880	0	9.00
10.00	ANESTHESIOLOGY	53.00	572	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	25,657	0	11.00
12.00	RADIOISOTOPE	56.00	13,197	0	12.00
13.00	CT SCAN	57.00	271	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	30,236	0	14.00
15.00	LABORATORY	60.00	132	0	15.00
16.00	RESPIRATORY THERAPY	65.00	2,035	0	16.00
17.00	PHYSICAL THERAPY	66.00	9,659	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	11,981	0	18.00
19.00	PAIN MANAGEMENT	76.00	5,911	0	19.00
20.00	SLEEP LAB	76.03	10,008	0	20.00
21.00	VASCULAR LAB	76.04	3,844	0	21.00
22.00	EMERGENCY	91.00	55,596	0	22.00
23.00	OTHER OP	93.00	22,587	0	23.00
	TOTALS		437,644	3,225,005	
	N - PURCHASING RECLASS				
1.00	PURCHASING RECEIVING AND STORES	5.03	0	11,709	1.00
	TOTALS		0	11,709	
	O - RELATED PARTY RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,284,160	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	550,969	2.00
	TOTALS		0	2,835,129	
500.00	Grand Total: Increases		1,069,010	64,402,506	500.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 12:08 pm

		Decreases					11/27/2020 12:08 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - SUPPLIES & IMPLANTS								
1.00	NONPATIENT TELEPHONES	5.01	0	5	0	1.00		
2.00	DATA PROCESSING	5.02	0	95	0	2.00		
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	28,249	0	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	19,183	0	4.00		
5.00	OPERATION OF PLANT	7.00	0	19,242	0	5.00		
6.00	LAUNDRY & LINEN SERVICE	8.00	0	155	0	6.00		
7.00	HOUSEKEEPING	9.00	0	45,052	0	7.00		
8.00	DIETARY	10.00	0	5,774	0	8.00		
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	56,651	0	9.00		
10.00	PHARMACY	15.00	0	749,731	0	10.00		
11.00	SOCIAL SERVICE	17.00	0	78	0	11.00		
12.00	ADULTS & PEDIATRICS	30.00	0	1,151,763	0	12.00		
13.00	INTENSIVE CARE UNIT	31.00	0	545,934	0	13.00		
14.00	SUBPROVIDER - IRF	41.00	0	25,110	0	14.00		
15.00	NURSERY	43.00	0	129,495	0	15.00		
16.00	OPERATING ROOM	50.00	0	10,306,693	0	16.00		
17.00	RECOVERY ROOM	51.00	0	20,030	0	17.00		
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,274	0	18.00		
19.00	ANESTHESIOLOGY	53.00	0	475,590	0	19.00		
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	278,578	0	20.00		
21.00	RADIOISOTOPE	56.00	0	407,340	0	21.00		
22.00	CT SCAN	57.00	0	202,383	0	22.00		
23.00	CARDIAC CATHETERIZATION	59.00	0	9,921,148	0	23.00		
24.00	LABORATORY	60.00	0	2,557,943	0	24.00		
25.00	INTRAVENOUS THERAPY	64.00	0	193,166	0	25.00		
26.00	RESPIRATORY THERAPY	65.00	0	273,766	0	26.00		
27.00	PHYSICAL THERAPY	66.00	0	66,219	0	27.00		
28.00	OCCUPATIONAL THERAPY	67.00	0	1,777	0	28.00		
29.00	SPEECH PATHOLOGY	68.00	0	382	0	29.00		
30.00	ELECTROCARDIOLOGY	69.00	0	324,360	0	30.00		
31.00	RENAL DIALYSIS	74.00	0	10,313	0	31.00		
32.00	PAIN MANAGEMENT	76.00	0	145,230	0	32.00		
33.00	SLEEP LAB	76.03	0	36,038	0	33.00		
34.00	VASCULAR LAB	76.04	0	2,775	0	34.00		
35.00	CLINIC	90.00	0	188,582	0	35.00		
36.00	EMERGENCY	91.00	0	708,133	0	36.00		
37.00	OTHER OP	93.00	0	35,387	0	37.00		
0			0	28,968,624				
B - DRUGS CHARGED TO PATIENTS								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,596	0	1.00		
2.00	MAINTENANCE & REPAIRS	6.00	0	4	0	2.00		
3.00	OPERATION OF PLANT	7.00	0	4	0	3.00		
4.00	LAUNDRY & LINEN SERVICE	8.00	0	141	0	4.00		
5.00	DIETARY	10.00	0	17,087	0	5.00		
6.00	PHARMACY	15.00	0	10,133,885	0	6.00		
7.00	ADULTS & PEDIATRICS	30.00	0	1,445	0	7.00		
8.00	OPERATING ROOM	50.00	0	849	0	8.00		
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48	0	9.00		
10.00	RADIOISOTOPE	56.00	0	76	0	10.00		
11.00	LABORATORY	60.00	0	1	0	11.00		
12.00	PHYSICAL THERAPY	66.00	0	27	0	12.00		
13.00	RENAL DIALYSIS	74.00	0	4,069	0	13.00		
14.00	CLINIC	90.00	0	34,451	0	14.00		
15.00	OTHER OP	93.00	0	15	0	15.00		
0			0	10,198,698				
C - COMMUNITY RELATIONS								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	9,382	41,983	0	1.00		
0			9,382	41,983				
D - RENT EXPENSE								
1.00	NONPATIENT TELEPHONES	5.01	0	113	10	1.00		
2.00	DATA PROCESSING	5.02	0	12,486	10	2.00		
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	65,876	0	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	469	0	4.00		
5.00	OPERATION OF PLANT	7.00	0	6,906	0	5.00		
6.00	HOUSEKEEPING	9.00	0	4,634	0	6.00		
7.00	NURSING ADMINISTRATION	13.00	0	6,956	0	7.00		
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,522	0	8.00		
9.00	PHARMACY	15.00	0	556,314	0	9.00		
10.00	ADULTS & PEDIATRICS	30.00	0	115,854	0	10.00		

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 12:08 pm

	Decreases						11/27/2020 12:08 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	INTENSIVE CARE UNIT	31.00	0	19,490	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	7,709	0		12.00
13.00	OPERATING ROOM	50.00	0	73,157	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,215	0		14.00
15.00	RADIOISOTOPE	56.00	0	33,792	0		15.00
16.00	CT SCAN	57.00	0	113	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,274	0		17.00
18.00	LABORATORY	60.00	0	25,127	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	1,643	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	36,008	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	51,989	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	131,634	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	113	0		23.00
24.00	PAIN MANAGEMENT	76.00	0	1,643	0		24.00
25.00	SLEEP LAB	76.03	0	5,856	0		25.00
26.00	VASCULAR LAB	76.04	0	1,653	0		26.00
27.00	CLINIC	90.00	0	6,589	0		27.00
28.00	EMERGENCY	91.00	0	8,594	0		28.00
	0		0	1,202,729			
E - DEPRECIATION EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	97,529	9		1.00
2.00	DATA PROCESSING	5.02	0	1,573,074	9		2.00
3.00	ADMITTING	5.04	0	11,482	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	77,489	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	37,402	0		5.00
6.00	OPERATION OF PLANT	7.00	0	5,168,126	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	601	0		7.00
8.00	HOUSEKEEPING	9.00	0	15,200	0		8.00
9.00	DIETARY	10.00	0	1,535	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	40,426	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,140	0		11.00
12.00	PHARMACY	15.00	0	20,004	0		12.00
13.00	SOCIAL SERVICE	17.00	0	4,710	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	471,788	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	179,807	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	17,635	0		16.00
17.00	OPERATING ROOM	50.00	0	1,391,663	0		17.00
18.00	RECOVERY ROOM	51.00	0	50,704	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	34,177	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	839,821	0		20.00
21.00	RADIOISOTOPE	56.00	0	154,678	0		21.00
22.00	CT SCAN	57.00	0	183,851	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	387,007	0		23.00
24.00	LABORATORY	60.00	0	323,037	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	2,629	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	64,428	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	52,048	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	7,429	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	5,569	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	77,274	0		30.00
31.00	RENAL DIALYSIS	74.00	0	203	0		31.00
32.00	PAIN MANAGEMENT	76.00	0	18,323	0		32.00
33.00	SLEEP LAB	76.03	0	43,464	0		33.00
34.00	VASCULAR LAB	76.04	0	169,528	0		34.00
35.00	CLINIC	90.00	0	12,349	0		35.00
36.00	EMERGENCY	91.00	0	135,336	0		36.00
37.00	OTHER OP	93.00	0	1,173	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	117	0		38.00
	0		0	11,739,756			
F - CAFETERIA							
1.00	DIETARY	10.00	621,325	368,249	0		1.00
	0		621,325	368,249			
G - THERAPY RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	121,824	0		1.00
2.00			0	0	0		2.00
	0		0	121,824			
H - INTERNS AND RESIDENTS							
1.00	CLINIC	90.00	0	1,731,489	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,731,489			

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2020 12:08 pm

		Decreases					11/27/2020 11:00 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	J - URGENT CARE/PT RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	324	1,046,689	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		324	1,046,689				
	K - SLEEP LAB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	173	93,611	0		1.00	
	TOTALS		173	93,611				
	L - NEW FACILITY/ADMIN RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	162	2,817,011	0		1.00	
2.00			0		0		2.00	
3.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD		0		0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC		0		0		4.00	
5.00	LABORATORY		0		0		5.00	
6.00	INTRAVENOUS THERAPY		0		0		6.00	
7.00	PHYSICAL THERAPY		0		0		7.00	
8.00	PAIN MANAGEMENT		0		0		8.00	
9.00	CLINIC		0		0		9.00	
	0		162	2,817,011				
	M - COVID RECLASS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	437,644	3,225,005	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
	TOTALS		437,644	3,225,005				
	N - PURCHASING RECLASS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	11,709	0		1.00	
	TOTALS		0	11,709				
	O - RELATED PARTY RECLASS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	2,835,129	0	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		2,835,129	0				
500.00	Grand Total: Decreases		3,904,139	61,567,377			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

