

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest on payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0290 Period: From 07/01/2019 To 06/30/2020 Worksheet S Parts I-III Date/Time Prepared: 11/24/2020 5:38 pm

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically prepared cost report Date: 11/24/2020 Time: 5:38 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 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. ☒ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. ☒ Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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. ALEXIUS MEDICAL CENTER (14-0290) 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) FOREST WHICHARD

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX		
			Part A	Part B				
		1.00	2.00	3.00	4.00	5.00		
	PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	698,001	64,361	0	0	1.00	
2.00	Subprovider - IPF	0	0	0	0	0	2.00	
3.00	Subprovider - IRF	0	0	0	0	0	3.00	
5.00	Swing Bed - SNF	0	0	0	0	0	5.00	
6.00	Swing Bed - NF	0	0	0	0	0	6.00	
200.00	Total	0	698,001	64,361	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 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 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.

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10						
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:38 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:1555 BARRINGTON ROAD		PO Box:						1.00	
2.00	City: HOFFMAN ESTATES		State: IL		Zip Code:60194		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. ALEXIUS MEDICAL CENTER	140290	16974	1	09/16/1979	N	P	O
4.00	Subprovider - IPF									3.00
5.00	Subprovider - IRF									4.00
6.00	Subprovider - (Other)									5.00
7.00	Swing Beds - SNF									6.00
8.00	Swing Beds - NF									7.00
9.00	Hospital-Based SNF									8.00
10.00	Hospital-Based NF									9.00
11.00	Hospital-Based OLTC									10.00
12.00	Hospital-Based HHA									11.00
13.00	Separately Certified ASC									12.00
14.00	Hospital-Based Hospice									13.00
15.00	Hospital-Based Health Clinic - RHC									14.00
16.00	Hospital-Based Health Clinic - FQHC									15.00
17.00	Hospital-Based (CMHC) I									16.00
18.00	Renal Dialysis									17.00
19.00	Other									18.00
						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		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.		4,119	3,998	0	40	10,769	492	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:38 pm	
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
	1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00
					Urban/Rural Status	Date of Geographic Reclassification			
					1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				2				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				2				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0				35.00
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
					Y/N	Y/N			
					1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N			40.00
					V	XVIII	XIX		
					1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N		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		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.				N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N		48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.								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.								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.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.				N				60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 5:38 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 N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			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	
62.00	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
63.00	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" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 5:38 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		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
<u>Inpatient Psychiatric Facility PPS</u>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					71.00	
<u>Inpatient Rehabilitation Facility PPS</u>							
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.					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)					76.00	

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:38 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			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	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	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	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	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	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	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	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	
			1.00	2.00	
			Speech	Respiratory	
			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.				109.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:38 pm	
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §312N 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			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020
					Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:38 pm
			1.00	2.00	
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	149019
			1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ALEXIAN BROTHERS HOSPITAL NETWORK			Contractor's Name: WPS	
142.00	Street: 3040 SALT CREEK LANE			PO Box:	
143.00	City: ARLINGTON HEIGHTS, IL			Zip Code: 60005	
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
			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	
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.				
			1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
			Part A	Part B	Title V
			1.00	2.00	3.00
			Title XIX		
			1.00	2.00	3.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
			1.00		
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	
			Name	County	State
			0	1.00	2.00
			Zip Code	CBSA	FTE/Campus
			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	
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)				
168.01	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)				
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25	
			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)				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:38 pm
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N 0171.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020	
		Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 5:38 pm			
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/16/2020	Y	11/16/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020	
		Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 5:38 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.	MARY JO	MACKNISKAS		41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-312-7270	MARYJO.MACKNISKAS@AMITAHEALTH.ORG		43.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 5:38 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.	DIRECTOR OF REIMBURSEMENT			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 5:38 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	267	97,722	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)		267	97,722	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	35	12,810	0.00	0	8.00
8.01 NEONATAL NICU	31.01	16	5,490	0.00	0	8.01
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)		318	116,022	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		318			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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 5:38 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)	18,485	3,454	52,631			1.00
2.00	HMO and other (see instructions)	6,688	10,769				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	18,485	3,454	52,631			7.00
8.00	INTENSIVE CARE UNIT	1,404	236	4,639			8.00
8.01	NEONATAL NICU	0	3,419	6,525			8.01
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		1,048	5,460			13.00
14.00	Total (see instructions)	19,889	8,157	69,255	0.00	2,084.70	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,084.70	27.00
28.00	Observation Bed Days		0	7,305			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	492	1,174			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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 5:38 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	4,155	1,300	15,542	1.00
2.00 HMO and other (see instructions)			1,221	2,606		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,155	1,300	15,542	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 5:38 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 + col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	91,493,847	0	91,493,847	4,336,176.45	21.10
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		533,419	0	533,419	15,939.00	33.47
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		979,053	0	979,053	9,610.00	101.88
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		645,473	0	645,473	3,360.84	192.06
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		15,112,684	0	15,112,684	302,949.00	49.89
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,849,370	0	22,849,370		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		33,476	0	33,476		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,455,279	0	2,455,279		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 5:38 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	146,855	0	146,855	5,918.00	24.81	26.00
27.00	Administrative & General	5.00	8,265,874	0	8,265,874	389,423.00	21.23	27.00
28.00	Administrative & General under contract (see inst.)		737,958	0	737,958	5,087.00	145.07	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,700,116	0	3,700,116	148,592.00	24.90	33.00
34.00	Dietary	10.00	77,705	-56,460	21,245	1,886.00	11.26	34.00
35.00	Dietary under contract (see instructions)		4,014,552	0	4,014,552	148,330.00	27.07	35.00
36.00	Cafeteria	11.00	0	56,460	56,460	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,658,865	0	3,658,865	75,217.00	48.64	38.00
39.00	Central Services and Supply	14.00	446,874	0	446,874	33,640.00	13.28	39.00
40.00	Pharmacy	15.00	3,813,331	0	3,813,331	132,531.00	28.77	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	824,972	0	824,972	17,261.00	47.79	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 5:38 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	99,946,473	0	99,946,473	4,638,185.45	21.55	1.00
2.00	Excluded area salaries (see instructions)	533,419	0	533,419	15,939.00	33.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,413,054	0	99,413,054	4,622,246.45	21.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,737,210	0	16,737,210	315,919.84	52.98	4.00
5.00	Subtotal wage-related costs (see inst.)	25,304,649	0	25,304,649	0.00	25.45	5.00
6.00	Total (sum of lines 3 thru 5)	141,454,913	0	141,454,913	4,938,166.29	28.65	6.00
7.00	Total overhead cost (see instructions)	25,687,102	0	25,687,102	957,885.00	26.82	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/24/2020 5:38 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,150,090	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,343,355	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)	12,236,386	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-493,538	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-175,675	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)	366,046	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	604,058	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,593,948	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	224,700	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,849,370	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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 5:38 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	1,358,393	0	1.00
2.00	Hospital	1,358,393	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/24/2020 5:38 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)	0.193114		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	43,511,711		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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	277,540,564		6.00	
7.00	Medicaid cost (line 1 times line 6)	53,596,968		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if <0, enter zero then enter zero)	10,085,257		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, 10, 12, 14, 16, 17, 18, and 19)	10,085,257		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)	63,422,600	922,182	64,344,782	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,247,792	922,182	13,169,974	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)	12,247,792	922,182	13,169,974	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)	17,525,178		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	681,650		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,048,692		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	16,476,486		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,548,882		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	16,718,856		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	26,804,113		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0290

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

Worksheet A

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	23,148,753	23,148,753	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,361,074	8,361,074	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	146,855	15,887,543	16,034,398	260,360	16,294,758	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,265,874	106,353,277	114,619,151	-16,800,555	97,818,596	5.00
7.00	00700	OPERATION OF PLANT	0	7,792,120	7,792,120	-5,545,461	2,246,659	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	595,011	595,011	8.00
9.00	00900	HOUSEKEEPING	0	4,908,998	4,908,998	-601,754	4,307,244	9.00
10.00	01000	DIETARY	77,705	5,702,860	5,780,565	-4,341,674	1,438,891	10.00
11.00	01100	CAFETERIA	0	172,011	172,011	4,325,048	4,497,059	11.00
13.00	01300	NURSING ADMINISTRATION	3,658,865	1,816,227	5,475,092	-492,828	4,982,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	446,874	699,649	1,146,523	-615,658	530,865	14.00
15.00	01500	PHARMACY	3,813,331	12,142,389	15,955,720	-11,766,298	4,189,422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,564	30,564	-973	29,591	16.00
17.00	01700	SOCIAL SERVICE	824,972	129,593	954,565	-6,327	948,238	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,334,066	4,767,176	31,101,242	-1,945,750	29,155,492	30.00
31.00	03100	INTENSIVE CARE UNIT	4,743,361	1,209,491	5,952,852	-666,886	5,285,966	31.00
31.01	02060	NEONATAL NICU	5,802,336	1,557,186	7,359,522	-534,653	6,824,869	31.01
43.00	04300	NURSERY	633,262	65,236	698,498	-17,366	681,132	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,785,895	23,695,210	28,481,105	-22,833,753	5,647,352	50.00
50.01	05001	ENDOSCOPY	917,752	776,956	1,694,708	-674,159	1,020,549	50.01
51.00	05100	RECOVERY ROOM	1,418,656	199,277	1,617,933	-53,664	1,564,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,496,258	1,137,918	4,634,176	-677,538	3,956,638	52.00
53.00	05300	ANESTHESIOLOGY	75,714	669,919	745,633	-649,759	95,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,540,387	1,133,668	3,674,055	-727,857	2,946,198	54.00
54.01	03630	ULTRASOUND	947,446	168,377	1,115,823	-38,369	1,077,454	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	585,965	548,962	1,134,927	-499,708	635,219	54.02
54.03	03440	MAMMOGRAPHY	548,440	129,930	678,370	-62,843	615,527	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	475,868	652,832	1,128,700	-614,408	514,292	55.00
56.00	05600	RADIOISOTOPE	322,725	1,102,836	1,425,561	-1,041,384	384,177	56.00
57.00	05700	CT SCAN	992,438	560,452	1,552,890	-458,117	1,094,773	57.00
58.00	05800	MRI	678,241	368,435	1,046,676	-314,115	732,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,224,543	2,780,856	4,005,399	-2,642,277	1,363,122	59.00
60.00	06000	LABORATORY	1,394,519	9,985,675	11,380,194	-359,808	11,020,386	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	206,227	1,550,496	1,756,723	-553,839	1,202,884	63.00
64.00	06400	INTRAVENOUS THERAPY	329,788	261,176	590,964	-233,753	357,211	64.00
65.00	06500	RESPIRATORY THERAPY	1,621,192	1,157,021	2,778,213	-943,064	1,835,149	65.00
66.00	06600	PHYSICAL THERAPY	2,131,383	179,697	2,311,080	-5,236	2,305,844	66.00
66.01	06601	REHAB OUTPATIENT	1,417,897	436,968	1,854,865	-313,258	1,541,607	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	828,514	262,761	1,091,275	-196,784	894,491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,609	95,411	240,020	-83,235	156,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,551,130	19,551,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,604,224	12,604,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,948,081	10,948,081	73.00
74.00	07400	RENAL DIALYSIS	22,579	917,701	940,280	-12,607	927,673	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	162,938	12,520	175,458	-11	175,447	90.01
90.02	09001	PROCEDURE CLINIC	1,717,928	362,811	2,080,739	-214,068	1,866,671	90.02
90.04	09002	EPILEPSY MONITORING UNIT	161,544	51,921	213,465	-36,041	177,424	90.04
90.05	09003	OFFSITE IMAGING CENTER	464,991	647,358	1,112,349	-583,501	528,848	90.05
91.00	09100	EMERGENCY	6,598,490	3,647,970	10,246,460	-1,168,767	9,077,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,960,428	216,729,434	307,689,862	465,575	308,155,437	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,258	666,608	774,866	-45,161	729,705	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	163,457	-116,081	47,376	0	47,376	192.00
192.01	19201	POB	29,513	5,513,822	5,543,335	-412,157	5,131,178	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	232,191	1,779,730	2,011,921	-8,257	2,003,664	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	91,493,847	224,573,513	316,067,360	0	316,067,360	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0290

