

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/28/2020 11:11 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/28/2020	Time: 11:11 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HOLY FAMILY MEDICAL CENTER (14-2011) 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) MICHAEL MULAY

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	548,967	50,356	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	548,967	50,356	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-2011		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 11:11 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 100 NORTH RIVER ROAD, SECOND FLOOR			PO Box:		Date Certified		Payment System (P, T, O, or N)	
2.00	City: DES PLAINES			State: IL		Zip Code: 60016		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			HOLY FAMILY MEDICAL CENTER	142011	16974	2	03/01/2006	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						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.					N	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)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					0	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			0	0	0	0	0	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-2011

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-2011

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From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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Provider CCN: 14-2011

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From 07/01/2019
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 11:11 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,451,261118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-2011		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 11:11 am		
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: PRESENCE CARE TRASFORMATION CORP		Contractor's Name: NGS		Contractor's Number: 00131				141.00	
142.00	Street: 200 S. WACKER DRIVE		PO Box:						142.00	
143.00	City: CHICAGO		State: IL		Zip Code: 60606				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N		155.00	
156.00	Subprovider - IPF			N	N	N	N		156.00	
157.00	Subprovider - IRF			N	N	N	N		157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF			N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00	
161.00	CMHC				N	N	N		161.00	
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 11:11 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-2011

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/28/2020 11:11 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8478133718	PATRICK.GILLILAND@AMITAHEALT H.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 11:11 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR 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: 14-2011

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

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,920	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)		120	43,920	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		128	46,848	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)		128			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: 14-2011

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

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,332	6,574	29,736			1.00
2.00	HMO and other (see instructions)	0	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,332	6,574	29,736			7.00
8.00	INTENSIVE CARE UNIT	692	501	2,231			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	14,024	7,075	31,967	0.00	381.55	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)			49			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	381.55	27.00
28.00	Observation Bed Days		0	0			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	0	0			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	1,383					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2011

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

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	478	193	1,538	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	478	193	1,538	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			64			33.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2011

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

Worksheet A

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

	Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,762,648	1,762,648	1,195,337	2,957,985	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,116,471	3,116,471	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	355,790	4,970,463	5,326,253	-3,393	5,322,860	4.00
5.01	00540	NONPATIENT TELEPHONES	0	77,067	77,067	-4	77,063	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	3,308,735	27,588,586	30,897,321	-1,147,554	29,749,767	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	15,617	15,617	-2,060	13,557	6.00
7.00	00700	OPERATION OF PLANT	366,769	2,474,251	2,841,020	-261,318	2,579,702	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,456	287,673	319,129	-9	319,120	8.00
9.00	00900	HOUSEKEEPING	0	1,583,072	1,583,072	-2,728	1,580,344	9.00
10.00	01000	DIETARY	19,287	1,903,080	1,922,367	-1,176,557	745,810	10.00
11.00	01100	CAFETERIA	0	0	0	1,175,231	1,175,231	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	799,152	329,314	1,128,466	-328,956	799,510	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	99,365	1,019,972	1,119,337	-768,208	351,129	14.00
15.00	01500	PHARMACY	908,978	3,288,122	4,197,100	-6,408,164	-2,211,064	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	67	67	-160	-93	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,662,761	2,594,722	15,257,483	-1,533,845	13,723,638	30.00
31.00	03100	INTENSIVE CARE UNIT	2,137,263	360,115	2,497,378	-184,574	2,312,804	31.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	690,575	609,324	1,299,899	-585,750	714,149	50.00
53.00	05300	ANESTHESIOLOGY	0	426,079	426,079	-6,987	419,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	512,700	369,848	882,548	-301,185	581,363	54.00
56.00	05600	RADIOISOTOPE	30,298	7,377	37,675	-5,512	32,163	56.00
57.00	05700	CT SCAN	114,829	17,051	131,880	-13,050	118,830	57.00
57.01	03630	ULTRA SOUND	116,203	34,194	150,397	-25,629	124,768	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	2,807,112	2,807,112	-229,007	2,578,105	60.00
65.00	06500	RESPIRATORY THERAPY	2,910,032	599,795	3,509,827	-315,847	3,193,980	65.00
66.00	06600	PHYSICAL THERAPY	1,994,470	181,753	2,176,223	-17,632	2,158,591	66.00
69.00	06900	ELECTROCARDIOLOGY	23,209	-2,208	21,001	-4,029	16,972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,981	18,879	145,860	-5,920	139,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,283,259	6,283,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	455,823	455,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,354,249	3,354,249	73.00
74.00	07400	RENAL DIALYSIS	581,846	203,499	785,345	-123,543	661,802	74.00
76.00	03950	SUBSTANCE ABUSE	1,009,563	207,424	1,216,987	34,261	1,251,248	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	100,837	726,634	827,471	-656,610	170,861	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,293	1,293	-1,148	145	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	57,142	21,366	78,508	-13,318	65,190	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		1,491,934	1,491,934	-1,491,934	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,958,241	55,976,123	84,934,364	0	84,934,364	118.00
	NONREIMBURSABLE COST CENTERS							
200.00		TOTAL (SUM OF LINES 118 through 199)	28,958,241	55,976,123	84,934,364	0	84,934,364	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2011