			Acquisitions				11/27/2020 11:00 pm
			Beginning Balances	Purchases	Donation	Total	Disposals and Retirements
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,847,634	21,500	0	21,500	0	1.00
2.00	Land Improvements	15,435,662	270,963	0	270,963	0	2.00
3.00	Buildings and Fixtures	77,560,718	3,496,515	0	3,496,515	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	97,335,526	1,591,658	0	1,591,658	0	5.00
6.00	Movable Equipment	97,081,962	7,420,836	0	7,420,836	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	310,261,502	12,801,472	0	12,801,472	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	310,261,502	12,801,472	0	12,801,472	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	22,869,134	0	1.00			
2.00	Land Improvements	15,706,625	0	2.00			
3.00	Buildings and Fixtures	81,057,233	0	3.00			
4.00	Building Improvements	0	0	4.00			
5.00	Fixed Equipment	98,927,184	0	5.00			
6.00	Movable Equipment	104,502,798	0	6.00			
7.00	HIT designated Assets	0	0	7.00			
8.00	Subtotal (sum of lines 1-7)	323,062,974	0	8.00			
9.00	Reconciling Items	0	0	9.00			
10.00	Total (line 8 minus line 9)	323,062,974	0	10.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW 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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW 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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	218,560,176	0	218,560,176	0.676525	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	104,502,798	0	104,502,798	0.323475	0	2.00
3.00	Total (sum of lines 1-2)	323,062,974	0	323,062,974	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,282,194	201,689	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,225,643	1,001,040	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,507,837	1,202,729	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	NEW CAP REL COSTS-BLDG & FIXT	-37,637	0	0	0	7,446,246	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,226,683	2.00
3.00	Total (sum of lines 1-2)	-37,637	0	0	0	21,672,929	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-37,637	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW 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	-9,734,186			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	-1,863,638			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others	B	-482,060	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS DATA PROCESSING	B	-134,041	DATA PROCESSING	5.02	0	33.00
33.01	MISCELLANEOUS A&G	B	-230,665	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	MISCELLANEOUS LAUNDRY	B	-15,220	LAUNDRY & LINEN SERVICE	8.00	0	33.02
33.03	MISCELLANEOUS NURSING ADMINISTRATION	B	-1,263	NURSING ADMINISTRATION	13.00	0	33.03
33.04	MISCELLANEOUS A&P	B	-2,321	ADULTS & PEDIATRICS	30.00	0	33.04
33.05	MISCELLANEOUS LAB	B	-63,179	LABORATORY	60.00	0	33.05
33.06	MISCELLANEOUS PT	B	-192	PHYSICAL THERAPY	66.00	0	33.06
33.07	MISCELLANEOUS CLINIC	B	-6,560	CLINIC	90.00	0	33.07
33.08	MISCELLANEOUS ER	B	-5,231	EMERGENCY	91.00	0	33.08
33.09	LOBBYING DUES OFFSET	A	-47,423	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.09
33.10	ALCOHOL	A	-3,162	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.10
33.11	CABLE TV	A	-948	OCCUPATIONAL THERAPY	67.00	0	33.11
33.12	CABLE TV	A	-399	RADIOISOTOPE	56.00	0	33.12
33.13	CABLE TV	A	-1,402	SLEEP LAB	76.03	0	33.13
33.14	CABLE TV	A	-43,784	MAINTENANCE & REPAIRS	6.00	0	33.14
33.15	MISC. DONATIONS	A	-4,512	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16	MISC. DONATIONS	A	-10,500	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.16
33.17	SELF INSURANCE	A	-7,943,959	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	ADVERTISING - A&G	A	-494,074	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19	ADVERTISING - NURSING ADMIN	A	-4,000	NURSING ADMINISTRATION	13.00	0	33.19
33.20	ADVERTISING - RADIOISOTOPE	A	-3,285	RADIOISOTOPE	56.00	0	33.20
33.21	LEGAL SETTLEMENTS	A	-16,141	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.21
33.22	GIFTS	A	-8,000	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.22
33.23	SPECIAL EVENTS - A&G	A	-39,523	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.23
33.24	SPECIAL EVENTS - ENGINEERING	A	-32	MAINTENANCE & REPAIRS	6.00	0	33.24
33.25	PROFESSIONAL LIABILITY	A	-162,230	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.25
33.26	PROVIDER TAX	A	-8,608,788	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.26
33.27	CONTRIBUTIONS - A&G	A	-28,660	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.27
33.28	TRANSFER TO FOUNDATION - A&G	A	-3,000	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.28
33.29	TRANSFER TO FOUNDATION - A&P	A	-1,009	ADULTS & PEDIATRICS	30.00	0	33.29
33.30	TRANSFER TO FOUNDATION - RADIOLOGY	A	-2,844	RADIOLOGY-DIAGNOSTIC	54.00	0	33.30
33.31	DONATED SERVICES	A	-400	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.31
33.32	RESTRUCTURING - THRIVE	A	-1,936,232	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.32
33.33	RESTRUCTURING - GOODWILL	A	-887,037	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.33
33.34	MEDICARE DEPRECIATION-BLDG	A	2,464,394	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.34
33.35	MEDICARE DEPRECIATION-MME	A	2,915,631	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.35
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,447,512				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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2020 12:08 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE TRUST FUND	15,845,496	15,859,446	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CORP - BUILDING DEPRECIATION	298,253	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	CORP - EQUIPMENT DEPRECIATIO	3,524,859	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENER	CORP - SSC MANAGEMENT FEE	3,713,069	9,124,782	4.00
4.01	5.06	OTHER ADMINISTRATIVE & GENER	CORP - PURCHASED SERVICE	0	332,006	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	CORP - PURCHASED SERVICE	0	55,616	4.02
4.03	5.02	DATA PROCESSING	INFORMATION SYSTEMS - ISC MA	10,748,573	12,383,536	4.03
4.04	5.04	ADMITTING	SBO FEE - ADMITTING	1,773,235	0	4.04
4.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	SBO FEE - CASHIERING	4,102,519	7,283,715	4.05
4.06	5.06	OTHER ADMINISTRATIVE & GENER	SBO FEE - OTHER A&G	580,536	0	4.06
4.07	16.00	MEDICAL RECORDS & LIBRARY	SBO FEE - MEDICAL RECORDS	3,746,444	0	4.07
4.08	1.00	NEW CAP REL COSTS-BLDG & FIX	SID - BUILDING	4,308	0	4.08
4.09	2.00	NEW CAP REL COSTS-MVBLE EQUI	SID - EQUIPMENT	23,653	0	4.09
4.10	5.06	OTHER ADMINISTRATIVE & GENER	SID - A&G	2,318,528	2,805,874	4.10
4.11	5.06	OTHER ADMINISTRATIVE & GENER	SID - FLOAT POOL	429,910	429,910	4.11
4.12	5.06	OTHER ADMINISTRATIVE & GENER	SID - HR	1,368,897	1,368,897	4.12
4.13	60.00	LABORATORY	SID - LAB	25,720	25,720	4.13
4.14	15.00	PHARMACY	SID - SHARED PHARMACIST	276,788	416,636	4.14
4.15	4.00	EMPLOYEE BENEFITS DEPARTMENT	SID - BENEFITS	0	323,572	4.15
4.16	192.00	PHYSICIANS' PRIVATE OFFICES	SID - GARFIELD	0	58,367	4.16
4.17	1.00	NEW CAP REL COSTS-BLDG & FIX	CID - BUILDING	5,080	0	4.17
4.18	2.00	NEW CAP REL COSTS-MVBLE EQUI	CID - EQUIPMENT	13,963	0	4.18
4.19	8.00	LAUNDRY & LINEN SERVICE	CID - LAUNDRY	581,883	752,879	4.19
4.20	5.06	OTHER ADMINISTRATIVE & GENER	CID - LIBRARY	83,015	107,411	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			49,464,729	51,328,367	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	A	SHS	100.00	0.00	6.00
7.00	A	SHS - CORP	100.00	0.00	7.00
8.00	A	SHS - SID	100.00	0.00	8.00
9.00	A	SHS - CID	100.00	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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2020 12:08 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-13,950	0		1.00
2.00	298,253	9		2.00
3.00	3,524,859	9		3.00
4.00	-5,411,713	0		4.00
4.01	-332,006	0		4.01
4.02	-55,616	0		4.02
4.03	-1,634,963	0		4.03
4.04	1,773,235	0		4.04
4.05	-3,181,196	0		4.05
4.06	580,536	0		4.06
4.07	3,746,444	0		4.07
4.08	4,308	9		4.08
4.09	23,653	9		4.09
4.10	-487,346	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	-139,848	0		4.14
4.15	-323,572	0		4.15
4.16	-58,367	0		4.16
4.17	5,080	9		4.17
4.18	13,963	9		4.18
4.19	-170,996	0		4.19
4.20	-24,396	0		4.20
5.00	-1,863,638			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			6.00
7.00			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: 14-0187