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

Worksheet A

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,054,001	20,094,752	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	149,204	8,510,278	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	666,665	16,961,423	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,774,465	82,044,131	5.00
7.00	00700	OPERATION OF PLANT	2,095,419	4,342,078	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	595,011	8.00
9.00	00900	HOUSEKEEPING	0	4,307,244	9.00
10.00	01000	DIETARY	0	1,438,891	10.00
11.00	01100	CAFETERIA	-861,910	3,635,149	11.00
13.00	01300	NURSING ADMINISTRATION	127,417	5,109,681	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	530,865	14.00
15.00	01500	PHARMACY	328,687	4,518,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	83,374	112,965	16.00
17.00	01700	SOCIAL SERVICE	0	948,238	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,310	29,152,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,285,966	31.00
31.01	02060	NEONATAL NICU	0	6,824,869	31.01
43.00	04300	NURSERY	0	681,132	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,647,352	50.00
50.01	05001	ENDOSCOPY	0	1,020,549	50.01
51.00	05100	RECOVERY ROOM	0	1,564,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,956,638	52.00
53.00	05300	ANESTHESIOLOGY	0	95,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-38,400	2,907,798	54.00
54.01	03630	ULTRASOUND	0	1,077,454	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	635,219	54.02
54.03	03440	MAMMOGRAPHY	-2,113	613,414	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	514,292	55.00
56.00	05600	RADIOISOTOPE	0	384,177	56.00
57.00	05700	CT SCAN	0	1,094,773	57.00
58.00	05800	MRI	0	732,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,363,122	59.00
60.00	06000	LABORATORY	-186,000	10,834,386	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,202,884	63.00
64.00	06400	INTRAVENOUS THERAPY	0	357,211	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,835,149	65.00
66.00	06600	PHYSICAL THERAPY	0	2,305,844	66.00
66.01	06601	REHAB OUTPATIENT	-6,605	1,535,002	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	894,491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	156,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,551,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,604,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,948,081	73.00
74.00	07400	RENAL DIALYSIS	0	927,673	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	175,447	90.01
90.02	09001	PROCEDURE CLINIC	0	1,866,671	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	177,424	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	528,848	90.05
91.00	09100	EMERGENCY	-1,305,760	7,771,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,781,798	290,373,639	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	729,705	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	47,376	192.00
192.01	19201	POB	-6,022,266	-891,088	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	2,003,664	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,804,064	292,263,296	200.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,672,530	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,549,337	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
	TOTALS		0	5,221,867	
B - SUPPLIES/IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,551,130	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,604,224	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	32,155,354	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,948,081	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	10,948,081		
D - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,457,050		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,811,737		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
TOTALS			0	17,268,787		
E - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	595,011		1.00
TOTALS			0	595,011		
F - CAFETERIA						
1.00	CAFETERIA	11.00	56,460	4,268,641		1.00
TOTALS			56,460	4,268,641		
G - WORKER'S COMP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	260,584		1.00
TOTALS			0	260,584		
H - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,814,996		1.00
TOTALS			0	8,814,996		
I - CAPITAL INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	204,177		1.00
TOTALS			0	204,177		
500.00	Grand Total: Increases		56,460	79,737,498		500.00

RECLASSIFICATIONS

Provider CCN:14-0290

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 5:38 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,041,465	10	1.00	
2.00	DIETARY	10.00	0	7,993	10	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	56,982	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	278,786	0	4.00	
5.00	PHARMACY	15.00	0	451,496	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	358,914	0	6.00	
7.00	OPERATING ROOM	50.00	0	856,286	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,969	0	8.00	
9.00	CT SCAN	57.00	0	8,553	0	9.00	
10.00	MRI	58.00	0	57,852	0	10.00	
11.00	LABORATORY	60.00	0	96,078	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	531,664	0	12.00	
13.00	REHAB OUTPATIENT	66.01	0	293,906	0	13.00	
14.00	OFFSITE IMAGING CENTER	90.05	0	172,923	0	14.00	
TOTALS			0	5,221,867			
B - SUPPLIES/IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	213	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	99,865	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	18	0	3.00	
4.00	HOUSEKEEPING	9.00	0	159	0	4.00	
5.00	DIETARY	10.00	0	479	0	5.00	
6.00	CAFETERIA	11.00	0	53	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	202,446	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	253,035	0	8.00	
9.00	PHARMACY	15.00	0	725,067	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	60	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	308	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	1,534,394	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	513,264	0	13.00	
14.00	NEONATAL NICU	31.01	0	489,520	0	14.00	
15.00	NURSERY	43.00	0	12,645	0	15.00	
16.00	OPERATING ROOM	50.00	0	19,493,474	0	16.00	
17.00	ENDOSCOPY	50.01	0	498,339	0	17.00	
18.00	RECOVERY ROOM	51.00	0	53,552	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	676,008	0	19.00	
20.00	ANESTHESIOLOGY	53.00	0	304,366	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84,537	0	21.00	
22.00	ULTRASOUND	54.01	0	38,333	0	22.00	
23.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	468,566	0	23.00	
24.00	MAMMOGRAPHY	54.03	0	61,169	0	24.00	
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,013	0	25.00	
26.00	RADIOISOTOPE	56.00	0	1,033,668	0	26.00	
27.00	CT SCAN	57.00	0	199,097	0	27.00	
28.00	MRI	58.00	0	152,038	0	28.00	
29.00	CARDIAC CATHETERIZATION	59.00	0	2,479,925	0	29.00	
30.00	LABORATORY	60.00	0	159,433	0	30.00	
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	549,081	0	31.00	
32.00	INTRAVENOUS THERAPY	64.00	0	227,562	0	32.00	
33.00	RESPIRATORY THERAPY	65.00	0	374,226	0	33.00	
34.00	PHYSICAL THERAPY	66.00	0	5,236	0	34.00	
35.00	REHAB OUTPATIENT	66.01	0	17,198	0	35.00	
36.00	ELECTROCARDIOLOGY	69.00	0	40,222	0	36.00	
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	74,442	0	37.00	
38.00	RENAL DIALYSIS	74.00	0	12,607	0	38.00	
39.00	CONGESTIVE HEART FAILURE CLINIC	90.01	0	11	0	39.00	
40.00	PROCEDURE CLINIC	90.02	0	178,834	0	40.00	
41.00	OFFSITE IMAGING CENTER	90.05	0	11,711	0	41.00	
42.00	EMERGENCY	91.00	0	1,111,180	0	42.00	
TOTALS			0	32,155,354			
C - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	23,088	0	2.00	
3.00	PHARMACY	15.00	0	10,416,871	0	3.00	
4.00	SOCIAL SERVICE	17.00	0	6,019	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	3,452	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	229	0	6.00	
7.00	NEONATAL NICU	31.01	0	3,265	0	7.00	
8.00	OPERATING ROOM	50.00	0	16,737	0	8.00	
9.00	ENDOSCOPY	50.01	0	11,767	0	9.00	
10.00	RECOVERY ROOM	51.00	0	112	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,226	0	11.00	

RECLASSIFICATIONS

Provider CCN:14-0290

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 5:38 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	ANESTHESIOLOGY	53.00	0	130,627	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,097	0		13.00
14.00	ULTRASOUND	54.01	0	36	0		14.00
15.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	2,654	0		15.00
16.00	MAMMOGRAPHY	54.03	0	518	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,240	0		17.00
18.00	CT SCAN	57.00	0	101,070	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	12,677	0		19.00
20.00	LABORATORY	60.00	0	3,955	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,120	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	37	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	666	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	117,982	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	741	0		25.00
26.00	PROCEDURE CLINIC	90.02	0	7,551	0		26.00
27.00	OFFSITE IMAGING CENTER	90.05	0	8,024	0		27.00
28.00	EMERGENCY	91.00	0	39,309	0		28.00
TOTALS			0	10,948,081			
D - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,356,380	9		1.00
2.00	OPERATION OF PLANT	7.00	0	5,545,443	9		2.00
3.00	HOUSEKEEPING	9.00	0	6,584	0		3.00
4.00	DIETARY	10.00	0	8,101	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	233,400	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	83,837	0		6.00
7.00	PHARMACY	15.00	0	172,864	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	913	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	48,990	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	153,393	0		10.00
11.00	NEONATAL NICU	31.01	0	41,868	0		11.00
12.00	NURSERY	43.00	0	4,721	0		12.00
13.00	OPERATING ROOM	50.00	0	2,467,256	0		13.00
14.00	ENDOSCOPY	50.01	0	164,053	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	304	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	214,766	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	603,254	0		17.00
18.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	28,488	0		18.00
19.00	MAMMOGRAPHY	54.03	0	1,156	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	590,155	0		20.00
21.00	RADIOISOTOPE	56.00	0	7,716	0		21.00
22.00	CT SCAN	57.00	0	149,397	0		22.00
23.00	MRI	58.00	0	104,225	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	149,675	0		24.00
25.00	LABORATORY	60.00	0	100,342	0		25.00
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,638	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	6,154	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	36,508	0		28.00
29.00	REHAB OUTPATIENT	66.01	0	2,154	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	38,580	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,052	0		31.00
32.00	PROCEDURE CLINIC	90.02	0	27,683	0		32.00
33.00	EPILEPSY MONITORING UNIT	90.04	0	36,041	0		33.00
34.00	OFFSITE IMAGING CENTER	90.05	0	390,843	0		34.00
35.00	EMERGENCY	91.00	0	18,278	0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	45,161	0		36.00
37.00	POB	192.01	0	412,157	0		37.00
38.00	RETAIL PHARMACY	194.01	0	8,257	0		38.00
TOTALS			0	17,268,787			
E - LINEN							
1.00	HOUSEKEEPING	9.00	0	595,011	0		1.00
TOTALS			0	595,011			
F - CAFETERIA							
1.00	DIETARY	10.00	56,460	4,268,641	0		1.00
TOTALS			56,460	4,268,641			
G - WORKER'S COMP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	260,584	0		1.00
TOTALS			0	260,584			
H - INTEREST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,814,996	11		1.00
TOTALS			0	8,814,996			