Period:
From 07/01/2019
To 06/30/2020Worksheet A
Date/Time Prepared:
11/28/2020 11:11 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-518,215	2,439,770	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	399,243	3,515,714	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-303,580	5,019,280	4.00
5.01	00540	NONPATIENT TELEPHONES	0	77,063	5.01
5.02	00550	DATA PROCESSING	4,342,152	4,342,152	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,399,442	3,399,442	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	-8,804,493	20,945,274	5.06
6.00	00600	MAINTENANCE & REPAIRS	561,625	575,182	6.00
7.00	00700	OPERATION OF PLANT	0	2,579,702	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	319,120	8.00
9.00	00900	HOUSEKEEPING	0	1,580,344	9.00
10.00	01000	DIETARY	0	745,810	10.00
11.00	01100	CAFETERIA	-191,730	983,501	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	41,341	840,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	351,129	14.00
15.00	01500	PHARMACY	85,332	-2,125,732	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,967	21,874	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-618,253	13,105,385	30.00
31.00	03100	INTENSIVE CARE UNIT	253,698	2,566,502	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	714,149	50.00
53.00	05300	ANESTHESIOLOGY	-419,335	-243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	581,363	54.00
56.00	05600	RADIOISOTOPE	0	32,163	56.00
57.00	05700	CT SCAN	0	118,830	57.00
57.01	03630	ULTRA SOUND	0	124,768	57.01
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-39,851	2,538,254	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,193,980	65.00
66.00	06600	PHYSICAL THERAPY	0	2,158,591	66.00
69.00	06900	ELECTROCARDIOLOGY	0	16,972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	139,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,283,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	455,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,354,249	73.00
74.00	07400	RENAL DIALYSIS	0	661,802	74.00
76.00	03950	SUBSTANCE ABUSE	0	1,251,248	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	170,861	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	145	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	65,190	90.02
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)	-1,790,657	83,143,707	118.00
NONREIMBURSABLE COST CENTERS					
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,790,657	83,143,707	200.00

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,491,934		1.00
	TOTALS		0	1,491,934		
	B - CAPITAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,273,554		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		0	2,273,554		
	C - RECLASS DIETARY COSTS					
1.00	CAFETERIA	11.00	11,791	1,163,440		1.00
	TOTALS		11,791	1,163,440		
	D - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,283,259		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	455,823		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
	TOTALS		0	6,739,082		
	E - RECLASS DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,354,249		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

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
TOTALS				0	3,354,249	
G - RECLASS RENTAL COSTS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	842,917		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
TOTALS				0	842,917	
H - RECLASS SUBSTANCE ABUSE						
1.00	SUBSTANCE ABUSE	76.00	117,953	8,892		1.00
TOTALS				117,953	8,892	
500.00	Grand Total: Increases		129,744	15,874,068		500.00