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2020 12:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	8,737,210	8,268,265	468,945	211,500	2,080	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,530	1,530	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	40,120	2,295	37,825	246,400	189	3.00
4.00	57.00	CT SCAN	2,250	2,250	0	271,900	0	4.00
5.00	60.00	LABORATORY	4,500	0	4,500	260,300	36	5.00
6.00	65.00	RESPIRATORY THERAPY	3,312	3,312	0	211,500	0	6.00
7.00	66.00	PHYSICAL THERAPY	750	750	0	211,500	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	151,323	151,323	0	211,500	0	8.00
9.00	91.00	EMERGENCY	1,031,580	1,031,580	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,972,575	9,461,305	511,270		2,305	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	211,500	10,575	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	22,389	1,119	0	0	0	3.00
4.00	57.00	CT SCAN	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	4,505	225	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			238,394	11,919	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	211,500	257,445	8,525,710		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,530		2.00
3.00	50.00	OPERATING ROOM	0	22,389	15,436	17,731		3.00
4.00	57.00	CT SCAN	0	0	0	2,250		4.00
5.00	60.00	LABORATORY	0	4,505	0	0		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	3,312		6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	750		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	151,323		8.00
9.00	91.00	EMERGENCY	0	0	0	1,031,580		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	238,394	272,881	9,734,186		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	7,446,246	7,446,246			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	14,226,683	14,226,683			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	17,471,628		4.00
5.01	00540	NONPATIENT TELEPHONES	217,763	1,935	61,330	490,348	5.01
5.02	00550	DATA PROCESSING	10,899,412	88,540	2,321,603	51	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	1,774,271	13,738	17,360	297	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,386,679	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	18,567,821	1,189,053	278,322	959,682	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,295,683	3,257	56,895	87,309	6.00
7.00	00700	OPERATION OF PLANT	7,632,557	593,262	411,101	372,053	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	566,790	24,621	879	8.00
9.00	00900	HOUSEKEEPING	1,789,240	28,032	58,893	305,433	9.00
10.00	01000	DIETARY	798,940	216,090	12,184	158,429	10.00
11.00	01100	CAFETERIA	989,574	0	0	178,396	11.00
13.00	01300	NURSING ADMINISTRATION	1,471,804	0	59,329	396,954	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	737,652	0	96,268	141,973	14.00
15.00	01500	PHARMACY	2,278,659	0	29,821	622,992	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,746,444	3,966	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,350,282	11,956	6,891	473,278	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,406,724	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,043,489	456,227	0	0	22.00
23.00	02300	PARAMED ED PRGM	431,308	0	0	120,683	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,913,853	1,625,581	864,429	4,468,225	30.00
31.00	03100	INTENSIVE CARE UNIT	4,847,791	204,862	422,846	1,301,446	31.00
41.00	04100	SUBPROVIDER - IRF	764,450	131,689	27,909	142,350	41.00
43.00	04300	NURSERY	1,365,752	28,664	0	190,768	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,261,465	920,348	2,858,495	1,822,737	50.00
51.00	05100	RECOVERY ROOM	855,024	57,040	130,938	242,356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,456,353	0	0	404,799	52.00
53.00	05300	ANESTHESIOLOGY	137,690	6,994	40,511	24,828	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,526,685	259,182	2,127,289	729,315	54.00
56.00	05600	RADIOISOTOPE	678,491	33,837	447,628	130,117	56.00
57.00	05700	CT SCAN	706,301	18,547	567,421	167,958	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,815,334	233,833	1,159,514	660,161	59.00
60.00	06000	LABORATORY	5,033,734	230,671	673,607	748,353	60.00
64.00	06400	INTRAVENOUS THERAPY	582,526	46,445	4,374	48,925	64.00
65.00	06500	RESPIRATORY THERAPY	1,122,509	34,604	106,886	320,245	65.00
66.00	06600	PHYSICAL THERAPY	4,360,102	242,206	96,676	155,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	598,858	0	9,050	16,980	67.00
68.00	06800	SPEECH PATHOLOGY	271,924	0	8,147	29	68.00
69.00	06900	ELECTROCARDIOLOGY	902,529	72,139	142,868	251,035	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,420,758	82,102	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,478,870	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,198,698	56,121	0	0	73.00
74.00	07400	RENAL DIALYSIS	706,149	0	297	0	74.00
76.00	03952	PAIN MANAGEMENT	665,375	69,399	37,929	144,520	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	326,258	0	66,783	66,092	76.03
76.04	03650	VASCULAR LAB	300,151	16,823	588,615	87,206	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	25,282,341	97,124	19,952	99,717	90.00
91.00	09100	EMERGENCY	4,603,129	333,467	263,742	1,209,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	984,194	0	1,716	152,841	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	231,696,943	7,432,355	14,226,488	17,465,282	458,723
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-66	13,891	195	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,303,418	0	0	3,652	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	51,365	0	0	2,694	193.01
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	234,051,660	7,446,246	14,226,683	17,471,628	490,348	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	13,344,892					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMITTING	0	0	1,808,662			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,387,012		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	13,344,892	0	0	0	34,436,641	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,445,807	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	9,017,295	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	592,290	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,189,920	9.00
10.00	01000	DIETARY	0	0	0	0	1,191,968	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,167,970	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,936,409	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	980,553	14.00
15.00	01500	PHARMACY	0	0	0	0	2,938,463	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,750,410	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,851,728	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,406,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	1,499,716	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	551,991	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	136,652	482,497	23,558,814	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	34,656	122,366	6,948,947	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,862	17,168	1,093,088	41.00
43.00	04300	NURSERY	0	0	4,649	16,417	1,607,914	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	170,327	601,398	14,679,710	50.00
51.00	05100	RECOVERY ROOM	0	0	14,606	51,572	1,352,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,988	38,795	1,914,597	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54,367	191,962	459,348	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	131,584	464,603	7,260,962	54.00
56.00	05600	RADIOISOTOPE	0	0	23,427	82,716	1,407,867	56.00
57.00	05700	CT SCAN	0	0	137,283	484,725	2,082,901	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	178,852	631,500	5,689,181	59.00
60.00	06000	LABORATORY	0	0	195,189	690,083	7,587,283	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	7,959	28,101	718,330	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,082	152,115	1,781,105	65.00
66.00	06600	PHYSICAL THERAPY	0	0	40,452	142,831	5,053,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,180	32,413	666,814	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,986	14,073	298,492	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	80,533	284,350	1,736,117	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	60,084	212,146	20,775,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	69,230	244,441	8,792,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	161,602	570,592	10,987,013	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,944	24,519	739,241	74.00
76.00	03952	PAIN MANAGEMENT	0	0	25,125	88,713	1,034,390	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	6,810	24,046	490,655	76.03
76.04	03650	VASCULAR LAB	0	0	14,085	49,733	1,059,276	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	17,190	60,694	25,583,343	90.00
91.00	09100	EMERGENCY	0	0	149,492	527,833	7,118,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	0	15,466	54,610	1,209,160	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,344,892	0	1,808,662	6,387,012	231,644,886	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,686	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,338,029	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	54,059	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,344,892	0	1,808,662	6,387,012	234,051,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	34,436,641					5.06
6.00	00600	MAINTENANCE & REPAIRS	594,453	4,040,260				6.00
7.00	00700	OPERATION OF PLANT	1,555,619	389,763	10,962,677			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	102,179	16,176	48,576	759,221		8.00
9.00	00900	HOUSEKEEPING	377,794	18,416	55,305	8,975	2,650,410	9.00
10.00	01000	DIETARY	205,632	141,968	426,338	68	26,354	10.00
11.00	01100	CAFETERIA	201,492	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	334,060	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169,160	0	0	0	5,647	14.00
15.00	01500	PHARMACY	506,929	0	0	0	15,059	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	647,002	2,606	7,825	0	0	16.00
17.00	01700	SOCIAL SERVICE	491,966	7,855	23,589	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	242,681	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	258,724	299,733	900,118	0	0	22.00
23.00	02300	PARAMED ED PRGM	95,227	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,064,249	1,067,978	3,207,211	322,008	1,261,205	30.00
31.00	03100	INTENSIVE CARE UNIT	1,198,798	134,591	404,185	59,515	197,651	31.00
41.00	04100	SUBPROVIDER - IRF	188,574	86,517	259,817	14,637	77,178	41.00
43.00	04300	NURSERY	277,389	18,832	56,553	21,146	7,530	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,532,470	604,652	1,815,810	90,665	585,424	50.00
51.00	05100	RECOVERY ROOM	233,333	37,475	112,538	7,909	20,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	330,297	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	79,244	4,595	13,798	0	1,882	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,252,625	170,278	511,356	33,857	52,707	54.00
56.00	05600	RADIOISOTOPE	242,878	22,230	66,759	1,799	9,412	56.00
57.00	05700	CT SCAN	359,332	12,185	36,593	12,016	9,412	57.00
59.00	05900	CARDIAC CATHETERIZATION	981,469	153,624	461,343	42,710	35,765	59.00
60.00	06000	LABORATORY	1,308,920	151,547	455,105	0	5,647	60.00
64.00	06400	INTRAVENOUS THERAPY	123,923	30,513	91,633	2,089	0	64.00
65.00	06500	RESPIRATORY THERAPY	307,267	22,734	68,271	0	9,412	65.00
66.00	06600	PHYSICAL THERAPY	871,889	159,125	477,863	16,843	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,035	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	51,494	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	299,506	47,394	142,327	18,630	32,001	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,584,015	53,940	161,984	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,516,845	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,895,425	36,870	110,724	0	0	73.00
74.00	07400	RENAL DIALYSIS	127,530	0	0	953	0	74.00
76.00	03952	PAIN MANAGEMENT	178,448	45,594	136,921	6,476	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	84,645	0	0	168	0	76.03
76.04	03650	VASCULAR LAB	182,741	11,052	33,191	2,150	7,530	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,413,566	63,809	191,621	7,697	0	90.00
91.00	09100	EMERGENCY	1,228,013	219,082	657,916	84,620	288,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	208,598	0	0	4,290	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,021,436	4,031,134	10,935,270	759,221	2,648,528	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,534	9,126	27,407	0	1,882	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	403,345	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	9,326	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,436,641	4,040,260	10,962,677	759,221	2,650,410	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,992,328					10.00
11.00	01100	CAFETERIA	0	1,369,462				11.00
13.00	01300	NURSING ADMINISTRATION	0	36,358	2,306,827			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,817	0	1,179,177		14.00
15.00	01500	PHARMACY	0	46,832	0	0	3,507,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	40,305	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	7,928	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,562,977	409,490	1,111,395	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	153,433	102,104	277,094	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	96,013	16,812	45,647	0	0	41.00
43.00	04300	NURSERY	0	12,917	35,075	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,777	150,217	407,712	0	0	50.00
51.00	05100	RECOVERY ROOM	0	17,137	46,499	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,728	34,513	93,657	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,101	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,077	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	9,602	0	0	0	56.00
57.00	05700	CT SCAN	0	14,830	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	54,947	0	0	0	59.00
60.00	06000	LABORATORY	0	85,855	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	4,748	3,827	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,214	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,120	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	854	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,776	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	833,222	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	345,955	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,507,283	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	14,659	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	6,510	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	6,219	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,243	0	0	0	90.00
91.00	09100	EMERGENCY	128,652	106,751	289,748	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	12,507	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,992,328	1,368,522	2,306,827	1,179,177	3,507,283	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	718	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	222	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,992,328	1,369,462	2,306,827	1,179,177	3,507,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	4,407,843					16.00
17.00	01700	SOCIAL SERVICE	0	3,415,443				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,649,405			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		2,958,291		22.00
23.00	02300	PARAMED ED PRGM	0	0			655,146	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,649,222	3,095,499	1,249,797	2,241,569	0	30.00
31.00	03100	INTENSIVE CARE UNIT	316,841	248,067	6,950	12,465	0	31.00
41.00	04100	SUBPROVIDER - IRF	93,404	66,348	0	0	0	41.00
43.00	04300	NURSERY	458	0	93,821	168,274	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	327,372	0	89,188	159,964	0	50.00
51.00	05100	RECOVERY ROOM	25,182	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,868	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	83,331	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	282,043	0	69,497	124,647	0	54.00
56.00	05600	RADIOISOTOPE	50,365	0	0	0	0	56.00
57.00	05700	CT SCAN	245,414	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	343,855	0	0	0	0	59.00
60.00	06000	LABORATORY	242,209	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	9,157	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,652	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	74,174	0	12,741	22,852	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,157	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,747	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	132,780	0	17,374	31,162	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	655,146	73.00
74.00	07400	RENAL DIALYSIS	1,831	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	102,103	0	5,791	10,387	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	16,025	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	24,267	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,413	0	11,583	20,775	0	90.00
91.00	09100	EMERGENCY	272,886	5,529	92,663	166,196	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	37,087	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,407,843	3,415,443	1,649,405	2,958,291	655,146	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
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,407,843	3,415,443	1,649,405	2,958,291	655,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,801,414	-3,491,366	41,310,048	30.00
31.00	03100	INTENSIVE CARE UNIT	10,060,641	-19,415	10,041,226	31.00
41.00	04100	SUBPROVIDER - IRF	2,038,035	0	2,038,035	41.00
43.00	04300	NURSERY	2,299,909	-262,095	2,037,814	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,469,961	-249,152	21,220,809	50.00
51.00	05100	RECOVERY ROOM	1,853,314	0	1,853,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,399,660	0	2,399,660	52.00
53.00	05300	ANESTHESIOLOGY	646,299	0	646,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,827,049	-194,144	9,632,905	54.00
56.00	05600	RADIOISOTOPE	1,810,912	0	1,810,912	56.00
57.00	05700	CT SCAN	2,772,683	0	2,772,683	57.00
59.00	05900	CARDIAC CATHETERIZATION	7,762,894	0	7,762,894	59.00
60.00	06000	LABORATORY	9,836,566	0	9,836,566	60.00
64.00	06400	INTRAVENOUS THERAPY	984,220	0	984,220	64.00
65.00	06500	RESPIRATORY THERAPY	2,236,655	0	2,236,655	65.00
66.00	06600	PHYSICAL THERAPY	6,706,599	-35,593	6,671,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	791,860	0	791,860	67.00
68.00	06800	SPEECH PATHOLOGY	352,733	0	352,733	68.00
69.00	06900	ELECTROCARDIOLOGY	2,478,067	-48,536	2,429,531	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,408,251	0	25,408,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,655,341	0	10,655,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,192,461	0	17,192,461	73.00
74.00	07400	RENAL DIALYSIS	869,555	0	869,555	74.00
76.00	03952	PAIN MANAGEMENT	1,534,769	-16,178	1,518,591	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	598,003	0	598,003	76.03
76.04	03650	VASCULAR LAB	1,326,426	0	1,326,426	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,346,050	-32,358	30,313,692	90.00
91.00	09100	EMERGENCY	10,658,357	-258,859	10,399,498	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950	OTHER OP	1,471,642	0	1,471,642	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	231,190,326	-4,607,696	226,582,630	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,635	0	55,635	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,742,092	0	2,742,092	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	63,607	0	63,607	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	234,051,660	-4,607,696	229,443,964	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,935	209,320	211,255	5.01
5.02	00550	DATA PROCESSING	83,465	88,540	2,321,603	2,493,608	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	13,738	17,360	31,098	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	388,700	1,189,053	278,322	1,856,075	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,257	56,895	60,152	6.00
7.00	00700	OPERATION OF PLANT	0	593,262	411,101	1,004,363	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,621	879	25,500	8.00
9.00	00900	HOUSEKEEPING	0	28,032	58,893	86,925	9.00
10.00	01000	DIETARY	0	216,090	12,184	228,274	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	59,329	59,329	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	96,268	96,268	14.00
15.00	01500	PHARMACY	0	0	29,821	29,821	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,966	0	3,966	16.00
17.00	01700	SOCIAL SERVICE	0	11,956	6,891	18,847	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	856,262	456,227	0	1,312,489	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,625,581	864,429	2,490,010	30.00
31.00	03100	INTENSIVE CARE UNIT	0	204,862	422,846	627,708	31.00
41.00	04100	SUBPROVIDER - IRF	0	131,689	27,909	159,598	41.00
43.00	04300	NURSERY	0	28,664	0	28,664	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	920,348	2,858,495	3,778,843	50.00
51.00	05100	RECOVERY ROOM	0	57,040	130,938	187,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,994	40,511	47,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	205,940	259,182	2,127,289	2,592,411	54.00
56.00	05600	RADIOISOTOPE	87,822	33,837	447,628	569,287	56.00
57.00	05700	CT SCAN	0	18,547	567,421	585,968	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	233,833	1,159,514	1,393,347	59.00
60.00	06000	LABORATORY	396,395	230,671	673,607	1,300,673	60.00
64.00	06400	INTRAVENOUS THERAPY	87,169	46,445	4,374	137,988	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,604	106,886	141,490	65.00
66.00	06600	PHYSICAL THERAPY	809,468	242,206	96,676	1,148,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,050	9,050	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	8,147	8,147	68.00
69.00	06900	ELECTROCARDIOLOGY	0	72,139	142,868	215,007	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	82,102	0	82,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56,121	0	56,121	73.00
74.00	07400	RENAL DIALYSIS	0	0	297	297	74.00
76.00	03952	PAIN MANAGEMENT	130,250	69,399	37,929	237,578	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	69,628	0	66,783	136,411	76.03
76.04	03650	VASCULAR LAB	0	16,823	588,615	605,438	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	182,284	97,124	19,952	299,360	90.00
91.00	09100	EMERGENCY	0	333,467	263,742	597,209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OTHER OP	326,747	0	1,716	328,463	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,624,130	7,432,355	14,226,488	25,282,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,891	195	14,086	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,554,479	0	0	1,554,479	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118 through 201)	5,178,609	7,446,246	14,226,683	26,851,538	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	211,255					5.01
5.02	00550	DATA PROCESSING	15,202	2,508,810				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	1,291	0	0	32,389		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	143	0	0	0	143	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	41,736	2,508,810	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,147	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,585	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,585	0	0	0	0	9.00
10.00	01000	DIETARY	2,725	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,585	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,008	0	0	0	0	14.00
15.00	01500	PHARMACY	3,012	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,016	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,114	0	0	2,439	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,454	0	0	619	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,008	0	0	87	0	41.00
43.00	04300	NURSERY	717	0	0	83	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,361	0	0	3,040	0	50.00
51.00	05100	RECOVERY ROOM	430	0	0	261	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,578	0	0	196	0	52.00
53.00	05300	ANESTHESIOLOGY	1,291	0	0	970	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,609	0	0	2,349	0	54.00
56.00	05600	RADIOISOTOPE	5,020	0	0	418	0	56.00
57.00	05700	CT SCAN	287	0	0	2,450	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,303	0	0	3,192	0	59.00
60.00	06000	LABORATORY	6,741	0	0	3,592	143	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	142	0	64.00
65.00	06500	RESPIRATORY THERAPY	717	0	0	769	0	65.00
66.00	06600	PHYSICAL THERAPY	6,884	0	0	722	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	143	0	0	164	0	67.00
68.00	06800	SPEECH PATHOLOGY	143	0	0	71	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,147	0	0	1,437	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,072	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,236	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,884	0	73.00
74.00	07400	RENAL DIALYSIS	574	0	0	124	0	74.00
76.00	03952	PAIN MANAGEMENT	1,434	0	0	448	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	287	0	0	122	0	76.03
76.04	03650	VASCULAR LAB	1,147	0	0	251	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,725	0	0	307	0	90.00
91.00	09100	EMERGENCY	13,338	0	0	2,668	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	143	0	0	276	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,630	2,508,810	0	32,389	143	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	287	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,338	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	211,255	2,508,810	0	32,389	143	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,406,621					5.06
6.00	00600	MAINTENANCE & REPAIRS	76,070	137,369				6.00
7.00	00700	OPERATION OF PLANT	199,066	13,252	1,220,266			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,075	550	5,407	44,532		8.00
9.00	00900	HOUSEKEEPING	48,345	626	6,156	526	146,163	9.00
10.00	01000	DIETARY	26,314	4,827	47,456	4	1,453	10.00
11.00	01100	CAFETERIA	25,784	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	42,748	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,647	0	0	0	311	14.00
15.00	01500	PHARMACY	64,870	0	0	0	830	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,794	89	871	0	0	16.00
17.00	01700	SOCIAL SERVICE	62,955	267	2,626	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,055	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	33,108	10,191	100,193	0	0	22.00
23.00	02300	PARAMED ED PRGM	12,186	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	520,084	36,313	356,996	18,886	69,553	30.00
31.00	03100	INTENSIVE CARE UNIT	153,405	4,576	44,990	3,491	10,900	31.00
41.00	04100	SUBPROVIDER - IRF	24,131	2,942	28,921	859	4,256	41.00
43.00	04300	NURSERY	35,496	640	6,295	1,240	415	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	324,069	20,558	202,120	5,318	32,285	50.00
51.00	05100	RECOVERY ROOM	29,859	1,274	12,527	464	1,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,267	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,141	156	1,536	0	104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,293	5,789	56,919	1,986	2,907	54.00
56.00	05600	RADIOISOTOPE	31,080	756	7,431	106	519	56.00
57.00	05700	CT SCAN	45,982	414	4,073	705	519	57.00
59.00	05900	CARDIAC CATHETERIZATION	125,594	5,223	51,353	2,505	1,972	59.00
60.00	06000	LABORATORY	167,497	5,153	50,658	0	311	60.00
64.00	06400	INTRAVENOUS THERAPY	15,858	1,037	10,200	123	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,320	773	7,599	0	519	65.00
66.00	06600	PHYSICAL THERAPY	111,572	5,410	53,191	988	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,721	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,590	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,327	1,611	15,843	1,093	1,765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	458,631	1,834	18,031	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	194,104	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	242,549	1,254	12,325	0	0	73.00
74.00	07400	RENAL DIALYSIS	16,319	0	0	56	0	74.00
76.00	03952	PAIN MANAGEMENT	22,835	1,550	15,241	380	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	10,832	0	0	10	0	76.03
76.04	03650	VASCULAR LAB	23,385	376	3,694	126	415	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	564,696	2,169	21,330	451	0	90.00
91.00	09100	EMERGENCY	157,143	7,449	73,233	4,963	15,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	26,693	0	0	252	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,353,490	137,059	1,217,215	44,532	146,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	324	310	3,051	0	104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,614	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	1,193	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,406,621	137,369	1,220,266	44,532	146,163	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	311,053					10.00
11.00	01100	CAFETERIA	0	25,784				11.00
13.00	01300	NURSING ADMINISTRATION	0	685	106,347			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	448	0	120,682		14.00
15.00	01500	PHARMACY	0	882	0	0	99,415	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	759	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	149	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	244,020	7,710	51,236	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,955	1,922	12,774	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	14,990	317	2,104	0	0	41.00
43.00	04300	NURSERY	0	243	1,617	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,181	2,828	18,796	0	0	50.00
51.00	05100	RECOVERY ROOM	0	323	2,144	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,080	650	4,318	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	77	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,301	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	181	0	0	0	56.00
57.00	05700	CT SCAN	0	279	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,035	0	0	0	59.00
60.00	06000	LABORATORY	0	1,616	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	741	72	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	625	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	322	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	391	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	85,274	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	35,408	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	99,415	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	276	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	123	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	117	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	174	0	0	0	90.00
91.00	09100	EMERGENCY	20,086	2,010	13,358	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	0	235	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,053	25,766	106,347	120,682	99,415	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	14	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	4	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	311,053	25,784	106,347	120,682	99,415	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	87,720					16.00
17.00	01700	SOCIAL SERVICE	0	89,470				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	31,055			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		1,455,981		22.00
23.00	02300	PARAMED ED PRGM	0	0			12,335	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,822	81,089				30.00
31.00	03100	INTENSIVE CARE UNIT	6,305	6,498				31.00
41.00	04100	SUBPROVIDER - IRF	1,859	1,738				41.00
43.00	04300	NURSERY	9	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,515	0				50.00
51.00	05100	RECOVERY ROOM	501	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137	0				52.00
53.00	05300	ANESTHESIOLOGY	1,658	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,613	0				54.00
56.00	05600	RADIOISOTOPE	1,002	0				56.00
57.00	05700	CT SCAN	4,884	0				57.00
59.00	05900	CARDIAC CATHETERIZATION	6,843	0				59.00
60.00	06000	LABORATORY	4,820	0				60.00
64.00	06400	INTRAVENOUS THERAPY	182	0				64.00
65.00	06500	RESPIRATORY THERAPY	292	0				65.00
66.00	06600	PHYSICAL THERAPY	1,476	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	182	0				67.00
68.00	06800	SPEECH PATHOLOGY	55	0				68.00
69.00	06900	ELECTROCARDIOLOGY	2,642	0				69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	36	0				74.00
76.00	03952	PAIN MANAGEMENT	2,032	0				76.00
76.01	03951	OP CARDIO VASCULAR	0	0				76.01
76.02	03953	ANCILLARY PSYCH	0	0				76.02
76.03	03950	SLEEP LAB	319	0				76.03
76.04	03650	VASCULAR LAB	483	0				76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	884	0				90.00
91.00	09100	EMERGENCY	5,431	145				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	738	0				93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,720	89,470	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
193.01	19301	WELLNESS/SENIOR VIP	0	0				193.01
200.00		Cross Foot Adjustments			31,055	1,455,981	12,335	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	87,720	89,470	31,055	1,455,981	12,335	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,940,272	0	3,940,272	30.00
31.00	03100	INTENSIVE CARE UNIT	903,597	0	903,597	31.00
41.00	04100	SUBPROVIDER - IRF	243,810	0	243,810	41.00
43.00	04300	NURSERY	75,419	0	75,419	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,417,914	0	4,417,914	50.00
51.00	05100	RECOVERY ROOM	236,903	0	236,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,226	0	52,226	52.00
53.00	05300	ANESTHESIOLOGY	63,438	0	63,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,839,177	0	2,839,177	54.00
56.00	05600	RADIOISOTOPE	615,800	0	615,800	56.00
57.00	05700	CT SCAN	645,561	0	645,561	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,595,367	0	1,595,367	59.00
60.00	06000	LABORATORY	1,541,204	0	1,541,204	60.00
64.00	06400	INTRAVENOUS THERAPY	166,343	0	166,343	64.00
65.00	06500	RESPIRATORY THERAPY	192,104	0	192,104	65.00
66.00	06600	PHYSICAL THERAPY	1,328,915	0	1,328,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,276	0	24,276	67.00
68.00	06800	SPEECH PATHOLOGY	15,006	0	15,006	68.00
69.00	06900	ELECTROCARDIOLOGY	279,263	0	279,263	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	646,944	0	646,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	230,748	0	230,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,548	0	414,548	73.00
74.00	07400	RENAL DIALYSIS	17,406	0	17,406	74.00
76.00	03952	PAIN MANAGEMENT	281,774	0	281,774	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	148,104	0	148,104	76.03
76.04	03650	VASCULAR LAB	635,432	0	635,432	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	892,096	0	892,096	90.00
91.00	09100	EMERGENCY	912,916	0	912,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950	OTHER OP	356,800	0	356,800	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,713,363	0	23,713,363	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,162	0	18,162	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,619,445	0	1,619,445	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	1,197	0	1,197	193.01
200.00		Cross Foot Adjustments	1,499,371	0	1,499,371	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,851,538	0	26,851,538	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	388,628				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		9,724,538			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	60,850,830		4.00
5.01	00540	NONPATIENT TELEPHONES	101	143,079	213,603	1,473	5.01
5.02	00550	DATA PROCESSING	4,621	1,586,914	176	106	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	717	11,866	1,036	9	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	62,058	190,245	3,342,420	291	5.06
6.00	00600	MAINTENANCE & REPAIRS	170	38,890	304,083	8	6.00
7.00	00700	OPERATION OF PLANT	30,963	281,005	1,295,801	25	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,285	601	0	0	8.00
9.00	00900	HOUSEKEEPING	1,463	40,256	1,063,776	25	9.00
10.00	01000	DIETARY	11,278	8,328	551,784	19	10.00
11.00	01100	CAFETERIA	0	0	621,325	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	40,554	1,382,527	25	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	65,803	494,469	14	14.00
15.00	01500	PHARMACY	0	20,384	2,169,781	21	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	624	4,710	1,648,351	28	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	23,811	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	420,321	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,841	590,874	15,562,058	203	30.00
31.00	03100	INTENSIVE CARE UNIT	10,692	289,033	4,532,728	45	31.00
41.00	04100	SUBPROVIDER - IRF	6,873	19,077	495,784	14	41.00
43.00	04300	NURSERY	1,496	0	664,413	5	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,034	1,953,901	6,348,302	135	50.00
51.00	05100	RECOVERY ROOM	2,977	89,502	844,086	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,409,850	11	52.00
53.00	05300	ANESTHESIOLOGY	365	27,691	86,471	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,527	1,454,092	2,540,086	67	54.00
56.00	05600	RADIOISOTOPE	1,766	305,973	453,175	35	56.00
57.00	05700	CT SCAN	968	387,856	584,971	2	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,204	792,577	2,299,234	30	59.00
60.00	06000	LABORATORY	12,039	460,439	2,606,393	47	60.00
64.00	06400	INTRAVENOUS THERAPY	2,424	2,990	170,399	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,806	73,061	1,115,362	5	65.00
66.00	06600	PHYSICAL THERAPY	12,641	66,082	542,439	48	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,186	59,139	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,569	100	1	68.00
69.00	06900	ELECTROCARDIOLOGY	3,765	97,656	874,316	8	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,285	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,929	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	203	0	4	74.00
76.00	03952	PAIN MANAGEMENT	3,622	25,926	503,339	10	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	45,649	230,188	2	76.03
76.04	03650	VASCULAR LAB	878	402,343	303,725	8	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,069	13,638	347,299	19	90.00
91.00	09100	EMERGENCY	17,404	180,279	4,213,099	93	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	0	1,173	532,320	1	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	387,903	9,724,405	60,828,729	1,378	1,000
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	133	0	2	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,719	93	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	9,382	0	193.01
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,446,246	14,226,683	17,471,628	490,348	13,344,892	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.160344	1.462967	0.287122	332.890699	13,344.892000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	211,255	2,508,810	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	143.418194	2,508.810000	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	738,814					5.03
5.04	00570	ADMITTING	0	922,396,086				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	922,396,086			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	71,247	0	0	-34,436,641	199,615,019	5.06
6.00	00600	MAINTENANCE & REPAIRS	94,583	0	0	0	3,445,807	6.00
7.00	00700	OPERATION OF PLANT	184,190	0	0	0	9,017,295	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	592,290	8.00
9.00	00900	HOUSEKEEPING	22,066	0	0	0	2,189,920	9.00
10.00	01000	DIETARY	2,109	0	0	0	1,191,968	10.00
11.00	01100	CAFETERIA	2,374	0	0	0	1,167,970	11.00
13.00	01300	NURSING ADMINISTRATION	13,036	0	0	0	1,936,409	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,744	0	0	0	980,553	14.00
15.00	01500	PHARMACY	22,836	0	0	0	2,938,463	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,750,410	16.00
17.00	01700	SOCIAL SERVICE	3,394	0	0	0	2,851,728	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,406,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	1,499,716	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	551,991	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,859	69,684,714	69,684,714	0	23,558,814	30.00
31.00	03100	INTENSIVE CARE UNIT	8,668	17,672,730	17,672,730	0	6,948,947	31.00
41.00	04100	SUBPROVIDER - IRF	1,588	2,479,559	2,479,559	0	1,093,088	41.00
43.00	04300	NURSERY	790	2,370,968	2,370,968	0	1,607,914	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,972	86,857,020	86,857,020	0	14,679,710	50.00
51.00	05100	RECOVERY ROOM	2,220	7,448,266	7,448,266	0	1,352,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,730	5,603,012	5,603,012	0	1,914,597	52.00
53.00	05300	ANESTHESIOLOGY	245	27,724,139	27,724,139	0	459,348	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,166	67,100,347	67,100,347	0	7,260,962	54.00
56.00	05600	RADIOISOTOPE	13,473	11,946,329	11,946,329	0	1,407,867	56.00
57.00	05700	CT SCAN	474	70,006,448	70,006,448	0	2,082,901	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,573	91,204,447	91,204,447	0	5,689,181	59.00
60.00	06000	LABORATORY	73,164	99,616,251	99,616,251	0	7,587,283	60.00
64.00	06400	INTRAVENOUS THERAPY	276	4,058,445	4,058,445	0	718,330	64.00
65.00	06500	RESPIRATORY THERAPY	2,399	21,969,285	21,969,285	0	1,781,105	65.00
66.00	06600	PHYSICAL THERAPY	10,184	20,628,408	20,628,408	0	5,053,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,681,186	4,681,186	0	666,814	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,032,458	2,032,458	0	298,492	68.00
69.00	06900	ELECTROCARDIOLOGY	1,428	41,067,248	41,067,248	0	1,736,117	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,639,221	30,639,221	0	20,775,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,303,398	35,303,398	0	8,792,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	82,407,864	82,407,864	0	10,987,013	73.00
74.00	07400	RENAL DIALYSIS	563	3,541,182	3,541,182	0	739,241	74.00
76.00	03952	PAIN MANAGEMENT	2,454	12,812,398	12,812,398	0	1,034,390	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	7,028	3,472,838	3,472,838	0	490,655	76.03
76.04	03650	VASCULAR LAB	803	7,182,734	7,182,734	0	1,059,276	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,027	8,765,755	8,765,755	0	25,583,343	90.00
91.00	09100	EMERGENCY	19,067	76,232,392	76,232,392	0	7,118,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	3,102	7,887,044	7,887,044	0	1,209,160	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,832	922,396,086	922,396,086	-34,436,641	197,208,245	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,686	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,419	0	0	0	2,338,029	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	563	0	0	0	54,059	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,808,662	6,387,012		34,436,641	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001961	0.006924		0.172515	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	32,389	143		4,406,621	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000035	0.000000		0.022076	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	320,961				6.00
7.00	00700	OPERATION OF PLANT	30,963	289,998			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,285	1,285	1,230,686		8.00
9.00	00900	HOUSEKEEPING	1,463	1,463	14,549	1,408	9.00
10.00	01000	DIETARY	11,278	11,278	111	14	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3	14.00
15.00	01500	PHARMACY	0	0	0	8	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207	207	0	0	16.00
17.00	01700	SOCIAL SERVICE	624	624	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	23,811	23,811	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,841	84,841	521,970	670	30.00
31.00	03100	INTENSIVE CARE UNIT	10,692	10,692	96,473	105	31.00
41.00	04100	SUBPROVIDER - IRF	6,873	6,873	23,726	41	41.00
43.00	04300	NURSERY	1,496	1,496	34,278	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,034	48,034	146,966	311	50.00
51.00	05100	RECOVERY ROOM	2,977	2,977	12,821	11	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	365	365	0	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,527	13,527	54,882	28	54.00
56.00	05600	RADIOISOTOPE	1,766	1,766	2,916	5	56.00
57.00	05700	CT SCAN	968	968	19,477	5	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,204	12,204	69,233	19	59.00
60.00	06000	LABORATORY	12,039	12,039	0	3	60.00
64.00	06400	INTRAVENOUS THERAPY	2,424	2,424	3,386	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,806	1,806	0	5	65.00
66.00	06600	PHYSICAL THERAPY	12,641	12,641	27,303	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,765	3,765	30,199	17	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,285	4,285	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,929	2,929	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,544	0	74.00
76.00	03952	PAIN MANAGEMENT	3,622	3,622	10,498	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	272	0	76.03
76.04	03650	VASCULAR LAB	878	878	3,485	4	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,069	5,069	12,476	0	90.00
91.00	09100	EMERGENCY	17,404	17,404	137,167	153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	0	0	6,954	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,236	289,273	1,230,686	1,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	725	0	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,040,260	10,962,677	759,221	2,650,410	1,992,328