Provider CCN:14-0290

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

Worksheet A-6
Date/Time Prepared:
11/24/2020 5:38 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	I - CAPITAL INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	204,177	12	1.00
	TOTALS		0	204,177		
500.00	Grand Total: Decreases		56,460	79,737,498		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,220,000	0	0	0	0	1.00
2.00	Land Improvements	303,984	0	0	0	0	2.00
3.00	Buildings and Fixtures	247,219,337	1,690,076	0	1,690,076	0	3.00
4.00	Building Improvements	33,454,054	217,207	0	217,207	0	4.00
5.00	Fixed Equipment	2,276,110	1,011,506	0	1,011,506	0	5.00
6.00	Movable Equipment	61,513,295	5,555,464	0	5,555,464	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	356,986,780	8,474,253	0	8,474,253	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	356,986,780	8,474,253	0	8,474,253	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	12,220,000	0				1.00
2.00	Land Improvements	303,984	0				2.00
3.00	Buildings and Fixtures	248,909,413	0				3.00
4.00	Building Improvements	33,671,261	0				4.00
5.00	Fixed Equipment	3,287,616	0				5.00
6.00	Movable Equipment	67,068,759	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	365,461,033	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	365,461,033	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 5:38 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	286,172,273	0	286,172,273	0.810133	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	67,068,759	0	67,068,759	0.189867	0	2.00
3.00	Total (sum of lines 1-2)	353,241,032	0	353,241,032	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,347,047	2,672,530	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,960,941	2,549,337	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,307,988	5,221,867	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,870,998	204,177	0	0	20,094,752	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,510,278	2.00
3.00	Total (sum of lines 1-2)	2,870,998	204,177	0	0	28,605,030	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0290

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)			0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00	Television and radio service (chapter 21)			0		0.00	0 8.00
9.00	Parking lot (chapter 21)			0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-7,288,634				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	13,823,528				0 12.00
13.00	Laundry and linen service			0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-790,257	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employees and others			0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00	Sale of drugs to other than patients			0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-3,415	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00	Vending machines	B	-71,653	CAFETERIA		11.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-997,274	CAP REL COSTS-BLDG & FIXT		1.00	9 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	149,204	CAP REL COSTS-MVBLE EQUIP		2.00	9 27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00	PRENATAL CLASS	B	-35,615	NURSING ADMINISTRATION		13.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0290

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 5:38 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
	1.00	2.00	3.00	4.00	5.00	
33.01 MISC INCOME	B	-91,933	OPERATION OF PLANT	7.00	0	33.01
33.02 INTERCOMPANY REVENUE	B	-186,000	LABORATORY	60.00	0	33.02
33.03 INTERCOMPANY REVENUE	B	-38,400	RADIOLOGY-DIAGNOSTIC	54.00	0	33.03
33.04 MISC INCOME	B	-3,310	ADULTS & PEDIATRICS	30.00	0	33.04
33.05 MISC INCOME	B	-913,728	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 OP REHAB REV	B	-6,605	REHAB OUTPATIENT	66.01	0	33.06
33.07 RESEARCH	B	-7,995	PHARMACY	15.00	0	33.07
33.08 RENT PHYSICIANS OFFICE	B	-1,580,787	POB	192.01	0	33.08
33.09 PHYSICIANS PART B	B	-4,441,479	POB	192.01	0	33.09
33.10 REAL ESTATE TAXES	A	-531,735	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 PROVIDER TAX	A	-19,308,838	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 LOBBYING FEES	A	-50,000	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 MARKETING	A	-102,996	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 MARKETING	A	-2,113	MAMMOGRAPHY	54.03	0	33.14
33.15 ER DIRECT PT SVCES	A	-1,305,760	EMERGENCY	91.00	0	33.15
33.16 NON-REIMBURSABLE	A	-4,776	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 NON-REIMBURSABLE	A	-72	NURSING ADMINISTRATION	13.00	0	33.17
33.18 CHARITABLE DONATIONS	A	-13,421	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
33.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
33.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.22
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,804,064				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:14-0290

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 5:38 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	3,887,271	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-5,943,998	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	611,906	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	64,528,423	52,844,052	3.01
3.02	7.00	OPERATION OF PLANT	FACILITES AND BIO MED	2,187,352	0	3.02
3.03	13.00	NURSING ADMINISTRATION	NURSING ADMIN	163,104	0	3.03
3.04	15.00	PHARMACY	PHARMACY ADMIN	336,682	0	3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	HIM	86,789	0	3.05
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	398,233	343,474	3.06
4.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACITIE AND GEN LIAB	5,492,800	4,737,508	4.00
5.00	TOTALS (sum of lines 1-4).			71,748,562	57,925,034	5.00
	Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

* 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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	PRESENCE ABHS	100.00	6.00
7.00	B	0.00	ABHN	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet A-8-1 Date/Time Prepared: 11/24/2020 5:38 pm
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	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,887,271	9		1.00
2.00	-5,943,998	11		2.00
3.00	611,906	0		3.00
3.01	11,684,371	0		3.01
3.02	2,187,352	0		3.02
3.03	163,104	0		3.03
3.04	336,682	0		3.04
3.05	86,789	0		3.05
3.06	54,759	0		3.06
4.00	755,292	0		4.00
5.00	13,823,528			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 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0290