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

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

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,491,934	11		1.00
	TOTALS		0	1,491,934			
	B - CAPITAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	296,597	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	1,055,575	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,104	0		3.00
4.00	OPERATION OF PLANT	7.00	0	260,300	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,853	0		5.00
6.00	DIETARY	10.00	0	1,025	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	193,424	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,897	0		8.00
9.00	PHARMACY	15.00	0	23,761	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	60,028	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	2,864	0		11.00
12.00	OPERATING ROOM	50.00	0	85,308	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,764	0		13.00
14.00	ULTRA SOUND	57.01	0	22,972	0		14.00
15.00	LABORATORY	60.00	0	57,912	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	3,690	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	2,071	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	3,000	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,100	0		19.00
20.00	RENAL DIALYSIS	74.00	0	1,733	0		20.00
21.00	SUBSTANCE ABUSE	76.00	0	84,945	0		21.00
22.00	WOMENS DIAGNOSTIC CENTER	90.02	0	8,631	0		22.00
	TOTALS		0	2,273,554			
	C - RECLASS DIETARY COSTS						
1.00	DIETARY	10.00	11,791	1,163,440	0		1.00
	TOTALS		11,791	1,163,440			
	D - RECLASS SUPPLY COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,497	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	4	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.06	0	89,226	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	15	0		4.00
5.00	OPERATION OF PLANT	7.00	0	521	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	4	0		6.00
7.00	HOUSEKEEPING	9.00	0	665	0		7.00
8.00	DIETARY	10.00	0	86	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	89,985	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	302,489	0		10.00
11.00	PHARMACY	15.00	0	3,188,413	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	160	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,289,477	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	174,547	0		14.00
15.00	OPERATING ROOM	50.00	0	493,993	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	6,482	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	182,997	0		17.00
18.00	RADIOISOTOPE	56.00	0	3,771	0		18.00
19.00	CT SCAN	57.00	0	7,733	0		19.00
20.00	ULTRA SOUND	57.01	0	2,657	0		20.00
21.00	LABORATORY	60.00	0	169,710	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	308,547	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	15,037	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	67	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,394	0		25.00
26.00	RENAL DIALYSIS	74.00	0	115,012	0		26.00
27.00	SUBSTANCE ABUSE	76.00	0	6,540	0		27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	0	281,435	0		28.00
29.00	CLINIC	90.00	0	55	0		29.00
30.00	WOMENS DIAGNOSTIC CENTER	90.02	0	4,563	0		30.00
	TOTALS		0	6,739,082			
	E - RECLASS DRUG COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	718	0		1.00
2.00	OPERATION OF PLANT	7.00	0	53	0		2.00
3.00	HOUSEKEEPING	9.00	0	45	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	43,377	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,721	0		5.00
6.00	PHARMACY	15.00	0	3,179,224	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	55,350	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	7,144	0		8.00
9.00	OPERATING ROOM	50.00	0	4,445	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	505	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,464	0		11.00

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

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

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	RADIOISOTOPE	56.00	0	1,356	0	12.00
13.00	CT SCAN	57.00	0	5,317	0	13.00
14.00	LABORATORY	60.00	0	61	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,196	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	36	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	240	0	17.00
18.00	RENAL DIALYSIS	74.00	0	6,798	0	18.00
19.00	SUBSTANCE ABUSE	76.00	0	204	0	19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,995	0	20.00
	TOTALS		0	3,354,249		
G - RECLASS RENTAL COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	178	10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	2,753	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	941	0	3.00
4.00	OPERATION OF PLANT	7.00	0	444	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	5	0	5.00
6.00	HOUSEKEEPING	9.00	0	165	0	6.00
7.00	DIETARY	10.00	0	215	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	2,170	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	435,101	0	9.00
10.00	PHARMACY	15.00	0	16,766	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,145	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	19	0	12.00
13.00	OPERATING ROOM	50.00	0	2,004	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	960	0	14.00
15.00	RADIOISOTOPE	56.00	0	385	0	15.00
16.00	LABORATORY	60.00	0	1,324	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	2,414	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	488	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	962	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	186	0	20.00
21.00	SUBSTANCE ABUSE	76.00	0	895	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	371,180	0	22.00
23.00	CLINIC	90.00	0	1,093	0	23.00
24.00	WOMENS DIAGNOSTIC CENTER	90.02	0	124	0	24.00
	TOTALS		0	842,917		
H - RECLASS SUBSTANCE ABUSE						
1.00	ADULTS & PEDIATRICS	30.00	117,953	8,892	0	1.00
	TOTALS		117,953	8,892		
500.00	Grand Total: Decreases		129,744	15,874,068		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2011