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	12.588009	37.802595	0.616909	1,882.393466	17.983247	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	137,369	1,220,266	44,532	146,163	311,053	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.427993	4.207843	0.036185	103.808949	2.807642	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	80,153					11.00
13.00	01300	NURSING ADMINISTRATION	2,128	1,034,731				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,394	0	28,899,628			14.00
15.00	01500	PHARMACY	2,741	0	0	1,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,627	16.00
17.00	01700	SOCIAL SERVICE	2,359	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	464	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,967	498,518	0	0	3,602	30.00
31.00	03100	INTENSIVE CARE UNIT	5,976	124,291	0	0	692	31.00
41.00	04100	SUBPROVIDER - IRF	984	20,475	0	0	204	41.00
43.00	04300	NURSERY	756	15,733	0	0	1	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,792	182,880	0	0	715	50.00
51.00	05100	RECOVERY ROOM	1,003	20,857	0	0	55	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,020	42,010	0	0	15	52.00
53.00	05300	ANESTHESIOLOGY	240	0	0	0	182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,043	0	0	0	616	54.00
56.00	05600	RADIOISOTOPE	562	0	0	0	110	56.00
57.00	05700	CT SCAN	868	0	0	0	536	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,216	0	0	0	751	59.00
60.00	06000	LABORATORY	5,025	0	0	0	529	60.00
64.00	06400	INTRAVENOUS THERAPY	224	0	0	0	20	64.00
65.00	06500	RESPIRATORY THERAPY	1,944	0	0	0	32	65.00
66.00	06600	PHYSICAL THERAPY	1,002	0	0	0	162	66.00
67.00	06700	OCCUPATIONAL THERAPY	50	0	0	0	20	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	1,216	0	0	0	290	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	20,420,758	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	8,478,870	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4	74.00
76.00	03952	PAIN MANAGEMENT	858	0	0	0	223	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	381	0	0	0	35	76.03
76.04	03650	VASCULAR LAB	364	0	0	0	53	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	541	0	0	0	97	90.00
91.00	09100	EMERGENCY	6,248	129,967	0	0	596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	732	0	0	0	81	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,098	1,034,731	28,899,628	1,000	9,627	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	42	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	13	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,369,462	2,306,827	1,179,177	3,507,283	4,407,843	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.085599	2.229398	0.040802	3,507.283000	457.862574	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,784	106,347	120,682	99,415	87,720	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.321685	0.102777	0.004176	99.415000	9.111873	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		INTERNS & RESIDENTS			PARAMED ED PRGM (TIME SPENT)	
		SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
			(TIME)	(TIME)		
		17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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	18,532			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,424		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,424	22.00
23.00	02300	PARAMED ED PRGM	0		1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,796	1,079	1,079	30.00
31.00	03100	INTENSIVE CARE UNIT	1,346	6	6	31.00
41.00	04100	SUBPROVIDER - IRF	360	0	0	41.00
43.00	04300	NURSERY	0	81	81	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	77	77	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60	60	54.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11	11	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15	15	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	5	5	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	10	10	90.00
91.00	09100	EMERGENCY	30	80	80	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950	OTHER OP	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,532	1,424	1,424	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	193.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	PARAMED ED PRGM (TIME SPENT)		
				21.00	22.00	23.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	3,415,443	1,649,405	2,958,291	655,146		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	184.299752	1,158.290028	2,077.451545	655.146000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	89,470	31,055	1,455,981	12,335		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.827865	21.808287	1,022.458567	12.335000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,310,048		41,310,048	0	41,310,048	30.00
31.00	03100	INTENSIVE CARE UNIT	10,041,226		10,041,226	0	10,041,226	31.00
41.00	04100	SUBPROVIDER - IRF	2,038,035		2,038,035	0	2,038,035	41.00
43.00	04300	NURSERY	2,037,814		2,037,814	0	2,037,814	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,220,809		21,220,809	15,436	21,236,245	50.00
51.00	05100	RECOVERY ROOM	1,853,314		1,853,314	0	1,853,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,399,660		2,399,660	0	2,399,660	52.00
53.00	05300	ANESTHESIOLOGY	646,299		646,299	0	646,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,632,905		9,632,905	0	9,632,905	54.00
56.00	05600	RADIOISOTOPE	1,810,912		1,810,912	0	1,810,912	56.00
57.00	05700	CT SCAN	2,772,683		2,772,683	0	2,772,683	57.00
59.00	05900	CARDIAC CATHETERIZATION	7,762,894		7,762,894	0	7,762,894	59.00
60.00	06000	LABORATORY	9,836,566		9,836,566	0	9,836,566	60.00
64.00	06400	INTRAVENOUS THERAPY	984,220		984,220	0	984,220	64.00
65.00	06500	RESPIRATORY THERAPY	2,236,655	0	2,236,655	0	2,236,655	65.00
66.00	06600	PHYSICAL THERAPY	6,671,006	0	6,671,006	0	6,671,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	791,860	0	791,860	0	791,860	67.00
68.00	06800	SPEECH PATHOLOGY	352,733	0	352,733	0	352,733	68.00
69.00	06900	ELECTROCARDIOLOGY	2,429,531		2,429,531	0	2,429,531	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,408,251		25,408,251	0	25,408,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,655,341		10,655,341	0	10,655,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,192,461		17,192,461	0	17,192,461	73.00
74.00	07400	RENAL DIALYSIS	869,555		869,555	0	869,555	74.00
76.00	03952	PAIN MANAGEMENT	1,518,591		1,518,591	0	1,518,591	76.00
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02
76.03	03950	SLEEP LAB	598,003		598,003	0	598,003	76.03
76.04	03650	VASCULAR LAB	1,326,426		1,326,426	0	1,326,426	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,313,692		30,313,692	0	30,313,692	90.00
91.00	09100	EMERGENCY	10,399,498		10,399,498	0	10,399,498	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,044,477		5,044,477	0	5,044,477	92.00
93.00	04950	OTHER OP	1,471,642		1,471,642	0	1,471,642	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
200.00		Subtotal (see instructions)	231,627,107	0	231,627,107	15,436	231,642,543	200.00
201.00		Less Observation Beds	5,044,477		5,044,477	0	5,044,477	201.00
202.00		Total (see instructions)	226,582,630	0	226,582,630	15,436	226,598,066	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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			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	58,576,103		58,576,103		30.00
31.00	03100	INTENSIVE CARE UNIT	17,672,730		17,672,730		31.00
41.00	04100	SUBPROVIDER - IRF	2,479,559		2,479,559		41.00
43.00	04300	NURSERY	2,370,968		2,370,968		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,569,703	53,287,317	86,857,020	0.244319	50.00
51.00	05100	RECOVERY ROOM	2,442,791	5,005,475	7,448,266	0.248825	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,257,202	1,345,810	5,603,012	0.428280	52.00
53.00	05300	ANESTHESIOLOGY	11,214,451	16,509,688	27,724,139	0.023312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,805,760	55,294,587	67,100,347	0.143560	54.00
56.00	05600	RADIOISOTOPE	1,745,728	10,200,601	11,946,329	0.151587	56.00
57.00	05700	CT SCAN	21,519,011	48,487,437	70,006,448	0.039606	57.00
59.00	05900	CARDIAC CATHETERIZATION	37,473,914	53,730,533	91,204,447	0.085115	59.00
60.00	06000	LABORATORY	51,149,895	48,466,356	99,616,251	0.098745	60.00
64.00	06400	INTRAVENOUS THERAPY	3,206,223	852,222	4,058,445	0.242512	64.00
65.00	06500	RESPIRATORY THERAPY	19,042,882	2,926,403	21,969,285	0.101808	65.00
66.00	06600	PHYSICAL THERAPY	5,935,738	14,692,670	20,628,408	0.323389	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,910,503	1,770,683	4,681,186	0.169158	67.00
68.00	06800	SPEECH PATHOLOGY	1,513,864	518,594	2,032,458	0.173550	68.00
69.00	06900	ELECTROCARDIOLOGY	16,825,846	24,241,402	41,067,248	0.059160	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,859,496	20,779,725	30,639,221	0.829272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,273,042	14,030,356	35,303,398	0.301822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,020,941	43,386,923	82,407,864	0.208626	73.00
74.00	07400	RENAL DIALYSIS	3,173,505	367,677	3,541,182	0.245555	74.00
76.00	03952	PAIN MANAGEMENT	668	12,811,730	12,812,398	0.118525	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	249,130	3,223,708	3,472,838	0.172194	76.03
76.04	03650	VASCULAR LAB	2,255,320	4,927,414	7,182,734	0.184669	76.04
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	45,432	8,720,323	8,765,755	3.458195	90.00
91.00	09100	EMERGENCY	20,856,443	55,375,949	76,232,392	0.136418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,009,735	7,098,876	11,108,611	0.454105	92.00
93.00	04950	OTHER OP	198,516	7,688,528	7,887,044	0.186590	93.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	406,655,099	515,740,987	922,396,086		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	406,655,099	515,740,987	922,396,086		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/27/2020 12:08 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244497		50.00
51.00	05100	RECOVERY ROOM	0.248825		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.428280		52.00
53.00	05300	ANESTHESIOLOGY	0.023312		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143560		54.00
56.00	05600	RADIOISOTOPE	0.151587		56.00
57.00	05700	CT SCAN	0.039606		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.085115		59.00
60.00	06000	LABORATORY	0.098745		60.00
64.00	06400	INTRAVENOUS THERAPY	0.242512		64.00
65.00	06500	RESPIRATORY THERAPY	0.101808		65.00
66.00	06600	PHYSICAL THERAPY	0.323389		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169158		67.00
68.00	06800	SPEECH PATHOLOGY	0.173550		68.00
69.00	06900	ELECTROCARDIOLOGY	0.059160		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.301822		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208626		73.00
74.00	07400	RENAL DIALYSIS	0.245555		74.00
76.00	03952	PAIN MANAGEMENT	0.118525		76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	0.000000		76.02
76.03	03950	SLEEP LAB	0.172194		76.03
76.04	03650	VASCULAR LAB	0.184669		76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.458195		90.00
91.00	09100	EMERGENCY	0.136418		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.454105		92.00
93.00	04950	OTHER OP	0.186590		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