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 5:38 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	AGGREGATE-ADMINISTRATIVE & GENERAL	7,630,389	6,984,916	645,473	211,500	3,361	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,630,389	6,984,916	645,473		3,361	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	AGGREGATE-ADMINISTRATIVE & GENERAL	341,755	17,088	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			341,755	17,088	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	AGGREGATE-ADMINISTRATIVE & GENERAL	0	341,755	303,718	7,288,634		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	341,755	303,718	7,288,634		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,094,752	20,094,752			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,510,278		8,510,278		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,961,423	14,277	6,109	16,981,809	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	82,044,131	1,840,493	699,197	1,536,659	5.00
7.00	00700	OPERATION OF PLANT	4,342,078	5,480,902	2,345,303	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	595,011	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,307,244	230,434	98,604	0	9.00
10.00	01000	DIETARY	1,438,891	204,861	87,661	3,950	10.00
11.00	01100	CAFETERIA	3,635,149	148,691	63,625	10,496	11.00
13.00	01300	NURSING ADMINISTRATION	5,109,681	327,112	139,973	680,198	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	530,865	103,089	44,112	83,076	14.00
15.00	01500	PHARMACY	4,518,109	149,626	64,026	708,913	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,965	228,875	97,937	0	16.00
17.00	01700	SOCIAL SERVICE	948,238	10,014	4,285	153,366	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,152,182	4,594,370	1,965,952	4,895,643	30.00
31.00	03100	INTENSIVE CARE UNIT	5,285,966	373,823	159,961	881,810	31.00
31.01	02060	NEONATAL NICU	6,824,869	681,357	291,556	1,078,677	31.01
43.00	04300	NURSERY	681,132	44,354	18,979	117,726	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,647,352	1,141,567	488,482	889,717	50.00
50.01	05001	ENDOSCOPY	1,020,549	367,620	157,306	170,614	50.01
51.00	05100	RECOVERY ROOM	1,564,269	196,267	83,984	263,734	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,956,638	519,464	222,281	649,968	52.00
53.00	05300	ANESTHESIOLOGY	95,874	18,331	7,844	14,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,907,798	509,623	218,070	472,268	54.00
54.01	03630	ULTRASOUND	1,077,454	38,879	16,637	176,134	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	635,219	35,691	15,272	108,933	54.02
54.03	03440	MAMMOGRAPHY	613,414	170,036	72,759	101,957	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	514,292	430,652	184,278	88,466	55.00
56.00	05600	RADIOISOTOPE	384,177	73,704	31,538	59,996	56.00
57.00	05700	CT SCAN	1,094,773	92,312	39,501	184,498	57.00
58.00	05800	MRI	732,561	71,036	30,397	126,088	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,363,122	231,404	99,019	227,647	59.00
60.00	06000	LABORATORY	10,834,386	466,828	199,758	259,247	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,202,884	18,816	8,051	38,338	63.00
64.00	06400	INTRAVENOUS THERAPY	357,211	0	0	61,309	64.00
65.00	06500	RESPIRATORY THERAPY	1,835,149	49,795	21,307	301,386	65.00
66.00	06600	PHYSICAL THERAPY	2,305,844	185,283	79,283	396,233	66.00
66.01	06601	REHAB OUTPATIENT	1,535,002	4,124	1,764	263,593	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	894,491	0	0	154,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,785	19,266	8,244	26,883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,551,130	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,604,224	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,948,081	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	927,673	0	0	4,198	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	175,447	0	0	30,291	90.01
90.02	09001	PROCEDURE CLINIC	1,866,671	220,801	94,482	319,370	90.02
90.04	09002	EPILEPSY MONITORING UNIT	177,424	0	0	30,032	90.04
90.05	09003	OFFSITE IMAGING CENTER	528,848	0	0	86,444	90.05
91.00	09100	EMERGENCY	7,771,933	718,677	307,525	1,226,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,373,639	20,012,454	8,475,062	16,882,644	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	729,705	82,298	35,216	20,126	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,376	0	0	30,387	192.00
192.01	19201	POB	-891,088	0	0	5,487	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,003,664	0	0	43,165	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
200.00	Cross Foot Adjustments						0200.00
201.00	Negative Cost Centers		0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	292,263,296	20,094,752	8,510,278	16,981,809	292,263,296	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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11/24/2020 5:38 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	86,120,480				5.00
7.00	00700	OPERATION OF PLANT	5,061,811	17,230,094			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	247,515	0	842,526		8.00
9.00	00900	HOUSEKEEPING	1,928,619	311,182	0	6,876,083	9.00
10.00	01000	DIETARY	721,883	276,648	0	112,434	2,846,328 10.00
11.00	01100	CAFETERIA	1,604,850	200,794	0	81,606	0 11.00
13.00	01300	NURSING ADMINISTRATION	2,602,797	441,738	0	179,529	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	316,623	139,213	0	56,578	0 14.00
15.00	01500	PHARMACY	2,263,233	202,058	0	82,119	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	182,940	309,077	0	125,613	0 16.00
17.00	01700	SOCIAL SERVICE	464,198	13,524	0	5,496	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,892,309	6,204,322	480,060	2,521,521	2,589,068 30.00
31.00	03100	INTENSIVE CARE UNIT	2,787,742	504,817	42,095	205,165	257,260 31.00
31.01	02060	NEONATAL NICU	3,692,465	920,117	7,218	373,948	0 31.01
43.00	04300	NURSERY	358,658	59,897	0	24,343	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,397,390	1,541,592	99,663	626,525	0 50.00
50.01	05001	ENDOSCOPY	713,866	496,441	0	201,761	0 50.01
51.00	05100	RECOVERY ROOM	877,000	265,043	0	107,717	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,224,828	701,494	53,804	285,097	0 52.00
53.00	05300	ANESTHESIOLOGY	56,626	24,754	0	10,060	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,708,762	688,204	2,073	279,696	0 54.00
54.01	03630	ULTRASOUND	544,566	52,503	24,011	21,338	0 54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	330,755	48,198	0	19,588	0 54.02
54.03	03440	MAMMOGRAPHY	398,582	229,620	0	93,321	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	506,539	581,560	6,405	236,354	0 55.00
56.00	05600	RADIOISOTOPE	228,548	99,532	0	40,451	0 56.00
57.00	05700	CT SCAN	586,988	124,660	29,471	50,664	0 57.00
58.00	05800	MRI	399,379	95,928	0	38,987	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	799,185	312,493	0	127,001	0 59.00
60.00	06000	LABORATORY	4,892,063	630,413	0	256,209	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	527,505	25,409	0	10,327	0 63.00
64.00	06400	INTRAVENOUS THERAPY	174,098	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	918,342	67,243	0	27,329	0 65.00
66.00	06600	PHYSICAL THERAPY	1,234,076	250,209	0	101,689	0 66.00
66.01	06601	REHAB OUTPATIENT	750,636	5,569	0	2,263	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	436,165	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,847	26,018	0	10,574	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,132,957	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,243,156	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,554,227	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	387,643	0	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	85,584	0	0	0	0 90.01
90.02	09001	PROCEDURE CLINIC	1,040,511	298,173	0	121,182	0 90.02
90.04	09002	EPILEPSY MONITORING UNIT	86,298	0	0	0	0 90.04
90.05	09003	OFFSITE IMAGING CENTER	255,952	0	0	0	0 90.05
91.00	09100	EMERGENCY	4,170,165	970,514	97,726	394,431	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,875,882	17,118,957	842,526	6,830,916	2,846,328 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	360,802	111,137	0	45,167	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,348	0	0	0	0 192.00
192.01	19201	POB	0	0	0	0	0 192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0 194.00
194.01	07951	RETAIL PHARMACY	851,448	0	0	0	0 194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	86,120,480	17,230,094	842,526	6,876,083	2,846,328 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	5,745,211					11.00
13.00	01300	NURSING ADMINISTRATION	109,714	9,590,742				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,062	0	1,322,618			14.00
15.00	01500	PHARMACY	193,335	0	0	8,181,419		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,057,407	16.00
17.00	01700	SOCIAL SERVICE	25,183	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,271,316	5,055,442	0	0	120,671	30.00
31.00	03100	INTENSIVE CARE UNIT	346,012	770,144	0	0	16,276	31.00
31.01	02060	NEONATAL NICU	406,998	905,885	0	0	33,197	31.01
43.00	04300	NURSERY	44,571	99,206	0	0	6,640	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	249,891	556,200	0	0	88,651	50.00
50.01	05001	ENDOSCOPY	58,316	129,798	0	0	21,529	50.01
51.00	05100	RECOVERY ROOM	78,129	173,897	0	0	14,493	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,929	569,639	0	0	18,627	52.00
53.00	05300	ANESTHESIOLOGY	8,192	0	0	0	31,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,498	0	0	0	36,489	54.00
54.01	03630	ULTRASOUND	51,884	0	0	0	21,149	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	50,427	0	0	0	6,001	54.02
54.03	03440	MAMMOGRAPHY	24,091	0	0	0	8,689	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	21,724	0	0	0	21,716	55.00
56.00	05600	RADIOISOTOPE	20,116	0	0	0	14,491	56.00
57.00	05700	CT SCAN	67,691	0	0	0	62,927	57.00
58.00	05800	MRI	44,966	0	0	0	26,793	58.00
59.00	05900	CARDIAC CATHETERIZATION	90,569	0	0	0	26,080	59.00
60.00	06000	LABORATORY	113,112	0	0	0	128,785	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,776	0	0	0	5,247	63.00
64.00	06400	INTRAVENOUS THERAPY	12,683	0	0	0	1,323	64.00
65.00	06500	RESPIRATORY THERAPY	115,175	0	0	0	25,451	65.00
66.00	06600	PHYSICAL THERAPY	69,755	0	0	0	14,634	66.00
66.01	06601	REHAB OUTPATIENT	56,101	0	0	0	7,769	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	59,378	0	0	0	27,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,628	0	0	0	3,114	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	810,355	0	27,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	512,263	0	23,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,181,419	99,840	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,502	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	7,282	16,208	0	0	221	90.01
90.02	09001	PROCEDURE CLINIC	66,751	148,572	0	0	8,566	90.02
90.04	09002	EPILEPSY MONITORING UNIT	9,133	20,327	0	0	487	90.04
90.05	09003	OFFSITE IMAGING CENTER	18,933	0	0	0	7,762	90.05
91.00	09100	EMERGENCY	514,618	1,145,424	0	0	96,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,721,939	9,590,742	1,322,618	8,181,419	1,057,407	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,373	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,464	0	0	0	0	192.00
192.01	19201	POB	8,435	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,745,211	9,590,742	1,322,618	8,181,419	1,057,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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	1,624,304			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,234,405	77,977,261	0	30.00
31.00	03100	INTENSIVE CARE UNIT	108,803	11,739,874	0	31.00
31.01	02060	NEONATAL NICU	153,037	15,369,324	0	31.01
43.00	04300	NURSERY	128,059	1,583,565	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	14,727,030	0	50.00
50.01	05001	ENDOSCOPY	0	3,337,800	0	50.01
51.00	05100	RECOVERY ROOM	0	3,624,533	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,457,769	0	52.00
53.00	05300	ANESTHESIOLOGY	0	267,012	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,001,481	0	54.00
54.01	03630	ULTRASOUND	0	2,024,555	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,250,084	0	54.02
54.03	03440	MAMMOGRAPHY	0	1,712,469	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,591,986	0	55.00
56.00	05600	RADIOISOTOPE	0	952,553	0	56.00
57.00	05700	CT SCAN	0	2,333,485	0	57.00
58.00	05800	MRI	0	1,566,135	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,276,520	0	59.00
60.00	06000	LABORATORY	0	17,780,801	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,851,353	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	606,624	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,361,177	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,637,006	0	66.00
66.01	06601	REHAB OUTPATIENT	0	2,626,821	0	66.01
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	1,571,931	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	356,359	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,521,691	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,383,299	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,783,567	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,323,016	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	315,033	0	90.01
90.02	09001	PROCEDURE CLINIC	0	4,185,079	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	323,701	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	897,939	0	90.05
91.00	09100	EMERGENCY	0	17,413,953	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,624,304	288,732,786	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,391,824	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	117,575	0	192.00
192.01	19201	POB	0	-877,166	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	2,898,277	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	17.00	24.00	25.00	26.00		202.00
		1,624,304	292,263,296	0	292,263,296		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,277	6,109	20,386	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,840,493	699,197	2,539,690	5.00
7.00	00700	OPERATION OF PLANT	0	5,480,902	2,345,303	7,826,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	230,434	98,604	329,038	9.00
10.00	01000	DIETARY	0	204,861	87,661	292,522	10.00
11.00	01100	CAFETERIA	0	148,691	63,625	212,316	11.00
13.00	01300	NURSING ADMINISTRATION	0	327,112	139,973	467,085	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	103,089	44,112	147,201	14.00
15.00	01500	PHARMACY	0	149,626	64,026	213,652	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	228,875	97,937	326,812	16.00
17.00	01700	SOCIAL SERVICE	0	10,014	4,285	14,299	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,594,370	1,965,952	6,560,322	30.00
31.00	03100	INTENSIVE CARE UNIT	0	373,823	159,961	533,784	31.00
31.01	02060	NEONATAL NICU	0	681,357	291,556	972,913	31.01
43.00	04300	NURSERY	0	44,354	18,979	63,333	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,141,567	488,482	1,630,049	50.00
50.01	05001	ENDOSCOPY	0	367,620	157,306	524,926	50.01
51.00	05100	RECOVERY ROOM	0	196,267	83,984	280,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	519,464	222,281	741,745	52.00
53.00	05300	ANESTHESIOLOGY	0	18,331	7,844	26,175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	509,623	218,070	727,693	54.00
54.01	03630	ULTRASOUND	0	38,879	16,637	55,516	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	35,691	15,272	50,963	54.02
54.03	03440	MAMMOGRAPHY	0	170,036	72,759	242,795	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	430,652	184,278	614,930	55.00
56.00	05600	RADIOISOTOPE	0	73,704	31,538	105,242	56.00
57.00	05700	CT SCAN	0	92,312	39,501	131,813	57.00
58.00	05800	MRI	0	71,036	30,397	101,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	231,404	99,019	330,423	59.00
60.00	06000	LABORATORY	0	466,828	199,758	666,586	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18,816	8,051	26,867	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	49,795	21,307	71,102	65.00
66.00	06600	PHYSICAL THERAPY	0	185,283	79,283	264,566	66.00
66.01	06601	REHAB OUTPATIENT	0	4,124	1,764	5,888	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,266	8,244	27,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	220,801	94,482	315,283	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	718,677	307,525	1,026,202	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,012,454	8,475,062	28,487,516	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	82,298	35,216	117,514	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