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

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	6,320,000	0	0	0	0	1.00	
2.00	Land Improvements	397,500	0	0	0	0	2.00	
3.00	Buildings and Fixtures	24,283,924	1,237,412	0	1,237,412	0	3.00	
4.00	Building Improvements	0	1,188,040	0	1,188,040	0	4.00	
5.00	Fixed Equipment	1,933,476	1,940,184	0	1,940,184	0	5.00	
6.00	Movable Equipment	3,208,724	0	0	0	565,086	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	36,143,624	4,365,636	0	4,365,636	565,086	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	36,143,624	4,365,636	0	4,365,636	565,086	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	6,320,000	0					1.00
2.00	Land Improvements	397,500	0					2.00
3.00	Buildings and Fixtures	25,521,336	0					3.00
4.00	Building Improvements	1,188,040	0					4.00
5.00	Fixed Equipment	3,873,660	0					5.00
6.00	Movable Equipment	2,643,638	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	39,944,174	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	39,944,174	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2011

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

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,762,648	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)	1,762,648	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,762,648				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,762,648				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2011

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

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	32,934,900	0	32,934,900	0.911223	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,208,724	0	3,208,724	0.088777	0	2.00
3.00	Total (sum of lines 1-2)	36,143,624	0	36,143,624	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	2,250,493	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	399,243	842,917	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,649,736	842,917	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	189,277	0	0	0	2,439,770	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,273,554	0	0	0	3,515,714	2.00
3.00	Total (sum of lines 1-2)	2,462,831	0	0	0	5,955,484	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2011

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

Worksheet A-8

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

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,006,060	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,357,641			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,512,129			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-191,730	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-31	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-556,764	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	399,243	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OFFSET SUBSTANCE ABUSE REVENUE		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2011

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

Worksheet A-8

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

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC ADMIN INCOME	B	-51,096	ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.02
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
36.00	MISC. REVENUE	B	-5	PHARMACY	15.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
38.00	OFFSET CHILDCARE INCOME	B	-538,702	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00
39.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.01
39.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.02
39.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.03
39.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.04
39.05	RADIOLOGY INCOME		0		0.00	0	39.05
39.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,790,657				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: 14-2011

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

Worksheet A-8-1

Date/Time Prepared:

11/28/2020 11:11 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	1,044,609	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EH&W	235,122	0	2.00
3.00	5.02	DATA PROCESSING	DATA PROCESSING	4,342,152	0	3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	BUSINESS OFFICE	3,399,442	0	3.01
3.02	5.06	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	9,667,360	18,154,704	3.02
3.03	6.00	MAINTENANCE & REPAIRS	BIO MED	561,625	0	3.03
3.04	13.00	NURSING ADMINISTRATION	NURSING ADMIN	41,341	0	3.04
3.05	15.00	PHARMACY	PHARMACY ADMIN	85,337	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	21,998	0	3.06
3.07	31.00	INTENSIVE CARE UNIT	TELE ICU	253,698	0	3.07
3.08	60.00	LABORATORY	ALVERNO LAB	2,573,603	2,559,454	3.08
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,226,287	20,714,158	5.00

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

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

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

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

6.00	B	PRESENCE CARE	100.00		0.00	6.00
7.00	C	ALVERNO LAB	66.67		0.00	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: 14-2011

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

Worksheet A-8-1

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

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,044,609	9		1.00
2.00	235,122	9		2.00
3.00	4,342,152	0		3.00
3.01	3,399,442	0		3.01
3.02	-8,487,344	0		3.02
3.03	561,625	0		3.03
3.04	41,341	0		3.04
3.05	85,337	0		3.05
3.06	21,998	0		3.06
3.07	253,698	0		3.07
3.08	14,149	0		3.08
4.00	0	0		4.00
5.00	1,512,129			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-2011