			Title XIX		Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,310,048		41,310,048	0	41,310,048	30.00
31.00	03100	INTENSIVE CARE UNIT	10,041,226		10,041,226	0	10,041,226	31.00
41.00	04100	SUBPROVIDER - IRF	2,038,035		2,038,035	0	2,038,035	41.00
43.00	04300	NURSERY	2,037,814		2,037,814	0	2,037,814	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,220,809		21,220,809	15,436	21,236,245	50.00
51.00	05100	RECOVERY ROOM	1,853,314		1,853,314	0	1,853,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,399,660		2,399,660	0	2,399,660	52.00
53.00	05300	ANESTHESIOLOGY	646,299		646,299	0	646,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,632,905		9,632,905	0	9,632,905	54.00
56.00	05600	RADIOISOTOPE	1,810,912		1,810,912	0	1,810,912	56.00
57.00	05700	CT SCAN	2,772,683		2,772,683	0	2,772,683	57.00
59.00	05900	CARDIAC CATHETERIZATION	7,762,894		7,762,894	0	7,762,894	59.00
60.00	06000	LABORATORY	9,836,566		9,836,566	0	9,836,566	60.00
64.00	06400	INTRAVENOUS THERAPY	984,220		984,220	0	984,220	64.00
65.00	06500	RESPIRATORY THERAPY	2,236,655	0	2,236,655	0	2,236,655	65.00
66.00	06600	PHYSICAL THERAPY	6,671,006	0	6,671,006	0	6,671,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	791,860	0	791,860	0	791,860	67.00
68.00	06800	SPEECH PATHOLOGY	352,733	0	352,733	0	352,733	68.00
69.00	06900	ELECTROCARDIOLOGY	2,429,531		2,429,531	0	2,429,531	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,408,251		25,408,251	0	25,408,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,655,341		10,655,341	0	10,655,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,192,461		17,192,461	0	17,192,461	73.00
74.00	07400	RENAL DIALYSIS	869,555		869,555	0	869,555	74.00
76.00	03952	PAIN MANAGEMENT	1,518,591		1,518,591	0	1,518,591	76.00
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02
76.03	03950	SLEEP LAB	598,003		598,003	0	598,003	76.03
76.04	03650	VASCULAR LAB	1,326,426		1,326,426	0	1,326,426	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,313,692		30,313,692	0	30,313,692	90.00
91.00	09100	EMERGENCY	10,399,498		10,399,498	0	10,399,498	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,044,477		5,044,477	0	5,044,477	92.00
93.00	04950	OTHER OP	1,471,642		1,471,642	0	1,471,642	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
200.00		Subtotal (see instructions)	231,627,107	0	231,627,107	15,436	231,642,543	200.00
201.00		Less Observation Beds	5,044,477		5,044,477	0	5,044,477	201.00
202.00		Total (see instructions)	226,582,630	0	226,582,630	15,436	226,598,066	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,576,103		58,576,103		30.00
31.00	03100	INTENSIVE CARE UNIT	17,672,730		17,672,730		31.00
41.00	04100	SUBPROVIDER - IRF	2,479,559		2,479,559		41.00
43.00	04300	NURSERY	2,370,968		2,370,968		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,569,703	53,287,317	86,857,020	0.244319	50.00
51.00	05100	RECOVERY ROOM	2,442,791	5,005,475	7,448,266	0.248825	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,257,202	1,345,810	5,603,012	0.428280	52.00
53.00	05300	ANESTHESIOLOGY	11,214,451	16,509,688	27,724,139	0.023312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,805,760	55,294,587	67,100,347	0.143560	54.00
56.00	05600	RADIOISOTOPE	1,745,728	10,200,601	11,946,329	0.151587	56.00
57.00	05700	CT SCAN	21,519,011	48,487,437	70,006,448	0.039606	57.00
59.00	05900	CARDIAC CATHETERIZATION	37,473,914	53,730,533	91,204,447	0.085115	59.00
60.00	06000	LABORATORY	51,149,895	48,466,356	99,616,251	0.098745	60.00
64.00	06400	INTRAVENOUS THERAPY	3,206,223	852,222	4,058,445	0.242512	64.00
65.00	06500	RESPIRATORY THERAPY	19,042,882	2,926,403	21,969,285	0.101808	65.00
66.00	06600	PHYSICAL THERAPY	5,935,738	14,692,670	20,628,408	0.323389	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,910,503	1,770,683	4,681,186	0.169158	67.00
68.00	06800	SPEECH PATHOLOGY	1,513,864	518,594	2,032,458	0.173550	68.00
69.00	06900	ELECTROCARDIOLOGY	16,825,846	24,241,402	41,067,248	0.059160	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,859,496	20,779,725	30,639,221	0.829272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,273,042	14,030,356	35,303,398	0.301822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,020,941	43,386,923	82,407,864	0.208626	73.00
74.00	07400	RENAL DIALYSIS	3,173,505	367,677	3,541,182	0.245555	74.00
76.00	03952	PAIN MANAGEMENT	668	12,811,730	12,812,398	0.118525	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	249,130	3,223,708	3,472,838	0.172194	76.03
76.04	03650	VASCULAR LAB	2,255,320	4,927,414	7,182,734	0.184669	76.04
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	45,432	8,720,323	8,765,755	3.458195	90.00
91.00	09100	EMERGENCY	20,856,443	55,375,949	76,232,392	0.136418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,009,735	7,098,876	11,108,611	0.454105	92.00
93.00	04950	OTHER OP	198,516	7,688,528	7,887,044	0.186590	93.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	406,655,099	515,740,987	922,396,086		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	406,655,099	515,740,987	922,396,086		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/27/2020 12:08 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
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
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03952	PAIN MANAGEMENT	0.000000		76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	0.000000		76.02
76.03	03950	SLEEP LAB	0.000000		76.03
76.04	03650	VASCULAR LAB	0.000000		76.04
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
93.00	04950	OTHER OP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part I Date/Time Prepared: 11/27/2020 12:08 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)			
		1.00	2.00	3.00	4.00	5.00			
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,940,272	0	3,940,272	35,197	111.95		30.00	
31.00	INTENSIVE CARE UNIT	903,597		903,597	5,994	150.75		31.00	
41.00	SUBPROVIDER - IRF	243,810	0	243,810	1,745	139.72		41.00	
43.00	NURSERY	75,419		75,419	1,962	38.44		43.00	
200.00	Total (lines 30 through 199)	5,163,098		5,163,098	44,898			200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)						
		6.00	7.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,715	1,535,394						
31.00	INTENSIVE CARE UNIT	2,809	423,457						
41.00	SUBPROVIDER - IRF	863	120,578						
43.00	NURSERY	0	0						
200.00	Total (lines 30 through 199)	17,387	2,079,429						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/27/2020 12:08 pm