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	
			BLDG & FIXT	MVBLE EQUIP			
201.00	Negative Cost Centers	0	1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118 through 201)	0	20,094,752	8,510,278	28,605,030	20,386	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,541,533				5.00
7.00	00700	OPERATION OF PLANT	149,378	7,975,583			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,304	0	7,304		8.00
9.00	00900	HOUSEKEEPING	56,915	144,042	0	529,995	9.00
10.00	01000	DIETARY	21,303	128,057	0	8,666	450,553 10.00
11.00	01100	CAFETERIA	47,360	92,945	0	6,290	0 11.00
13.00	01300	NURSING ADMINISTRATION	76,810	204,475	0	13,838	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,344	64,440	0	4,361	0 14.00
15.00	01500	PHARMACY	66,790	93,530	0	6,330	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,399	143,067	0	9,682	0 16.00
17.00	01700	SOCIAL SERVICE	13,699	6,260	0	424	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	498,556	2,871,897	4,162	194,355	409,831 30.00
31.00	03100	INTENSIVE CARE UNIT	82,268	233,673	365	15,814	40,722 31.00
31.01	02060	NEONATAL NICU	108,967	425,910	63	28,823	0 31.01
43.00	04300	NURSERY	10,584	27,725	0	1,876	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	100,260	713,583	864	48,291	0 50.00
50.01	05001	ENDOSCOPY	21,067	229,796	0	15,551	0 50.01
51.00	05100	RECOVERY ROOM	25,881	122,685	0	8,303	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,656	324,712	466	21,975	0 52.00
53.00	05300	ANESTHESIOLOGY	1,671	11,458	0	775	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,427	318,561	18	21,558	0 54.00
54.01	03630	ULTRASOUND	16,071	24,303	208	1,645	0 54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	9,761	22,310	0	1,510	0 54.02
54.03	03440	MAMMOGRAPHY	11,762	106,288	0	7,193	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	14,948	269,196	56	18,218	0 55.00
56.00	05600	RADIOISOTOPE	6,745	46,072	0	3,118	0 56.00
57.00	05700	CT SCAN	17,322	57,704	255	3,905	0 57.00
58.00	05800	MRI	11,786	44,404	0	3,005	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	23,585	144,649	0	9,789	0 59.00
60.00	06000	LABORATORY	144,368	291,810	0	19,748	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,567	11,762	0	796	0 63.00
64.00	06400	INTRAVENOUS THERAPY	5,138	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	27,101	31,126	0	2,106	0 65.00
66.00	06600	PHYSICAL THERAPY	36,419	115,819	0	7,838	0 66.00
66.01	06601	REHAB OUTPATIENT	22,152	2,578	0	174	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	12,872	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,592	12,043	0	815	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,010	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,729	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,399	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	11,440	0	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	2,526	0	0	0	0 90.01
90.02	09001	PROCEDURE CLINIC	30,706	138,021	0	9,340	0 90.02
90.04	09002	EPILEPSY MONITORING UNIT	2,547	0	0	0	0 90.04
90.05	09003	OFFSITE IMAGING CENTER	7,553	0	0	0	0 90.05
91.00	09100	EMERGENCY	123,065	449,238	847	30,402	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,504,803	7,924,139	7,304	526,514	450,553 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,648	51,444	0	3,481	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	955	0	0	0	0 192.00
192.01	19201	POB	0	0	0	0	0 192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0 194.00
194.01	07951	RETAIL PHARMACY	25,127	0	0	0	0 194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	2,541,533	7,975,583	7,304	529,995	450,553 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	358,924					11.00
13.00	01300	NURSING ADMINISTRATION	6,854	769,878				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,065	0	228,511			14.00
15.00	01500	PHARMACY	12,078	0	0	393,230		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	484,960	16.00
17.00	01700	SOCIAL SERVICE	1,573	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,897	405,815	0	0	55,300	30.00
31.00	03100	INTENSIVE CARE UNIT	21,617	61,822	0	0	7,459	31.00
31.01	02060	NEONATAL NICU	25,427	72,718	0	0	15,213	31.01
43.00	04300	NURSERY	2,785	7,964	0	0	3,043	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,612	44,648	0	0	40,626	50.00
50.01	05001	ENDOSCOPY	3,643	10,419	0	0	9,866	50.01
51.00	05100	RECOVERY ROOM	4,881	13,959	0	0	6,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,989	45,727	0	0	8,536	52.00
53.00	05300	ANESTHESIOLOGY	512	0	0	0	14,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,151	0	0	0	16,722	54.00
54.01	03630	ULTRASOUND	3,241	0	0	0	9,692	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	3,150	0	0	0	2,750	54.02
54.03	03440	MAMMOGRAPHY	1,505	0	0	0	3,982	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,357	0	0	0	9,952	55.00
56.00	05600	RADIOISOTOPE	1,257	0	0	0	6,641	56.00
57.00	05700	CT SCAN	4,229	0	0	0	28,838	57.00
58.00	05800	MRI	2,809	0	0	0	12,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,658	0	0	0	11,952	59.00
60.00	06000	LABORATORY	7,067	0	0	0	59,398	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	923	0	0	0	2,405	63.00
64.00	06400	INTRAVENOUS THERAPY	792	0	0	0	606	64.00
65.00	06500	RESPIRATORY THERAPY	7,195	0	0	0	11,663	65.00
66.00	06600	PHYSICAL THERAPY	4,358	0	0	0	6,706	66.00
66.01	06601	REHAB OUTPATIENT	3,505	0	0	0	3,560	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,710	0	0	0	12,773	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,101	0	0	0	1,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	140,008	0	12,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	88,503	0	10,841	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	393,230	45,754	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,605	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	455	1,301	0	0	101	90.01
90.02	09001	PROCEDURE CLINIC	4,170	11,926	0	0	3,926	90.02
90.04	09002	EPILEPSY MONITORING UNIT	571	1,632	0	0	223	90.04
90.05	09003	OFFSITE IMAGING CENTER	1,183	0	0	0	3,557	90.05
91.00	09100	EMERGENCY	32,150	91,947	0	0	44,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	357,470	769,878	228,511	393,230	484,960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	461	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	466	0	0	0	0	192.00
192.01	19201	POB	527	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	358,924	769,878	228,511	393,230	484,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	36,439				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,692	11,175,715	0	11,175,715	30.00
31.00	03100	INTENSIVE CARE UNIT	2,441	1,001,023	0	1,001,023	31.00
31.01	02060	NEONATAL NICU	3,433	1,654,761	0	1,654,761	31.01
43.00	04300	NURSERY	2,873	120,324	0	120,324	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,595,000	0	2,595,000	50.00
50.01	05001	ENDOSCOPY	0	815,473	0	815,473	50.01
51.00	05100	RECOVERY ROOM	0	462,918	0	462,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,225,586	0	1,225,586	52.00
53.00	05300	ANESTHESIOLOGY	0	54,931	0	54,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,146,697	0	1,146,697	54.00
54.01	03630	ULTRASOUND	0	110,887	0	110,887	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	90,575	0	90,575	54.02
54.03	03440	MAMMOGRAPHY	0	373,647	0	373,647	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	928,763	0	928,763	55.00
56.00	05600	RADIOISOTOPE	0	169,147	0	169,147	56.00
57.00	05700	CT SCAN	0	244,287	0	244,287	57.00
58.00	05800	MRI	0	175,867	0	175,867	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	526,329	0	526,329	59.00
60.00	06000	LABORATORY	0	1,189,288	0	1,189,288	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	58,366	0	58,366	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,610	0	6,610	64.00
65.00	06500	RESPIRATORY THERAPY	0	150,655	0	150,655	65.00
66.00	06600	PHYSICAL THERAPY	0	436,181	0	436,181	66.00
66.01	06601	REHAB OUTPATIENT	0	38,173	0	38,173	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,540	0	29,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,520	0	45,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	392,506	0	392,506	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	254,073	0	254,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	573,383	0	573,383	73.00
74.00	07400	RENAL DIALYSIS	0	13,050	0	13,050	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	4,419	0	4,419	90.01
90.02	09001	PROCEDURE CLINIC	0	513,755	0	513,755	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	5,009	0	5,009	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	12,397	0	12,397	90.05
91.00	09100	EMERGENCY	0	1,799,433	0	1,799,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,439	28,394,288	0	28,394,288	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	183,572	0	183,572	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,457	0	1,457	192.00
192.01	19201	POB	0	534	0	534	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	25,179	0	25,179	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	36,439	28,605,030	0	28,605,030		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	579,906				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		573,947			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	412	412	91,346,992		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	53,114	47,155	8,265,874	-86,120,480	5.00
7.00	00700	OPERATION OF PLANT	158,171	158,171	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,650	6,650	0	0	9.00
10.00	01000	DIETARY	5,912	5,912	21,245	0	10.00
11.00	01100	CAFETERIA	4,291	4,291	56,460	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,440	9,440	3,658,865	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	2,975	446,874	0	14.00
15.00	01500	PHARMACY	4,318	4,318	3,813,331	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	6,605	0	0	16.00
17.00	01700	SOCIAL SERVICE	289	289	824,972	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,587	132,587	26,334,066	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,788	10,788	4,743,361	0	31.00
31.01	02060	NEONATAL NICU	19,663	19,663	5,802,336	0	31.01
43.00	04300	NURSERY	1,280	1,280	633,262	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,944	32,944	4,785,895	0	50.00
50.01	05001	ENDOSCOPY	10,609	10,609	917,752	0	50.01
51.00	05100	RECOVERY ROOM	5,664	5,664	1,418,656	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	14,991	3,496,258	0	52.00
53.00	05300	ANESTHESIOLOGY	529	529	75,714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	14,707	2,540,387	0	54.00
54.01	03630	ULTRASOUND	1,122	1,122	947,446	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	1,030	585,965	0	54.02
54.03	03440	MAMMOGRAPHY	4,907	4,907	548,440	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	12,428	475,868	0	55.00
56.00	05600	RADIOISOTOPE	2,127	2,127	322,725	0	56.00
57.00	05700	CT SCAN	2,664	2,664	992,438	0	57.00
58.00	05800	MRI	2,050	2,050	678,241	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,678	6,678	1,224,543	0	59.00
60.00	06000	LABORATORY	13,472	13,472	1,394,519	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	543	206,227	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	329,788	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,437	1,437	1,621,192	0	65.00
66.00	06600	PHYSICAL THERAPY	5,347	5,347	2,131,383	0	66.00
66.01	06601	REHAB OUTPATIENT	119	119	1,417,897	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	828,514	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	556	556	144,609	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	22,579	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	162,938	0	90.01
90.02	09001	PROCEDURE CLINIC	6,372	6,372	1,717,928	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	161,544	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	464,991	0	90.05
91.00	09100	EMERGENCY	20,740	20,740	6,598,490	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	577,531	571,572	90,813,573	-86,120,480	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	2,375	108,258	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	163,457	0	192.00
192.01	19201	POB	0	0	29,513	885,601	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	232,191	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
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)	20,094,752	8,510,278	16,981,809		86,120,480	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.651740	14.827637	0.185904		0.415984	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			20,386		2,541,533	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000223		0.012276	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:14-0290

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

Worksheet B-1

Date/Time Prepared:

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Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	368,209					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,119,428				8.00
9.00	00900	HOUSEKEEPING	6,650	0	361,559			9.00
10.00	01000	DIETARY	5,912	0	5,912	63,242		10.00
11.00	01100	CAFETERIA	4,291	0	4,291	0	189,353	11.00
13.00	01300	NURSING ADMINISTRATION	9,440	0	9,440	0	3,616	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	0	2,975	0	1,617	14.00
15.00	01500	PHARMACY	4,318	0	4,318	0	6,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	0	6,605	0	0	16.00
17.00	01700	SOCIAL SERVICE	289	0	289	0	830	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,587	1,207,622	132,587	57,526	74,859	30.00
31.00	03100	INTENSIVE CARE UNIT	10,788	105,892	10,788	5,716	11,404	31.00
31.01	02060	NEONATAL NICU	19,663	18,158	19,663	0	13,414	31.01
43.00	04300	NURSERY	1,280	0	1,280	0	1,469	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,944	250,710	32,944	0	8,236	50.00
50.01	05001	ENDOSCOPY	10,609	0	10,609	0	1,922	50.01
51.00	05100	RECOVERY ROOM	5,664	0	5,664	0	2,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	135,347	14,991	0	8,435	52.00
53.00	05300	ANESTHESIOLOGY	529	0	529	0	270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	5,214	14,707	0	5,883	54.00
54.01	03630	ULTRASOUND	1,122	60,400	1,122	0	1,710	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	0	1,030	0	1,662	54.02
54.03	03440	MAMMOGRAPHY	4,907	0	4,907	0	794	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	16,112	12,428	0	716	55.00
56.00	05600	RADIOISOTOPE	2,127	0	2,127	0	663	56.00
57.00	05700	CT SCAN	2,664	74,137	2,664	0	2,231	57.00
58.00	05800	MRI	2,050	0	2,050	0	1,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,678	0	6,678	0	2,985	59.00
60.00	06000	LABORATORY	13,472	0	13,472	0	3,728	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	0	543	0	487	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	418	64.00
65.00	06500	RESPIRATORY THERAPY	1,437	0	1,437	0	3,796	65.00
66.00	06600	PHYSICAL THERAPY	5,347	0	5,347	0	2,299	66.00
66.01	06601	REHAB OUTPATIENT	119	0	119	0	1,849	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,957	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	556	0	556	0	581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	240	90.01
90.02	09001	PROCEDURE CLINIC	6,372	0	6,372	0	2,200	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	301	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	624	90.05
91.00	09100	EMERGENCY	20,740	245,836	20,740	0	16,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,834	2,119,428	359,184	63,242	188,586	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	0	2,375	0	243	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	246	192.00
192.01	19201	POB	0	0	0	0	278	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	17,230,094	842,526	6,876,083	2,846,328	5,745,211	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.794331	0.397525	19.017873	45.006926	30.341273	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,975,583	7,304	529,995	450,553	358,924	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	21.660478	0.003446	1.465860	7.124269	1.895528	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:14-0290