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

Worksheet A-8-2

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

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	853,999	0	853,999	179,000	6,832	1.00
2.00	30.00	ADULTS & PEDIATRICS	618,253	618,253	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	419,335	419,335	0	0	0	3.00
4.00	60.00	LABORATORY	54,000	54,000	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			1,945,587	1,091,588	853,999		6,832	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	587,946	29,397	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	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			587,946	29,397	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	587,946	266,053	266,053		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	618,253		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	419,335		3.00
4.00	60.00	LABORATORY	0	0	0	54,000		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	587,946	266,053	1,357,641		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,439,770	2,439,770			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,515,714		3,515,714		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,019,280	0	0	5,019,280	4.00
5.01	00540	NONPATIENT TELEPHONES	77,063	21,869	31,514	0	130,446 5.01
5.02	00550	DATA PROCESSING	4,342,152	0	0	0	8,870 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	59,875	86,280	0	2,957 5.03
5.04	00570	ADMITTING	0	0	0	0	0 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,399,442	0	0	0	6,623 5.05
5.06	00590	ADMINISTRATIVE & GENERAL	20,945,274	376,694	542,817	580,630	23,062 5.06
6.00	00600	MAINTENANCE & REPAIRS	575,182	107,451	154,837	0	1,774 6.00
7.00	00700	OPERATION OF PLANT	2,579,702	408,351	588,434	64,362	2,484 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	319,120	47,671	68,694	5,520	0 8.00
9.00	00900	HOUSEKEEPING	1,580,344	33,732	48,608	0	946 9.00
10.00	01000	DIETARY	745,810	138,511	199,595	1,315	828 10.00
11.00	01100	CAFETERIA	983,501	0	0	2,069	1,183 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	840,851	0	0	140,238	237 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	351,129	67,143	96,753	17,437	1,183 14.00
15.00	01500	PHARMACY	-2,125,732	38,745	55,831	159,511	2,602 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,874	37,011	53,333	0	8,633 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,105,385	323,755	466,532	2,201,420	32,519 30.00
31.00	03100	INTENSIVE CARE UNIT	2,566,502	36,916	53,196	375,055	591 31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	714,149	269,101	387,775	121,185	10,407 50.00
53.00	05300	ANESTHESIOLOGY	-243	1,061	1,529	0	828 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	581,363	72,089	103,880	89,971	10,053 54.00
56.00	05600	RADIOISOTOPE	32,163	12,460	17,955	5,317	0 56.00
57.00	05700	CT SCAN	118,830	4,908	7,073	20,151	0 57.00
57.01	03630	ULTRA SOUND	124,768	6,775	9,763	20,392	0 57.01
58.00	05800	MRI	0	0	0	0	237 58.00
60.00	06000	LABORATORY	2,538,254	61,836	89,106	0	6,978 60.00
65.00	06500	RESPIRATORY THERAPY	3,193,980	5,041	7,264	510,664	2,838 65.00
66.00	06600	PHYSICAL THERAPY	2,158,591	113,297	163,262	349,998	2,602 66.00
69.00	06900	ELECTROCARDIOLOGY	16,972	13,588	19,580	4,073	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,940	28,995	41,781	22,283	1,419 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,283,259	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	455,823	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,354,249	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	661,802	3,098	4,465	102,105	118 74.00
76.00	03950	SUBSTANCE ABUSE	1,251,248	84,985	122,463	197,861	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	170,861	4,520	6,513	17,695	237 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	145	33,287	47,967	0	0 90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	65,190	27,005	38,914	10,028	237 90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,143,707	2,439,770	3,515,714	5,019,280	130,446 118.00
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	83,143,707	2,439,770	3,515,714	5,019,280	130,446 202.00