			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	4,417,914	86,857,020	0.050864	13,706,789	697,182	50.00
51.00	05100	RECOVERY ROOM	236,903	7,448,266	0.031806	923,260	29,365	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,226	5,603,012	0.009321	8,039	75	52.00
53.00	05300	ANESTHESIOLOGY	63,438	27,724,139	0.002288	4,908,130	11,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,839,177	67,100,347	0.042312	5,026,985	212,702	54.00
56.00	05600	RADIOISOTOPE	615,800	11,946,329	0.051547	795,463	41,004	56.00
57.00	05700	CT SCAN	645,561	70,006,448	0.009221	8,913,338	82,190	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,595,367	91,204,447	0.017492	16,045,495	280,668	59.00
60.00	06000	LABORATORY	1,541,204	99,616,251	0.015471	22,487,131	347,898	60.00
64.00	06400	INTRAVENOUS THERAPY	166,343	4,058,445	0.040987	1,613,177	66,119	64.00
65.00	06500	RESPIRATORY THERAPY	192,104	21,969,285	0.008744	8,641,996	75,566	65.00
66.00	06600	PHYSICAL THERAPY	1,328,915	20,628,408	0.064422	2,329,484	150,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,276	4,681,186	0.005186	823,519	4,271	67.00
68.00	06800	SPEECH PATHOLOGY	15,006	2,032,458	0.007383	374,318	2,764	68.00
69.00	06900	ELECTROCARDIOLOGY	279,263	41,067,248	0.006800	7,778,614	52,895	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	646,944	30,639,221	0.021115	3,811,786	80,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	230,748	35,303,398	0.006536	10,461,608	68,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,548	82,407,864	0.005030	16,572,193	83,358	73.00
74.00	07400	RENAL DIALYSIS	17,406	3,541,182	0.004915	1,995,027	9,806	74.00
76.00	03952	PAIN MANAGEMENT	281,774	12,812,398	0.021992	636	14	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	148,104	3,472,838	0.042646	127,054	5,418	76.03
76.04	03650	VASCULAR LAB	635,432	7,182,734	0.088467	1,093,876	96,772	76.04
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	892,096	8,765,755	0.101771	23,249	2,366	90.00
91.00	09100	EMERGENCY	912,916	76,232,392	0.011975	8,228,107	98,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	481,157	11,108,611	0.043314	1,732,032	75,021	92.00
93.00	04950	OTHER OP	356,800	7,887,044	0.045239	71,604	3,239	93.00
200.00		Total (lines 50 through 199)	19,031,422	841,296,726		138,492,910	2,577,388	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/27/2020 12:08 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
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	
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	35,197	0.00	13,715	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	5,994	0.00	2,809	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	1,745	0.00	863	41.00			
43.00	04300	NURSERY	0	0	1,962	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	44,898		17,387	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	655,146	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	0	76.04
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
93.00	04950	OTHER OP	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	655,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 12:08 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	86,857,020	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,448,266	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,603,012	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,724,139	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	67,100,347	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	11,946,329	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	70,006,448	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	91,204,447	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	99,616,251	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,058,445	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,969,285	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,628,408	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,681,186	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,032,458	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,067,248	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	30,639,221	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	35,303,398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	655,146	655,146	82,407,864	0.007950	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,541,182	0.000000	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	12,812,398	0.000000	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	0	0	0	3,472,838	0.000000	76.03
76.04	03650	VASCULAR LAB	0	0	0	7,182,734	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,765,755	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	76,232,392	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,108,611	0.000000	92.00
93.00	04950	OTHER OP	0	0	0	7,887,044	0.000000	93.00
200.00		Total (lines 50 through 199)	0	655,146	655,146	841,296,726		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/27/2020 12:08 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	13,706,789	0	11,619,498	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	923,260	0	1,131,002	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	8,039	0	3,440	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,908,130	0	3,789,138	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,026,985	0	10,314,331	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	795,463	0	3,684,367	0	56.00
57.00	05700	CT SCAN	0.000000	8,913,338	0	11,602,462	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	16,045,495	0	24,935,441	0	59.00
60.00	06000	LABORATORY	0.000000	22,487,131	0	6,992,561	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,613,177	0	347,876	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,641,996	0	694,091	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,329,484	0	942,268	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	823,519	0	12,884	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	374,318	0	11,329	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,778,614	0	7,616,034	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,811,786	0	6,436,424	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	10,461,608	0	5,898,362	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.007950	16,572,193	131,749	14,956,082	118,901	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,995,027	0	225,815	0	74.00
76.00	03952	PAIN MANAGEMENT	0.000000	636	0	4,281,354	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.000000	127,054	0	67,390	0	76.03
76.04	03650	VASCULAR LAB	0.000000	1,093,876	0	1,874,238	0	76.04
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	23,249	0	3,934,722	0	90.00
91.00	09100	EMERGENCY	0.000000	8,228,107	0	8,440,085	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,732,032	0	2,377,407	0	92.00
93.00	04950	OTHER OP	0.000000	71,604	0	611,164	0	93.00
200.00		Total (lines 50 through 199)		138,492,910	131,749	132,799,765	118,901	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/27/2020 12:08 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.244319	11,619,498	0	0	2,838,864	50.00
51.00	05100	RECOVERY ROOM		0.248825	1,131,002	0	0	281,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.428280	3,440	0	0	1,473	52.00
53.00	05300	ANESTHESIOLOGY		0.023312	3,789,138	0	0	88,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.143560	10,314,331	0	0	1,480,725	54.00
56.00	05600	RADIOISOTOPE		0.151587	3,684,367	0	0	558,502	56.00
57.00	05700	CT SCAN		0.039606	11,602,462	0	0	459,527	57.00
59.00	05900	CARDIAC CATHETERIZATION		0.085115	24,935,441	0	0	2,122,380	59.00
60.00	06000	LABORATORY		0.098745	6,992,561	0	0	690,480	60.00
64.00	06400	INTRAVENOUS THERAPY		0.242512	347,876	0	0	84,364	64.00
65.00	06500	RESPIRATORY THERAPY		0.101808	694,091	0	0	70,664	65.00
66.00	06600	PHYSICAL THERAPY		0.323389	942,268	0	0	304,719	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.169158	12,884	0	0	2,179	67.00
68.00	06800	SPEECH PATHOLOGY		0.173550	11,329	0	0	1,966	68.00
69.00	06900	ELECTROCARDIOLOGY		0.059160	7,616,034	0	0	450,565	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.829272	6,436,424	0	0	5,337,546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.301822	5,898,362	0	0	1,780,255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.208626	14,956,082	0	51,091	3,120,228	73.00
74.00	07400	RENAL DIALYSIS		0.245555	225,815	0	0	55,450	74.00
76.00	03952	PAIN MANAGEMENT		0.118525	4,281,354	0	0	507,447	76.00
76.01	03951	OP CARDIO VASCULAR		0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0.172194	67,390	0	0	11,604	76.03
76.04	03650	VASCULAR LAB		0.184669	1,874,238	0	0	346,114	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		3.458195	3,934,722	0	0	13,607,036	90.00
91.00	09100	EMERGENCY		0.136418	8,440,085	0	140	1,151,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.454105	2,377,407	0	0	1,079,592	92.00
93.00	04950	OTHER OP		0.186590	611,164	0	0	114,037	93.00
200.00		Subtotal (see instructions)			132,799,765	0	51,231	36,546,851	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			132,799,765	0	51,231	36,546,851	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/27/2020 12:08 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,659		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03952	PAIN MANAGEMENT	0	0		76.00
76.01	03951	OP CARDIO VASCULAR	0	0		76.01
76.02	03953	ANCILLARY PSYCH	0	0		76.02
76.03	03950	SLEEP LAB	0	0		76.03
76.04	03650	VASCULAR LAB	0	0		76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	19		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04950	OTHER OP	0	0		93.00
200.00		Subtotal (see instructions)	0	10,678		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	10,678		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/27/2020 12:08 pm		
				Component CCN: 14-T187				
				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	4,417,914	86,857,020	0.050864	0	0	50.00
51.00	05100	RECOVERY ROOM	236,903	7,448,266	0.031806	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,226	5,603,012	0.009321	0	0	52.00
53.00	05300	ANESTHESIOLOGY	63,438	27,724,139	0.002288	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,839,177	67,100,347	0.042312	47,978	2,030	54.00
56.00	05600	RADIOISOTOPE	615,800	11,946,329	0.051547	0	0	56.00
57.00	05700	CT SCAN	645,561	70,006,448	0.009221	24,745	228	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,595,367	91,204,447	0.017492	0	0	59.00
60.00	06000	LABORATORY	1,541,204	99,616,251	0.015471	241,771	3,740	60.00
64.00	06400	INTRAVENOUS THERAPY	166,343	4,058,445	0.040987	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	192,104	21,969,285	0.008744	124,575	1,089	65.00
66.00	06600	PHYSICAL THERAPY	1,328,915	20,628,408	0.064422	650,831	41,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,276	4,681,186	0.005186	615,375	3,191	67.00
68.00	06800	SPEECH PATHOLOGY	15,006	2,032,458	0.007383	179,069	1,322	68.00
69.00	06900	ELECTROCARDIOLOGY	279,263	41,067,248	0.006800	18,314	125	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	646,944	30,639,221	0.021115	2,199	46	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	230,748	35,303,398	0.006536	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,548	82,407,864	0.005030	191,162	962	73.00
74.00	07400	RENAL DIALYSIS	17,406	3,541,182	0.004915	54,774	269	74.00
76.00	03952	PAIN MANAGEMENT	281,774	12,812,398	0.021992	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	148,104	3,472,838	0.042646	0	0	76.03
76.04	03650	VASCULAR LAB	635,432	7,182,734	0.088467	15,024	1,329	76.04
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	892,096	8,765,755	0.101771	0	0	90.00
91.00	09100	EMERGENCY	912,916	76,232,392	0.011975	2,535	30	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,108,611	0.000000	0	0	92.00
93.00	04950	OTHER OP	356,800	7,887,044	0.045239	1,280	58	93.00
200.00		Total (lines 50 through 199)	18,550,265	841,296,726		2,169,632	56,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 12:08 pm	
				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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	655,146	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB		0	0	0	0	0	76.04
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
93.00	04950	OTHER OP		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	655,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 12:08 pm	
				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	86,857,020	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,448,266	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,603,012	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	27,724,139	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	67,100,347	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	11,946,329	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	70,006,448	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	91,204,447	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	99,616,251	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	4,058,445	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	21,969,285	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,628,408	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,681,186	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,032,458	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	41,067,248	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	30,639,221	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	35,303,398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	655,146	655,146	82,407,864	0.007950	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,541,182	0.000000	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	12,812,398	0.000000	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB		0	0	0	3,472,838	0.000000	76.03
76.04	03650	VASCULAR LAB		0	0	0	7,182,734	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	8,765,755	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	76,232,392	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	11,108,611	0.000000	92.00
93.00	04950	OTHER OP		0	0	0	7,887,044	0.000000	93.00
200.00		Total (lines 50 through 199)		0	655,146	655,146	841,296,726		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/27/2020 12:08 pm	
			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	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	47,978	0	655	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	24,745	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	241,771	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	124,575	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	650,831	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	615,375	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	179,069	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	18,314	0	2,139	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,199	0	114	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.007950	191,162	1,520	45	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	54,774	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.000000	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.000000	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0.000000	15,024	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	2,535	0	419	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
93.00	04950	OTHER OP	0.000000	1,280	0	0	0	93.00
200.00		Total (lines 50 through 199)		2,169,632	1,520	3,372	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:

Worksheet D

Component CCN: 14-T187

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/27/2020 12:08 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.244319	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.248825	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.428280	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.023312	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143560	655	0	0	94 54.00
56.00	05600 RADIOISOTOPE	0.151587	0	0	0	0 56.00
57.00	05700 CT SCAN	0.039606	0	0	0	0 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.085115	0	0	0	0 59.00
60.00	06000 LABORATORY	0.098745	0	0	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.242512	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.101808	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.323389	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.169158	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.173550	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.059160	2,139	0	0	127 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272	114	0	0	95 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.301822	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208626	45	0	524	9 73.00
74.00	07400 RENAL DIALYSIS	0.245555	0	0	0	0 74.00
76.00	03952 PAIN MANAGEMENT	0.118525	0	0	0	0 76.00
76.01	03951 OP CARDIO VASCULAR	0.000000	0	0	0	0 76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	0	0 76.02
76.03	03950 SLEEP LAB	0.172194	0	0	0	0 76.03
76.04	03650 VASCULAR LAB	0.184669	0	0	0	0 76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3.458195	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.136418	419	0	0	57 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.454105	0	0	0	0 92.00
93.00	04950 OTHER OP	0.186590	0	0	0	0 93.00
200.00	Subtotal (see instructions)		3,372	0	524	382 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		3,372	0	524	382 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/27/2020 12:08 pm
			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
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	76.02
76.03	03950	SLEEP LAB	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	76.04
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
93.00	04950	OTHER OP	0	0	93.00
200.00		Subtotal (see instructions)	0	109	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	109	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/27/2020 12:08 pm

			Title XIX		Hospital		Cost	
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	0.244319	0	1,330,876	0	0	50.00
51.00	05100	RECOVERY ROOM	0.248825	0	324,418	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.428280	0	15,739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023312	0	281,452	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143560	0	1,300,351	0	0	54.00
56.00	05600	RADIOISOTOPE	0.151587	0	198,853	0	0	56.00
57.00	05700	CT SCAN	0.039606	0	2,041,956	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.085115	0	205,552	0	0	59.00
60.00	06000	LABORATORY	0.098745	0	1,856,138	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.242512	0	22,383	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.101808	0	112,982	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.323389	0	16,531	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169158	0	8,332	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.173550	0	2,821	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059160	0	555,711	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272	0	475,342	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.301822	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208626	0	1,045,205	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.245555	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.118525	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.172194	0	6,544	0	0	76.03
76.04	03650	VASCULAR LAB	0.184669	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3.458195	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.136418	0	3,889,302	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.454105	0	707,419	0	0	92.00
93.00	04950	OTHER OP	0.186590	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	14,397,907	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	14,397,907	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/27/2020 12:08 pm	
				Title XIX		Hospital		Cost	
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	325,158	0					50.00
51.00	05100	RECOVERY ROOM	80,723	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,741	0					52.00
53.00	05300	ANESTHESIOLOGY	6,561	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,678	0					54.00
56.00	05600	RADIOISOTOPE	30,144	0					56.00
57.00	05700	CT SCAN	80,874	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	17,496	0					59.00
60.00	06000	LABORATORY	183,284	0					60.00
64.00	06400	INTRAVENOUS THERAPY	5,428	0					64.00
65.00	06500	RESPIRATORY THERAPY	11,502	0					65.00
66.00	06600	PHYSICAL THERAPY	5,346	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	1,409	0					67.00
68.00	06800	SPEECH PATHOLOGY	490	0					68.00
69.00	06900	ELECTROCARDIOLOGY	32,876	0					69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	394,188	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,057	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03952	PAIN MANAGEMENT	0	0					76.00
76.01	03951	OP CARDIO VASCULAR	0	0					76.01
76.02	03953	ANCILLARY PSYCH	0	0					76.02
76.03	03950	SLEEP LAB	1,127	0					76.03
76.04	03650	VASCULAR LAB	0	0					76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	530,571	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	321,243	0					92.00
93.00	04950	OTHER OP	0	0					93.00
200.00		Subtotal (see instructions)	2,439,896	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	2,439,896	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,197	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)		30,899	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,715	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		41,310,048	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		41,310,048	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		41,310,048	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)		1,173.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,097,021	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		16,097,021	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 12:08 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,041,226	5,994	1,675.21	2,809	4,705,665
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						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,940,272	41,310,048	0.095383	5,044,477	481,157	90.00
91.00	Nursing School cost	0	41,310,048	0.000000	5,044,477	0	91.00
92.00	Allied health cost	0	41,310,048	0.000000	5,044,477	0	92.00
93.00	All other Medical Education	0	41,310,048	0.000000	5,044,477	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm
		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)		1,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,745	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)		1,745	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)		863	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)		2,038,035	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)		2,038,035	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)		2,038,035	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)		1,167.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,007,924	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)		1,007,924	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm
			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)					449,667
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,457,591
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					120,578
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					57,867
52.00 Total Program excludable cost (sum of lines 50 and 51)					178,445
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,279,146
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm	
			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	243,810	2,038,035	0.119630	0	0	90.00
91.00	Nursing School cost	0	2,038,035	0.000000	0	0	91.00
92.00	Allied health cost	0	2,038,035	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,038,035	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			35,197 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			35,197 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)			30,899 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)			1,152 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,962 15.00
16.00	Nursery days (title V or XIX only)			312 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			41,310,048 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			41,310,048 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			41,310,048 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)			1,173.68 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,352,079 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)			1,352,079 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 12:08 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,037,814	1,962	1,038.64	312	324,056	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,041,226	5,994	1,675.21	152	254,632	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)					1,907,195	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,837,962	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)					4,298	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,173.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,044,477	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/27/2020 12:08 pm