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	142,016				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,541,580			14.00
15.00	01500	PHARMACY	0	0	13,211,800		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,495,138,196	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	69,255	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	74,859	0	0	170,680,303	30.00
31.00	03100	INTENSIVE CARE UNIT	11,404	0	0	23,021,016	31.00
31.01	02060	NEONATAL NICU	13,414	0	0	46,955,094	31.01
43.00	04300	NURSERY	1,469	0	0	9,391,384	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,236	0	0	125,389,884	50.00
50.01	05001	ENDOSCOPY	1,922	0	0	30,451,846	50.01
51.00	05100	RECOVERY ROOM	2,575	0	0	20,499,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,435	0	0	26,346,499	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	44,207,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,611,067	54.00
54.01	03630	ULTRASOUND	0	0	0	29,913,355	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	8,487,289	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	12,289,837	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,716,380	55.00
56.00	05600	RADIOISOTOPE	0	0	0	20,496,153	56.00
57.00	05700	CT SCAN	0	0	0	89,006,085	57.00
58.00	05800	MRI	0	0	0	37,897,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	36,888,434	59.00
60.00	06000	LABORATORY	0	0	0	181,670,840	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,421,993	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,871,220	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,998,353	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,698,772	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	10,988,173	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,423,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,404,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,937,930	0	38,542,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,603,650	0	33,459,089	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,211,800	141,215,904	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,953,846	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	240	0	0	311,981	90.01
90.02	09001	PROCEDURE CLINIC	2,200	0	0	12,116,427	90.02
90.04	09002	EPILEPSY MONITORING UNIT	301	0	0	688,672	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	10,978,926	90.05
91.00	09100	EMERGENCY	16,961	0	0	136,144,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	142,016	32,541,580	13,211,800	1,495,138,196	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,590,742	1,322,618	8,181,419	1,057,407	1,624,304	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	67.532827	0.040644	0.619251	0.000707	23.453960	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	769,878	228,511	393,230	484,960	36,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.421065	0.007022	0.029764	0.000324	0.526157	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,977,261		77,977,261	0
31.00	03100	INTENSIVE CARE UNIT	11,739,874		11,739,874	0
31.01	02060	NEONATAL NICU	15,369,324		15,369,324	0
43.00	04300	NURSERY	1,583,565		1,583,565	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,727,030		14,727,030	0
50.01	05001	ENDOSCOPY	3,337,800		3,337,800	0
51.00	05100	RECOVERY ROOM	3,624,533		3,624,533	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,457,769		9,457,769	0
53.00	05300	ANESTHESIOLOGY	267,012		267,012	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,001,481		7,001,481	0
54.01	03630	ULTRASOUND	2,024,555		2,024,555	0
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,250,084		1,250,084	0
54.03	03440	MAMMOGRAPHY	1,712,469		1,712,469	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,591,986		2,591,986	0
56.00	05600	RADIOISOTOPE	952,553		952,553	0
57.00	05700	CT SCAN	2,333,485		2,333,485	0
58.00	05800	MRI	1,566,135		1,566,135	0
59.00	05900	CARDIAC CATHETERIZATION	3,276,520		3,276,520	0
60.00	06000	LABORATORY	17,780,801		17,780,801	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,851,353		1,851,353	0
64.00	06400	INTRAVENOUS THERAPY	606,624		606,624	0
65.00	06500	RESPIRATORY THERAPY	3,361,177	0	3,361,177	0
66.00	06600	PHYSICAL THERAPY	4,637,006	0	4,637,006	0
66.01	06601	REHAB OUTPATIENT	2,626,821	0	2,626,821	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,571,931		1,571,931	0
70.00	07000	ELECTROENCEPHALOGRAPHY	356,359		356,359	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,521,691		28,521,691	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,383,299		18,383,299	0
73.00	07300	DRUGS CHARGED TO PATIENTS	23,783,567		23,783,567	0
74.00	07400	RENAL DIALYSIS	1,323,016		1,323,016	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	315,033		315,033	0
90.02	09001	PROCEDURE CLINIC	4,185,079		4,185,079	0
90.04	09002	EPILEPSY MONITORING UNIT	323,701		323,701	0
90.05	09003	OFFSITE IMAGING CENTER	897,939		897,939	0
91.00	09100	EMERGENCY	17,413,953		17,413,953	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,503,878		9,503,878	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	298,236,664	0	298,236,664	0
201.00		Less Observation Beds	9,503,878		9,503,878	0
202.00		Total (see instructions)	288,732,786	0	288,732,786	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	142,776,197		142,776,197			30.00	
31.00	03100	INTENSIVE CARE UNIT	23,021,016		23,021,016			31.00	
31.01	02060	NEONATAL NICU	46,955,094		46,955,094			31.01	
43.00	04300	NURSERY	9,391,384		9,391,384			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	53,825,250	71,564,634	125,389,884	0.117450	0.000000	50.00	
50.01	05001	ENDOSCOPY	7,699,405	22,752,441	30,451,846	0.109609	0.000000	50.01	
51.00	05100	RECOVERY ROOM	8,085,813	12,413,966	20,499,779	0.176808	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,650,146	1,696,353	26,346,499	0.358976	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	18,645,432	25,561,894	44,207,326	0.006040	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,846,260	37,764,807	51,611,067	0.135659	0.000000	54.00	
54.01	03630	ULTRASOUND	7,434,797	22,478,558	29,913,355	0.067681	0.000000	54.01	
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,408,666	4,078,623	8,487,289	0.147289	0.000000	54.02	
54.03	03440	MAMMOGRAPHY	6,880	12,282,957	12,289,837	0.139340	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,046,187	29,670,193	30,716,380	0.084384	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,897,892	14,598,261	20,496,153	0.046475	0.000000	56.00	
57.00	05700	CT SCAN	28,873,117	60,132,968	89,006,085	0.026217	0.000000	57.00	
58.00	05800	MRI	9,517,912	28,379,204	37,897,116	0.041326	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	22,198,498	14,689,936	36,888,434	0.088822	0.000000	59.00	
60.00	06000	LABORATORY	96,386,369	85,284,471	181,670,840	0.097874	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,728,520	1,693,473	7,421,993	0.249441	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,397,333	473,887	1,871,220	0.324186	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	33,240,388	2,757,965	35,998,353	0.093370	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,144,367	1,554,405	20,698,772	0.224023	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	6,825	10,981,348	10,988,173	0.239059	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	17,968,392	21,455,268	39,423,660	0.039873	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	672,693	3,732,098	4,404,791	0.080903	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,280,209	15,262,005	38,542,214	0.740012	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,460,592	12,998,497	33,459,089	0.549426	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	79,377,321	61,838,583	141,215,904	0.168420	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,906,240	47,606	4,953,846	0.267068	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	4,267	307,714	311,981	1.009783	0.000000	90.01	
90.02	09001	PROCEDURE CLINIC	222,509	11,893,918	12,116,427	0.345405	0.000000	90.02	
90.04	09002	EPILEPSY MONITORING UNIT	133,270	555,402	688,672	0.470037	0.000000	90.04	
90.05	09003	OFFSITE IMAGING CENTER	25,071	10,953,855	10,978,926	0.081788	0.000000	90.05	
91.00	09100	EMERGENCY	36,767,245	99,377,243	136,144,488	0.127908	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,664,369	19,239,737	27,904,106	0.340591	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	776,665,926	718,472,270	1,495,138,196			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	776,665,926	718,472,270	1,495,138,196			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL NICU				31.01
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.117450			50.00
50.01	05001 ENDOSCOPY	0.109609			50.01
51.00	05100 RECOVERY ROOM	0.176808			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.358976			52.00
53.00	05300 ANESTHESIOLOGY	0.006040			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135659			54.00
54.01	03630 ULTRASOUND	0.067681			54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.147289			54.02
54.03	03440 MAMMOGRAPHY	0.139340			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.084384			55.00
56.00	05600 RADIOISOTOPE	0.046475			56.00
57.00	05700 CT SCAN	0.026217			57.00
58.00	05800 MRI	0.041326			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088822			59.00
60.00	06000 LABORATORY	0.097874			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.249441			63.00
64.00	06400 INTRAVENOUS THERAPY	0.324186			64.00
65.00	06500 RESPIRATORY THERAPY	0.093370			65.00
66.00	06600 PHYSICAL THERAPY	0.224023			66.00
66.01	06601 REHAB OUTPATIENT	0.239059			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.039873			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.080903			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.740012			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.549426			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168420			73.00
74.00	07400 RENAL DIALYSIS	0.267068			74.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	1.009783			90.01
90.02	09001 PROCEDURE CLINIC	0.345405			90.02
90.04	09002 EPILEPSY MONITORING UNIT	0.470037			90.04
90.05	09003 OFFSITE IMAGING CENTER	0.081788			90.05
91.00	09100 EMERGENCY	0.127908			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.340591			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

		Title XIX		Hospital		Cost
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	77,977,261		77,977,261	0	77,977,261
31.00	03100 INTENSIVE CARE UNIT	11,739,874		11,739,874	0	11,739,874
31.01	02060 NEONATAL NICU	15,369,324		15,369,324	0	15,369,324
43.00	04300 NURSERY	1,583,565		1,583,565	0	1,583,565
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	14,727,030		14,727,030	0	14,727,030
50.01	05001 ENDOSCOPY	3,337,800		3,337,800	0	3,337,800
51.00	05100 RECOVERY ROOM	3,624,533		3,624,533	0	3,624,533
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,457,769		9,457,769	0	9,457,769
53.00	05300 ANESTHESIOLOGY	267,012		267,012	0	267,012
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,001,481		7,001,481	0	7,001,481
54.01	03630 ULTRASOUND	2,024,555		2,024,555	0	2,024,555
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	1,250,084		1,250,084	0	1,250,084
54.03	03440 MAMMOGRAPHY	1,712,469		1,712,469	0	1,712,469
55.00	05500 RADIOLOGY-THERAPEUTIC	2,591,986		2,591,986	0	2,591,986
56.00	05600 RADIOISOTOPE	952,553		952,553	0	952,553
57.00	05700 CT SCAN	2,333,485		2,333,485	0	2,333,485
58.00	05800 MRI	1,566,135		1,566,135	0	1,566,135
59.00	05900 CARDIAC CATHETERIZATION	3,276,520		3,276,520	0	3,276,520
60.00	06000 LABORATORY	17,780,801		17,780,801	0	17,780,801
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,851,353		1,851,353	0	1,851,353
64.00	06400 INTRAVENOUS THERAPY	606,624		606,624	0	606,624
65.00	06500 RESPIRATORY THERAPY	3,361,177	0	3,361,177	0	3,361,177
66.00	06600 PHYSICAL THERAPY	4,637,006	0	4,637,006	0	4,637,006
66.01	06601 REHAB OUTPATIENT	2,626,821	0	2,626,821	0	2,626,821
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	1,571,931		1,571,931	0	1,571,931
70.00	07000 ELECTROENCEPHALOGRAPHY	356,359		356,359	0	356,359
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,521,691		28,521,691	0	28,521,691
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,383,299		18,383,299	0	18,383,299
73.00	07300 DRUGS CHARGED TO PATIENTS	23,783,567		23,783,567	0	23,783,567
74.00	07400 RENAL DIALYSIS	1,323,016		1,323,016	0	1,323,016
76.97	07697 CARDIAC REHABILITATION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0		0	0	0
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	315,033		315,033	0	315,033
90.02	09001 PROCEDURE CLINIC	4,185,079		4,185,079	0	4,185,079
90.04	09002 EPILEPSY MONITORING UNIT	323,701		323,701	0	323,701
90.05	09003 OFFSITE IMAGING CENTER	897,939		897,939	0	897,939
91.00	09100 EMERGENCY	17,413,953		17,413,953	0	17,413,953
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,503,878		9,503,878		9,503,878
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	298,236,664	0	298,236,664	0	298,236,664
201.00	Less Observation Beds	9,503,878		9,503,878		9,503,878
202.00	Total (see instructions)	288,732,786	0	288,732,786	0	288,732,786