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	4,351,022					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	89,527	238,639				5.03
5.04	00570	ADMITTING	0	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	393,920	0	0	3,799,985		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	1,325,007	22,874	0	0	23,816,358	5.06
6.00	00600	MAINTENANCE & REPAIRS	53,716	59	0	0	893,019	6.00
7.00	00700	OPERATION OF PLANT	17,905	528	0	0	3,661,766	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,905	2,652	0	0	461,562	8.00
9.00	00900	HOUSEKEEPING	17,905	54	0	0	1,681,589	9.00
10.00	01000	DIETARY	17,905	0	0	0	1,103,964	10.00
11.00	01100	CAFETERIA	17,905	0	0	0	1,004,658	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,817	0	0	984,143	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,905	10,101	0	0	561,651	14.00
15.00	01500	PHARMACY	89,527	96,435	0	0	-1,683,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	393,920	5	0	0	514,776	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	250,676	48,993	0	1,348,955	17,778,235	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,353	0	139,633	3,178,246	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	232,771	13,899	0	69,812	1,819,099	50.00
53.00	05300	ANESTHESIOLOGY	0	207	0	14,578	17,960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,880	5,345	0	47,758	1,501,339	54.00
56.00	05600	RADIOISOTOPE	0	124	0	4,139	72,158	56.00
57.00	05700	CT SCAN	0	255	0	41,095	192,312	57.00
57.01	03630	ULTRA SOUND	0	84	0	28,882	190,664	57.01
58.00	05800	MRI	17,905	0	0	0	18,142	58.00
60.00	06000	LABORATORY	465,541	4,025	0	354,709	3,520,449	60.00
65.00	06500	RESPIRATORY THERAPY	89,527	9,614	0	678,765	4,497,693	65.00
66.00	06600	PHYSICAL THERAPY	179,054	509	0	148,327	3,115,640	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	19,593	73,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,716	108	0	20,702	308,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	110,529	6,393,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,566	477,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	519,066	3,873,315	73.00
74.00	07400	RENAL DIALYSIS	0	3,703	0	90,684	865,975	74.00
76.00	03950	SUBSTANCE ABUSE	0	985	0	59,507	1,717,049	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	8,752	0	69,927	278,505	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6	0	23	81,428	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	17,905	152	0	11,735	171,166	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,351,022	238,639	0	3,799,985	83,143,707	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,351,022	238,639	0	3,799,985	83,143,707	202.00