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	3,940,272	41,310,048	0.095383	5,044,477	481,157	90.00
91.00	Nursing School cost	0	41,310,048	0.000000	5,044,477	0	91.00
92.00	Allied health cost	0	41,310,048	0.000000	5,044,477	0	92.00
93.00	All other Medical Education	0	41,310,048	0.000000	5,044,477	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm
		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)		1,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,745	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)		1,745	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)		17	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,962	15.00
16.00	Nursery days (title V or XIX only)		312	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)		2,038,035	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)		2,038,035	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)		2,038,035	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)		1,167.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,855	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)		19,855	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm
			Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,493
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,348
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/27/2020 12:08 pm	
		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	243,810	2,038,035	0.119630	0	0	90.00
91.00	Nursing School cost	0	2,038,035	0.000000	0	0	91.00
92.00	Allied health cost	0	2,038,035	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,038,035	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/27/2020 12:08 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,082,935	30.00
31.00	03100	INTENSIVE CARE UNIT		6,912,861	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244497	13,706,789	50.00
51.00	05100	RECOVERY ROOM	0.248825	923,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.428280	8,039	52.00
53.00	05300	ANESTHESIOLOGY	0.023312	4,908,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143560	5,026,985	54.00
56.00	05600	RADIOISOTOPE	0.151587	795,463	56.00
57.00	05700	CT SCAN	0.039606	8,913,338	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.085115	16,045,495	59.00
60.00	06000	LABORATORY	0.098745	22,487,131	60.00
64.00	06400	INTRAVENOUS THERAPY	0.242512	1,613,177	64.00
65.00	06500	RESPIRATORY THERAPY	0.101808	8,641,996	65.00
66.00	06600	PHYSICAL THERAPY	0.323389	2,329,484	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169158	823,519	67.00
68.00	06800	SPEECH PATHOLOGY	0.173550	374,318	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059160	7,778,614	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272	3,811,786	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.301822	10,461,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208626	16,572,193	73.00
74.00	07400	RENAL DIALYSIS	0.245555	1,995,027	74.00
76.00	03952	PAIN MANAGEMENT	0.118525	636	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	76.02
76.03	03950	SLEEP LAB	0.172194	127,054	76.03
76.04	03650	VASCULAR LAB	0.184669	1,093,876	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.458195	23,249	90.00
91.00	09100	EMERGENCY	0.136418	8,228,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.454105	1,732,032	92.00
93.00	04950	OTHER OP	0.186590	71,604	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		138,492,910	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)		138,492,910	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/27/2020 12:08 pm	
		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
41.00	04100 SUBPROVIDER - IRF		1,223,100		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.244497	0	0	50.00
51.00	05100 RECOVERY ROOM	0.248825	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.428280	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023312	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143560	47,978	6,888	54.00
56.00	05600 RADIOISOTOPE	0.151587	0	0	56.00
57.00	05700 CT SCAN	0.039606	24,745	980	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.085115	0	0	59.00
60.00	06000 LABORATORY	0.098745	241,771	23,874	60.00
64.00	06400 INTRAVENOUS THERAPY	0.242512	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.101808	124,575	12,683	65.00
66.00	06600 PHYSICAL THERAPY	0.323389	650,831	210,472	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.169158	615,375	104,096	67.00
68.00	06800 SPEECH PATHOLOGY	0.173550	179,069	31,077	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059160	18,314	1,083	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272	2,199	1,824	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.301822	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208626	191,162	39,881	73.00
74.00	07400 RENAL DIALYSIS	0.245555	54,774	13,450	74.00
76.00	03952 PAIN MANAGEMENT	0.118525	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	0.172194	0	0	76.03
76.04	03650 VASCULAR LAB	0.184669	15,024	2,774	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.458195	0	0	90.00
91.00	09100 EMERGENCY	0.136418	2,535	346	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.454105	0	0	92.00
93.00	04950 OTHER OP	0.186590	1,280	239	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,169,632	449,667	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)		2,169,632		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/27/2020 12:08 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		2,928,343	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244319	1,041,357	50.00
51.00	05100	RECOVERY ROOM	0.248825	155,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.428280	353,328	52.00
53.00	05300	ANESTHESIOLOGY	0.023312	314,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143560	409,251	54.00
56.00	05600	RADIOISOTOPE	0.151587	55,264	56.00
57.00	05700	CT SCAN	0.039606	651,491	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.085115	747,764	59.00
60.00	06000	LABORATORY	0.098745	2,052,598	60.00
64.00	06400	INTRAVENOUS THERAPY	0.242512	7,437	64.00
65.00	06500	RESPIRATORY THERAPY	0.101808	422,418	65.00
66.00	06600	PHYSICAL THERAPY	0.323389	113,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169158	53,537	67.00
68.00	06800	SPEECH PATHOLOGY	0.173550	80,250	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059160	566,829	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272	711,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.301822	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208626	1,118,476	73.00
74.00	07400	RENAL DIALYSIS	0.245555	65,442	74.00
76.00	03952	PAIN MANAGEMENT	0.118525	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	76.02
76.03	03950	SLEEP LAB	0.172194	9,067	76.03
76.04	03650	VASCULAR LAB	0.184669	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.458195	0	90.00
91.00	09100	EMERGENCY	0.136418	484,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.454105	113,233	92.00
93.00	04950	OTHER OP	0.186590	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,526,807	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)		9,526,807	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/27/2020 12:08 pm	
			Title XIX	Subprovider - IRF	Cost	
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
41.00	04100	SUBPROVIDER - IRF		24,156		41.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.244319	0	0	50.00
51.00	05100	RECOVERY ROOM	0.248825	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.428280	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023312	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143560	655	94	54.00
56.00	05600	RADIOISOTOPE	0.151587	0	0	56.00
57.00	05700	CT SCAN	0.039606	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.085115	0	0	59.00
60.00	06000	LABORATORY	0.098745	6,422	634	60.00
64.00	06400	INTRAVENOUS THERAPY	0.242512	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.101808	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.323389	13,371	4,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169158	12,370	2,092	67.00
68.00	06800	SPEECH PATHOLOGY	0.173550	6,318	1,096	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059160	2,139	127	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.829272	114	95	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.301822	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208626	147	31	73.00
74.00	07400	RENAL DIALYSIS	0.245555	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.118525	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	0.172194	0	0	76.03
76.04	03650	VASCULAR LAB	0.184669	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.458195	0	0	90.00
91.00	09100	EMERGENCY	0.136418	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.454105	0	0	92.00
93.00	04950	OTHER OP	0.186590	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		41,536	8,493	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)		41,536		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,595,960	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		25,886,443	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)		263,102	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		524,074	2.04
3.00	Managed Care Simulated Payments		14,915,313	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		125.77	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)		8.67	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.25	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		8.67	12.00
13.00	Total allowable FTE count for the prior year.		8.67	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67	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		8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.068935	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.073301	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.068935	21.00
22.00	IME payment adjustment (see instructions)		1,273,918	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		551,031	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)		5.58	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)		1,273,918	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		551,031	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.33	31.00
32.00	Sum of lines 30 and 31		21.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.54	33.00
34.00	Disproportionate share adjustment (see instructions)		563,787	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/27/2020 12:08 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000189304	0.000137390	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,566,087	1,147,288	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		394,740	858,899	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,253,639		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)		38,360,923		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)			38,911,954	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,091,960	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).			478,246	52.00
53.00	Nursing and Allied Health Managed Care payment			59,851	53.00
54.00	Special add-on payments for new technologies			4,958	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)			131,749	58.00
59.00	Total (sum of amounts on lines 49 through 58)			42,678,718	59.00
60.00	Primary payer payments			25,426	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,653,292	61.00
62.00	Deductibles billed to program beneficiaries			3,211,164	62.00
63.00	Coinsurance billed to program beneficiaries			61,996	63.00
64.00	Allowable bad debts (see instructions)			517,188	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			336,172	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			363,338	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,716,304	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			325,481	70.93
70.94	HRR adjustment amount (see instructions)			-87,070	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,954,715	71.00
71.01	Sequestration adjustment (see instructions)		667,244	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		39,844,054	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)		-556,583	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		1,606,206	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,678	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,427,950	2.00
3.00	OPPS payments		20,111,879	3.00
4.00	Outlier payment (see instructions)		720,909	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		118,901	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,678	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		51,231	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)		51,231	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)		51,231	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		40,553	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)		10,678	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)		20,951,689	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,488,234	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)		17,474,133	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		380,939	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)		17,855,072	30.00
31.00	Primary payer payments		7,924	31.00
32.00	Subtotal (line 30 minus line 31)		17,847,148	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)		543,966	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		353,578	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		362,915	36.00
37.00	Subtotal (see instructions)		18,200,726	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-110	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)		18,200,836	40.00
40.01	Sequestration adjustment (see instructions)		303,954	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		17,701,614	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)		195,268	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: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		109	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		382	2.00
3.00	OPPS payments		268	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		109	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		524	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)		524	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)		524	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		415	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)		109	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)		268	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)		11	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)		366	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)		366	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		366	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)		366	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	SEQUESTRATION - IRF TERM 11/2019		-1	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)		365	40.00
40.01	Sequestration adjustment (see instructions)		6	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		411	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)		-52	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/27/2020 12:08 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,534,149		17,643,432	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/13/2020	309,905	02/13/2020	58,182	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)		309,905		58,182	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,844,054		17,701,614	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		195,268	6.01
6.02	SETTLEMENT TO PROGRAM		556,583		0	6.02
7.00	Total Medicare program liability (see instructions)		39,287,471		17,896,882	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: 14-0187

Period:

Worksheet E-1

Component CCN: 14-T187

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/27/2020 12:08 pm

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		1,695,881		411	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)		1,695,881		411	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		23,688		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		52	6.02
7.00	Total Medicare program liability (see instructions)		1,719,569		359	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: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/27/2020 12:08 pm	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	1,677,914 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0380 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	96,312 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)	4.767760 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)	1,774,226 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)	1,774,226 17.00		
18.00	Primary payer payments	10,171 18.00		
19.00	Subtotal (line 17 less line 18).	1,764,055 19.00		
20.00	Deductibles	10,912 20.00		
21.00	Subtotal (line 19 minus line 20)	1,753,143 21.00		
22.00	Coinsurance	0 22.00		
23.00	Subtotal (line 21 minus line 22)	1,753,143 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	0 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0 26.00		
27.00	Subtotal (sum of lines 23 and 25)	1,753,143 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)	1,520 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	SEQUESTRATION - IRF TERM 11/2019	-5,889 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)	1,748,774 32.00		
32.01	Sequestration adjustment (see instructions)	29,205 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	1,695,881 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)	23,688 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: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2020 12:08 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,837,962		1.00
2.00	Medical and other services			2,439,896	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,837,962	2,439,896	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)		3,837,962	2,439,896	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		9,526,807	14,397,907	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)		9,526,807	14,397,907	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)		9,526,807	14,397,907	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,688,845	11,958,011	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	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)		3,837,962	2,439,896	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	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		3,837,962	2,439,896	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,837,962	2,439,896	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,837,962	2,439,896	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-3,837,962	-2,439,896	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	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: 14-0187 Component CCN: 14-T187	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2020 12:08 pm	
		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		28,348		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)		28,348	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)		28,348	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		41,536	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)		41,536	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)		41,536	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,188	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	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)		28,348	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)		28,348	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		28,348		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)		28,348	0	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-28,348		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: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/27/2020 12:08 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.25	6.00
7.00	Enter the lesser of line 5 or line 6			14.25	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.	14.25	0.00	14.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.25	0.00	14.25	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.25	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.41	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.41	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.36	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.36	0.00		17.00
18.00	Per resident amount	94,429.68	94,429.68		18.00
19.00	Approved amount for resident costs	1,356,010	0	1,356,010	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			94,429.68	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,356,010	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		1.00	2.00	2.01	3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,387	3,970	3,948	26.00
27.00	Total Inpatient Days (see instructions)	39,063	39,063	39,063	27.00
28.00	Ratio of inpatient days to total inpatient days	0.445102	0.101631	0.101068	28.00
29.00	Program direct GME amount	603,563	137,813	137,049	29.00
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		9,647	9,593	30.00
31.00	Net Program direct GME amount			859,185	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/27/2020 12:08 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,541,182		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)		45,921,973		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)		35,597		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,886,376		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		36,558,020		42.00
43.00	Primary payer payments (see instructions)		7,924		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		36,550,096		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		82,436,472		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.556627		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.443373		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		859,185		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		478,246		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		380,939		50.00

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

Provider CCN: 14-0187

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

Worksheet G

Date/Time Prepared:
11/27/2020 12:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	13,653,370	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	116,649,055	0	0	0	4.00
5.00	Other receivable	3,192,432	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-81,906,127	0	0	0	6.00
7.00	Inventory	5,594,180	0	0	0	7.00
8.00	Prepaid expenses	1,703,112	0	0	0	8.00
9.00	Other current assets	24,215,344	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	83,101,366	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,869,134	0	0	0	12.00
13.00	Land improvements	15,706,625	0	0	0	13.00
14.00	Accumulated depreciation	-2,648,992	0	0	0	14.00
15.00	Buildings	75,846,332	0	0	0	15.00
16.00	Accumulated depreciation	-10,096,948	0	0	0	16.00
17.00	Leasehold improvements	5,210,901	0	0	0	17.00
18.00	Accumulated depreciation	-330,212	0	0	0	18.00
19.00	Fixed equipment	98,927,184	0	0	0	19.00
20.00	Accumulated depreciation	-16,029,701	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	104,502,798	0	0	0	23.00
24.00	Accumulated depreciation	-59,280,462	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)	234,676,659	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,572,355	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	49,716,549	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	51,288,904	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	369,066,929	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,714,745	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,915,453	0	0	0	38.00
39.00	Payroll taxes payable	3,052,365	0	0	0	39.00
40.00	Notes and loans payable (short term)	20,087,683	0	0	0	40.00
41.00	Deferred income	31,238,894	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	401,550	0	0	0	43.00
44.00	Other current liabilities	19,223,504	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	91,634,194	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	131,571,987	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	461,345,316	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	592,917,303	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	684,551,497	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-315,484,568	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)	-315,484,568	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	369,066,929	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0187

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

Worksheet G-1

Date/Time Prepared:
11/27/2020 12:08 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-280,225,072		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-28,764,358				2.00
3.00	Total (sum of line 1 and line 2)		-308,989,430		0		3.00
4.00	IDENTIFIED ON TRIAL BALANCE	6,094,614		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		6,094,614		0		10.00
11.00	Subtotal (line 3 plus line 10)		-302,894,816		0		11.00
12.00	IDENTIFIED ON TRIAL BALANCE	12,589,752		0		0	12.00
13.00		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)		12,589,752		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-315,484,568		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	IDENTIFIED ON TRIAL BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	IDENTIFIED ON TRIAL BALANCE		0				12.00
13.00			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: 14-0187

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2020 12:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	79,353,411		79,353,411	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,530,487		2,530,487	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	81,883,898		81,883,898	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,208,966		19,208,966	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)	19,208,966		19,208,966	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,092,864		101,092,864	17.00
18.00	Ancillary services	297,254,321	444,287,667	741,541,988	18.00
19.00	Outpatient services	20,945,219	72,788,061	93,733,280	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	3,495,436	89,893	3,585,329	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	422,787,840	517,165,621	939,953,461	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		261,499,172		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		261,499,172		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0187

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

Worksheet G-3

Date/Time Prepared:
11/27/2020 12:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	939,953,461	1.00
2.00	Less contractual allowances and discounts on patients' accounts	717,570,502	2.00
3.00	Net patient revenues (line 1 minus line 2)	222,382,959	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	261,499,172	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,116,213	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,228,938	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	-216,362	24.00
24.50	COVID-19 PHE Funding	9,339,279	24.50
25.00	Total other income (sum of lines 6-24)	10,351,855	25.00
26.00	Total (line 5 plus line 25)	-28,764,358	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-28,764,358	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0187	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/27/2020 12:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,733,083	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		174,394	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)		102.89	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.41	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)		65,867	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.33	8.00
9.00	Sum of lines 7 and 8		21.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.34	10.00
11.00	Disproportionate share adjustment (see instructions)		118,616	11.00
12.00	Total prospective capital payments (see instructions)		3,091,960	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