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:38 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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	142,776,197		142,776,197			30.00	
31.00	03100	INTENSIVE CARE UNIT	23,021,016		23,021,016			31.00	
31.01	02060	NEONATAL NICU	46,955,094		46,955,094			31.01	
43.00	04300	NURSERY	9,391,384		9,391,384			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,825,250	71,564,634	125,389,884	0.117450	0.000000	50.00	
50.01	05001	ENDOSCOPY	7,699,405	22,752,441	30,451,846	0.109609	0.000000	50.01	
51.00	05100	RECOVERY ROOM	8,085,813	12,413,966	20,499,779	0.176808	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,650,146	1,696,353	26,346,499	0.358976	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	18,645,432	25,561,894	44,207,326	0.006040	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,846,260	37,764,807	51,611,067	0.135659	0.000000	54.00	
54.01	03630	ULTRASOUND	7,434,797	22,478,558	29,913,355	0.067681	0.000000	54.01	
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,408,666	4,078,623	8,487,289	0.147289	0.000000	54.02	
54.03	03440	MAMMOGRAPHY	6,880	12,282,957	12,289,837	0.139340	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,046,187	29,670,193	30,716,380	0.084384	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,897,892	14,598,261	20,496,153	0.046475	0.000000	56.00	
57.00	05700	CT SCAN	28,873,117	60,132,968	89,006,085	0.026217	0.000000	57.00	
58.00	05800	MRI	9,517,912	28,379,204	37,897,116	0.041326	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	22,198,498	14,689,936	36,888,434	0.088822	0.000000	59.00	
60.00	06000	LABORATORY	96,386,369	85,284,471	181,670,840	0.097874	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,728,520	1,693,473	7,421,993	0.249441	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,397,333	473,887	1,871,220	0.324186	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	33,240,388	2,757,965	35,998,353	0.093370	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,144,367	1,554,405	20,698,772	0.224023	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	6,825	10,981,348	10,988,173	0.239059	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	17,968,392	21,455,268	39,423,660	0.039873	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	672,693	3,732,098	4,404,791	0.080903	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,280,209	15,262,005	38,542,214	0.740012	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,460,592	12,998,497	33,459,089	0.549426	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	79,377,321	61,838,583	141,215,904	0.168420	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,906,240	47,606	4,953,846	0.267068	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	4,267	307,714	311,981	1.009783	0.000000	90.01	
90.02	09001	PROCEDURE CLINIC	222,509	11,893,918	12,116,427	0.345405	0.000000	90.02	
90.04	09002	EPILEPSY MONITORING UNIT	133,270	555,402	688,672	0.470037	0.000000	90.04	
90.05	09003	OFFSITE IMAGING CENTER	25,071	10,953,855	10,978,926	0.081788	0.000000	90.05	
91.00	09100	EMERGENCY	36,767,245	99,377,243	136,144,488	0.127908	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,664,369	19,239,737	27,904,106	0.340591	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	776,665,926	718,472,270	1,495,138,196			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	776,665,926	718,472,270	1,495,138,196			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL NICU				31.01
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 ENDOSCOPY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRASOUND	0.000000			54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000			54.02
54.03	03440 MAMMOGRAPHY	0.000000			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
66.01	06601 REHAB OUTPATIENT	0.000000			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0.000000			90.01
90.02	09001 PROCEDURE CLINIC	0.000000			90.02
90.04	09002 EPILEPSY MONITORING UNIT	0.000000			90.04
90.05	09003 OFFSITE IMAGING CENTER	0.000000			90.05
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 5:38 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	11,175,715	0	11,175,715	59,936	186.46	30.00
31.00	INTENSIVE CARE UNIT	1,001,023		1,001,023	4,639	215.78	31.00
31.01	NEONATAL NICU	1,654,761		1,654,761	6,525	253.60	31.01
43.00	NURSERY	120,324		120,324	5,460	22.04	43.00
200.00	Total (lines 30 through 199)	13,951,823		13,951,823	76,560		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	18,485	3,446,713				
31.00	INTENSIVE CARE UNIT	1,404	302,955				
31.01	NEONATAL NICU	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,889	3,749,668				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 5:38 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	2,595,000	125,389,884	0.020695	18,468,918	382,214	50.00
50.01 05001 ENDOSCOPY	815,473	30,451,846	0.026779	2,991,957	80,122	50.01
51.00 05100 RECOVERY ROOM	462,918	20,499,779	0.022582	2,632,384	59,444	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,225,586	26,346,499	0.046518	37,680	1,753	52.00
53.00 05300 ANESTHESIOLOGY	54,931	44,207,326	0.001243	5,124,406	6,370	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,146,697	51,611,067	0.022218	5,396,818	119,907	54.00
54.01 03630 ULTRASOUND	110,887	29,913,355	0.003707	2,664,814	9,878	54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	90,575	8,487,289	0.010672	1,658,103	17,695	54.02
54.03 03440 MAMMOGRAPHY	373,647	12,289,837	0.030403	2,197	67	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	928,763	30,716,380	0.030237	363,686	10,997	55.00
56.00 05600 RADIOISOTOPE	169,147	20,496,153	0.008253	2,812,442	23,211	56.00
57.00 05700 CT SCAN	244,287	89,006,085	0.002745	11,053,635	30,342	57.00
58.00 05800 MRI	175,867	37,897,116	0.004641	3,489,078	16,193	58.00
59.00 05900 CARDIAC CATHETERIZATION	526,329	36,888,434	0.014268	8,426,297	120,226	59.00
60.00 06000 LABORATORY	1,189,288	181,670,840	0.006546	32,293,267	211,392	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	58,366	7,421,993	0.007864	1,433,610	11,274	63.00
64.00 06400 INTRAVENOUS THERAPY	6,610	1,871,220	0.003532	608,789	2,150	64.00
65.00 06500 RESPIRATORY THERAPY	150,655	35,998,353	0.004185	12,882,601	53,914	65.00
66.00 06600 PHYSICAL THERAPY	436,181	20,698,772	0.021073	9,502,541	200,247	66.00
66.01 06601 REHAB OUTPATIENT	38,173	10,988,173	0.003474	3,706	13	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	29,540	39,423,660	0.000749	7,588,288	5,684	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	45,520	4,404,791	0.010334	236,797	2,447	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	392,506	38,542,214	0.010184	6,033,009	61,440	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	254,073	33,459,089	0.007594	9,290,096	70,549	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	573,383	141,215,904	0.004060	25,696,303	104,327	73.00
74.00 07400 RENAL DIALYSIS	13,050	4,953,846	0.002634	2,335,500	6,152	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	4,419	311,981	0.014164	2,655	38	90.01
90.02 09001 PROCEDURE CLINIC	513,755	12,116,427	0.042402	133,761	5,672	90.02
90.04 09002 EPILEPSY MONITORING UNIT	5,009	688,672	0.007273	17,539	128	90.04
90.05 09003 OFFSITE IMAGING CENTER	12,397	10,978,926	0.001129	14,827	17	90.05
91.00 09100 EMERGENCY	1,799,433	136,144,488	0.013217	12,823,354	169,486	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,362,096	27,904,106	0.048813	3,195,599	155,987	92.00
200.00 Total (lines 50 through 199)	15,804,561	1,272,994,505		189,214,657	1,939,336	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 5:38 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL NICU	0	0	0	0	0	0	31.01	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	59,936	0.00	18,485	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	4,639	0.00	1,404	31.00		
31.01	02060	NEONATAL NICU		0	6,525	0.00	0	31.01		
43.00	04300	NURSERY		0	5,460	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	76,560		19,889	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						
31.01	02060	NEONATAL NICU	0	31.01						
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:14-0290

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	0	0	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0290

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

Worksheet D
Part IV
Date/Time Prepared:
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			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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	125,389,884	0.000000	50.00
50.01	05001 ENDOSCOPY	0	0	0	30,451,846	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	20,499,779	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	26,346,499	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	44,207,326	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	51,611,067	0.000000	54.00
54.01	03630 ULTRASOUND	0	0	0	29,913,355	0.000000	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	8,487,289	0.000000	54.02
54.03	03440 MAMMOGRAPHY	0	0	0	12,289,837	0.000000	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	30,716,380	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	20,496,153	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	89,006,085	0.000000	57.00
58.00	05800 MRI	0	0	0	37,897,116	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	36,888,434	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	181,670,840	0.000000	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,421,993	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	1,871,220	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	35,998,353	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	20,698,772	0.000000	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	10,988,173	0.000000	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	39,423,660	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,404,791	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	38,542,214	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,459,089	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	141,215,904	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,953,846	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0	0	0	311,981	0.000000	90.01
90.02	09001 PROCEDURE CLINIC	0	0	0	12,116,427	0.000000	90.02
90.04	09002 EPILEPSY MONITORING UNIT	0	0	0	688,672	0.000000	90.04
90.05	09003 OFFSITE IMAGING CENTER	0	0	0	10,978,926	0.000000	90.05
91.00	09100 EMERGENCY	0	0	0	136,144,488	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	27,904,106	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	1,272,994,505		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0290

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

Worksheet D
Part IV
Date/Time Prepared:
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				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	18,468,918	0	11,041,293	0	50.00
50.01	05001	ENDOSCOPY	0.000000	2,991,957	0	6,025,846	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	2,632,384	0	1,301,200	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	37,680	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,124,406	0	4,832,820	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,396,818	0	5,985,693	0	54.00
54.01	03630	ULTRASOUND	0.000000	2,664,814	0	2,795,617	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	1,658,103	0	1,412,462	0	54.02
54.03	03440	MAMMOGRAPHY	0.000000	2,197	0	645,262	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	363,686	0	7,858,876	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	2,812,442	0	5,632,268	0	56.00
57.00	05700	CT SCAN	0.000000	11,053,635	0	14,120,336	0	57.00
58.00	05800	MRI	0.000000	3,489,078	0	7,042,527	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,426,297	0	6,562,809	0	59.00
60.00	06000	LABORATORY	0.000000	32,293,267	0	9,420,794	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,433,610	0	418,591	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	608,789	0	428,964	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	12,882,601	0	662,149	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	9,502,541	0	41,555	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000	3,706	0	120,309	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,588,288	0	5,196,850	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	236,797	0	855,133	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,033,009	0	3,124,949	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,290,096	0	4,828,442	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	25,696,303	0	16,132,748	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,335,500	0	5,264	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.000000	2,655	0	153,449	0	90.01
90.02	09001	PROCEDURE CLINIC	0.000000	133,761	0	4,632,980	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.000000	17,539	0	30,743	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.000000	14,827	0	2,515,759	0	90.05
91.00	09100	EMERGENCY	0.000000	12,823,354	0	11,825,044	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,195,599	0	2,552,921	0	92.00
200.00		Total (lines 50 through 199)		189,214,657	0	138,203,653	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0290		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 5:38 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.117450	11,041,293	0	0	1,296,800	50.00
50.01	05001	ENDOSCOPY	0.109609	6,025,846	0	0	660,487	50.01
51.00	05100	RECOVERY ROOM	0.176808	1,301,200	0	0	230,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358976	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.006040	4,832,820	0	0	29,190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135659	5,985,693	17	0	812,013	54.00
54.01	03630	ULTRASOUND	0.067681	2,795,617	5	0	189,210	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.147289	1,412,462	51	0	208,040	54.02
54.03	03440	MAMMOGRAPHY	0.139340	645,262	5	0	89,911	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.084384	7,858,876	11	0	663,163	55.00
56.00	05600	RADIOISOTOPE	0.046475	5,632,268	3	0	261,760	56.00
57.00	05700	CT SCAN	0.026217	14,120,336	3	0	370,193	57.00
58.00	05800	MRI	0.041326	7,042,527	0	0	291,039	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088822	6,562,809	0	0	582,922	59.00
60.00	06000	LABORATORY	0.097874	9,420,794	0	0	922,051	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.249441	418,591	0	0	104,414	63.00
64.00	06400	INTRAVENOUS THERAPY	0.324186	428,964	3	0	139,064	64.00
65.00	06500	RESPIRATORY THERAPY	0.093370	662,149	0	0	61,825	65.00
66.00	06600	PHYSICAL THERAPY	0.224023	41,555	0	0	9,309	66.00
66.01	06601	REHAB OUTPATIENT	0.239059	120,309	0	0	28,761	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.039873	5,196,850	0	0	207,214	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.080903	855,133	0	0	69,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.740012	3,124,949	0	0	2,312,500	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.549426	4,828,442	8,800	17	2,652,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168420	16,132,748	73	44,166	2,717,077	73.00
74.00	07400	RENAL DIALYSIS	0.267068	5,264	0	0	1,406	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	1.009783	153,449	7	0	154,950	90.01
90.02	09001	PROCEDURE CLINIC	0.345405	4,632,980	313	2	1,600,254	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.470037	30,743	0	0	14,450	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.081788	2,515,759	0	0	205,759	90.05
91.00	09100	EMERGENCY	0.127908	11,825,044	0	141	1,512,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.340591	2,552,921	0	0	869,502	92.00
200.00		Subtotal (see instructions)		138,203,653	9,291	44,326	19,267,900	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		138,203,653	9,291	44,326	19,267,900	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
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			Title XVIII	Hospital	PPS
	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
50.01	05001 ENDOSCOPY	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2	0		54.00
54.01	03630 ULTRASOUND	0	0		54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	8	0		54.02
54.03	03440 MAMMOGRAPHY	1	0		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	1	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	1	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
66.01	06601 REHAB OUTPATIENT	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,835	9		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12	7,438		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0		90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	7	0		90.01
90.02	09001 PROCEDURE CLINIC	108	1		90.02
90.04	09002 EPILEPSY MONITORING UNIT	0	0		90.04
90.05	09003 OFFSITE IMAGING CENTER	0	0		90.05
91.00	09100 EMERGENCY	0	18		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00	Subtotal (see instructions)	4,975	7,466		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	4,975	7,466		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:38 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		59,936	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,936	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)		52,631	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)		18,485	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)		77,977,261	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		77,977,261	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27,977,261 minus line 36)		27,977,261	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,301.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,049,170	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)		24,049,170	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:38 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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,739,874	4,639	2,530.69	1,404	3,553,089	43.00
43.01 NEONATAL NICU	15,369,324	6,525	2,355.45	0	0	43.01
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)					30,184,904	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,787,163	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 II)					1,749,668	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,939,336	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,689,004	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,098,159	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)					7,305	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,301.01	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,503,878	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0290

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 5:38 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,175,715	77,977,261	0.143320	9,503,878	1,362,096
91.00	Nursing School cost	0	77,977,261	0.000000	9,503,878	0
92.00	Allied health cost	0	77,977,261	0.000000	9,503,878	0
93.00	All other Medical Education	0	77,977,261	0.000000	9,503,878	0

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:38 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		46,138,079	30.00
31.00	03100	INTENSIVE CARE UNIT		7,891,470	31.00
31.01	02060	NEONATAL NICU		0	31.01
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117450	18,468,918	50.00
50.01	05001	ENDOSCOPY	0.109609	2,991,957	50.01
51.00	05100	RECOVERY ROOM	0.176808	2,632,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.358976	37,680	52.00
53.00	05300	ANESTHESIOLOGY	0.006040	5,124,406	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135659	5,396,818	54.00
54.01	03630	ULTRASOUND	0.067681	2,664,814	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.147289	1,658,103	54.02
54.03	03440	MAMMOGRAPHY	0.139340	2,197	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.084384	363,686	55.00
56.00	05600	RADIOISOTOPE	0.046475	2,812,442	56.00
57.00	05700	CT SCAN	0.026217	11,053,635	57.00
58.00	05800	MRI	0.041326	3,489,078	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088822	8,426,297	59.00
60.00	06000	LABORATORY	0.097874	32,293,267	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.249441	1,433,610	63.00
64.00	06400	INTRAVENOUS THERAPY	0.324186	608,789	64.00
65.00	06500	RESPIRATORY THERAPY	0.093370	12,882,601	65.00
66.00	06600	PHYSICAL THERAPY	0.224023	9,502,541	66.00
66.01	06601	REHAB OUTPATIENT	0.239059	3,706	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.039873	7,588,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.080903	236,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.740012	6,033,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.549426	9,290,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168420	25,696,303	73.00
74.00	07400	RENAL DIALYSIS	0.267068	2,335,500	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	1.009783	2,655	90.01
90.02	09001	PROCEDURE CLINIC	0.345405	133,761	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.470037	17,539	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.081788	14,827	90.05
91.00	09100	EMERGENCY	0.127908	12,823,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.340591	3,195,599	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		189,214,657	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)		189,214,657	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 5:38 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)	10,281,864		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,904,569		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)	235,196		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	302,391		2.04
3.00	Managed Care Simulated Payments	0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	297.04		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)	27.57		31.00
32.00	Sum of lines 30 and 31	30.57		32.00
33.00	Allowable disproportionate share percentage (see instructions)	14.44		33.00
34.00	Disproportionate share adjustment (see instructions)	1,414,630		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 5:38 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,604,731	4,115,208	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	908,590	3,080,785	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,989,375		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)	45,128,025		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)		45,128,025	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,187,582	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,315,607	59.00
60.00	Primary payer payments		75,290	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,240,317	61.00
62.00	Deductibles billed to program beneficiaries		3,961,936	62.00
63.00	Coinurance billed to program beneficiaries		141,086	63.00
64.00	Allowable bad debts (see instructions)		486,737	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		316,379	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		388,686	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,453,674	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)		-17,700	70.93
70.94	HRR adjustment amount (see instructions)		-189,029	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 5:38 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)		44,246,945	71.00
71.01	Sequestration adjustment (see instructions)		738,924	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		42,810,020	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)		698,001	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		919,056	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 5:38 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,281,864	0	10,281,864		10,281,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,904,569	0		28,904,569	28,904,569	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	235,196	0	235,196		235,196	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	302,391	0		302,391	302,391	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1444	0.1444	0.1444	0.1444		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,414,630	0	371,175	1,043,455	1,414,630	11.00
11.01	Uncompensated care payments	36.00	3,989,375	0	908,590	3,080,785	3,989,375	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	45,128,025	0	11,796,825	33,331,200	45,128,025	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	45,128,025	0	11,796,825	33,331,200	45,128,025	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,187,582	0	856,520	2,331,062	3,187,582	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 5:38 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	12,653,345	35,662,262	48,315,607
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	3,125,138	0	836,476	2,288,662	3,125,138
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	62,444	0	20,044	42,400	62,444
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	3,187,582	0	856,520	2,331,062	3,187,582
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 5:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,281,864	10,281,864		10,281,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,904,569		28,904,569	28,904,569	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	235,196	235,196		235,196	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	302,391		302,391	302,391	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1444	0.1444	0.1444		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,414,630	371,175	1,043,455	1,414,630	11.00
11.01	Uncompensated care payments	36.00	3,989,375	908,590	3,080,785	3,989,375	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	45,128,025	11,796,825	33,331,200	45,128,025	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	45,128,025	11,796,825	33,331,200	45,128,025	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,187,582	856,520	2,331,062	3,187,582	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			12,653,345	35,662,262	48,315,607	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 5:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,125,138	836,476	2,288,662	3,125,138	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	62,444	20,044	42,400	62,444	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,187,582	856,520	2,331,062	3,187,582	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-17,700	17,840	-35,540	-17,700	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-189,029	-125,439	-63,590	-189,029	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 5:38 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,441	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,267,900	2.00
3.00	OPPS payments		17,985,354	3.00
4.00	Outlier payment (see instructions)		9,688	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)		12,441	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		53,617	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		53,617	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		53,617	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		41,176	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)		12,441	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)		17,995,042	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,858	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,320,993	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)		14,684,632	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)		14,684,632	30.00
31.00	Primary payer payments		4,396	31.00
32.00	Subtotal (line 30 minus line 31)		14,680,236	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)		561,955	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		365,271	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		472,119	36.00
37.00	Subtotal (see instructions)		15,045,507	37.00
38.00	MSP-LCC reconciliation amount from PS&R		198	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)		15,045,309	40.00
40.01	Sequestration adjustment (see instructions)		251,257	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		14,729,691	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)		64,361	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/24/2020 5:38 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		42,420,081		14,418,814	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		389,939		310,877	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,810,020		14,729,691	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		698,001		64,361	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		43,508,021		14,794,052	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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/24/2020 5:38 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

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

Provider CCN:14-0290

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

Worksheet G

Date/Time Prepared:
11/24/2020 5:38 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	15,165,389	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	155,173,895	0	0	0	4.00
5.00	Other receivable	20,784,266	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-108,871,487	0	0	0	6.00
7.00	Inventory	5,561,648	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	503,760	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)	88,317,471	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,220,000	0	0	0	12.00
13.00	Land improvements	303,983	0	0	0	13.00
14.00	Accumulated depreciation	-101,552	0	0	0	14.00
15.00	Buildings	275,793,775	0	0	0	15.00
16.00	Accumulated depreciation	-76,772,330	0	0	0	16.00
17.00	Leasehold improvements	3,435,891	0	0	0	17.00
18.00	Accumulated depreciation	-2,655,387	0	0	0	18.00
19.00	Fixed equipment	3,630,871	0	0	0	19.00
20.00	Accumulated depreciation	-1,138,329	0	0	0	20.00
21.00	Automobiles and trucks	39,784	0	0	0	21.00
22.00	Accumulated depreciation	-30,985	0	0	0	22.00
23.00	Major movable equipment	66,397,493	0	0	0	23.00
24.00	Accumulated depreciation	-42,936,291	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	288,226	0	0	0	27.00
28.00	Accumulated depreciation	-210,467	0	0	0	28.00
29.00	Minor equipment-nondepreciable	3,351,008	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	241,615,690	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,238,601	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,238,601	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	342,171,762	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,166,090	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,601,011	0	0	0	38.00
39.00	Payroll taxes payable	1,012,017	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	78,659,944	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	95,439,062	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,439,062	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	246,732,700	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)	246,732,700	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	342,171,762	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0290

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

Worksheet G-1

Date/Time Prepared:
11/24/2020 5:38 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		254,133,355		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,328,011				2.00
3.00	Total (sum of line 1 and line 2)		267,461,366		0		3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		267,461,366		0		11.00
12.00	TRANSFERS FROM AFFILIATES	20,728,666		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)		20,728,666		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246,732,700		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			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	TRANSFERS FROM AFFILIATES		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:14-0290

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2020 5:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	151,304,752		151,304,752	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	151,304,752		151,304,752	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,122,610		23,122,610	11.00
11.01	NEONATAL NICU	50,101,796		50,101,796	11.01
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)	73,224,406		73,224,406	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	224,529,158		224,529,158	17.00
18.00	Ancillary services	543,002,328	719,439,665	1,262,441,993	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	9,391,519	0	9,391,519	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	6-376,923,005	719,439,665	1,496,362,670	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,067,360		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)		316,067,360		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0290

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

Worksheet G-3

Date/Time Prepared:
11/24/2020 5:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,496,362,670	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,181,356,721	2.00
3.00	Net patient revenues (line 1 minus line 2)	315,005,949	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	316,067,360	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,061,411	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	10,806	6.00
7.00	Income from investments	870,630	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,093,845	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	1,919,802	17.00
18.00	Revenue from sale of medical records and abstracts	3,415	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	22,238	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	257,410	20.00
21.00	Rental of vending machines	71,179	21.00
22.00	Rental of hospital space	1,601,057	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REV	1,274,940	24.00
24.01	ACO	236,236	24.01
24.02	GROUND LEASE	71,663	24.02
24.03	HHS STIMULUS OP REV	6,956,201	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	14,389,422	25.00
26.00	Total (line 5 plus line 25)	13,328,011	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)	13,328,011	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0290	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 5:38 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,125,138	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		62,444	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)		177.51	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,187,582	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