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	23,816,358					5.06
6.00	00600	MAINTENANCE & REPAIRS	348,603	1,241,622				6.00
7.00	00700	OPERATION OF PLANT	1,429,425	270,572	5,361,763			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	180,178	31,586	174,407	847,733		8.00
9.00	00900	HOUSEKEEPING	656,433	22,351	123,413	0	2,483,786	9.00
10.00	01000	DIETARY	430,949	91,777	506,755	0	248,555	10.00
11.00	01100	CAFETERIA	392,183	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	384,175	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	219,249	44,488	245,647	0	120,486	14.00
15.00	01500	PHARMACY	0	25,672	141,751	0	69,527	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	200,951	24,523	135,407	0	66,415	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,940,021	214,518	1,184,484	556,235	580,973	30.00
31.00	03100	INTENSIVE CARE UNIT	1,240,676	24,460	135,061	63,600	66,245	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	710,113	178,305	984,528	41,851	482,896	50.00
53.00	05300	ANESTHESIOLOGY	7,011	703	3,883	0	1,904	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	586,070	47,766	263,743	2,478	129,362	54.00
56.00	05600	RADIOISOTOPE	28,168	8,256	45,586	151	22,359	56.00
57.00	05700	CT SCAN	75,072	3,252	17,957	2,594	8,808	57.00
57.01	03630	ULTRA SOUND	74,429	4,489	24,787	4,084	12,157	57.01
58.00	05800	MRI	7,082	0	0	0	0	58.00
60.00	06000	LABORATORY	1,374,260	40,972	226,234	0	110,964	60.00
65.00	06500	RESPIRATORY THERAPY	1,755,742	3,340	18,443	386	9,046	65.00
66.00	06600	PHYSICAL THERAPY	1,216,237	75,070	414,507	26,942	203,309	66.00
69.00	06900	ELECTROCARDIOLOGY	28,811	9,003	49,712	671	24,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120,601	19,212	106,079	953	52,030	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,495,911	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	186,356	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,512,007	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	338,046	2,053	11,336	0	5,560	74.00
76.00	03950	SUBSTANCE ABUSE	670,276	56,310	310,924	111,526	152,503	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	108,719	2,995	16,536	32,891	8,111	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	31,787	22,056	121,783	131	59,733	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	66,817	17,893	98,800	3,240	48,460	90.02
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)	23,816,358	1,241,622	5,361,763	847,733	2,483,786	118.00
NONREIMBURSABLE COST CENTERS								
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)	23,816,358	1,241,622	5,361,763	847,733	2,483,786	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,382,000					10.00
11.00	01100	CAFETERIA	0	1,396,841				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	31,474	0	1,399,792		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,286	0	0	1,198,807	14.00
15.00	01500	PHARMACY	0	40,140	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,296,608	756,196	0	979,634	0	30.00
31.00	03100	INTENSIVE CARE UNIT	85,392	80,841	0	184,786	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	59,326	0	95,006	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,705	0	5,957	0	54.00
56.00	05600	RADIOISOTOPE	0	1,293	0	0	0	56.00
57.00	05700	CT SCAN	0	4,958	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	5,217	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	164,613	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	110,116	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,811	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,623	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,117,721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	81,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	28,973	0	54,558	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	61,223	0	69,713	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,726	0	10,138	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	3,320	0	0	0	90.02
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)	2,382,000	1,396,841	0	1,399,792	1,198,807	118.00
NONREIMBURSABLE COST CENTERS								
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)	2,382,000	1,396,841	0	1,399,792	1,198,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	-1,405,991					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	942,072				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	334,388	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	34,619	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,308	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	3,614	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,841	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,026	0	0	0	56.00
57.00	05700	CT SCAN	0	10,189	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	7,161	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	87,943	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	168,286	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	36,775	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,858	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,133	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,403	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,347	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	128,692	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	22,483	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	14,754	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	17,337	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	2,909	0	0	0	90.02
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)	0	942,072	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	-1,405,991	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-1,405,991	942,072	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,621,292	0	31,621,292	30.00
31.00	03100	INTENSIVE CARE UNIT	5,093,926	0	5,093,926	31.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,388,432	0	4,388,432	50.00
53.00	05300	ANESTHESIOLOGY	35,075	0	35,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,573,261	0	2,573,261	54.00
56.00	05600	RADIOISOTOPE	178,997	0	178,997	56.00
57.00	05700	CT SCAN	315,142	0	315,142	57.00
57.01	03630	ULTRA SOUND	322,988	0	322,988	57.01
58.00	05800	MRI	25,224	0	25,224	58.00
60.00	06000	LABORATORY	5,360,822	0	5,360,822	60.00
65.00	06500	RESPIRATORY THERAPY	6,617,549	0	6,617,549	65.00
66.00	06600	PHYSICAL THERAPY	5,198,596	0	5,198,596	66.00
69.00	06900	ELECTROCARDIOLOGY	193,055	0	193,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	621,575	0	621,575	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,034,823	0	10,034,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	750,178	0	750,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,514,014	0	5,514,014	73.00
74.00	07400	RENAL DIALYSIS	1,328,984	0	1,328,984	74.00
76.00	03950	SUBSTANCE ABUSE	3,164,278	0	3,164,278	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	481,958	0	481,958	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	316,924	0	316,924	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	412,605	0	412,605	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,549,698	0	84,549,698	118.00
NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-1,405,991	0	-1,405,991	201.00
202.00		TOTAL (sum lines 118 through 201)	83,143,707	0	83,143,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	21,869	31,514	53,383	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	59,875	86,280	146,155	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	0	376,694	542,817	919,511	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	107,451	154,837	262,288	6.00
7.00	00700	OPERATION OF PLANT	0	408,351	588,434	996,785	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	47,671	68,694	116,365	8.00
9.00	00900	HOUSEKEEPING	0	33,732	48,608	82,340	9.00
10.00	01000	DIETARY	0	138,511	199,595	338,106	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	67,143	96,753	163,896	14.00
15.00	01500	PHARMACY	0	38,745	55,831	94,576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,011	53,333	90,344	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	323,755	466,532	790,287	30.00
31.00	03100	INTENSIVE CARE UNIT	0	36,916	53,196	90,112	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	269,101	387,775	656,876	50.00
53.00	05300	ANESTHESIOLOGY	0	1,061	1,529	2,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,089	103,880	175,969	54.00
56.00	05600	RADIOISOTOPE	0	12,460	17,955	30,415	56.00
57.00	05700	CT SCAN	0	4,908	7,073	11,981	57.00
57.01	03630	ULTRA SOUND	0	6,775	9,763	16,538	57.01
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	61,836	89,106	150,942	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,041	7,264	12,305	65.00
66.00	06600	PHYSICAL THERAPY	0	113,297	163,262	276,559	66.00
69.00	06900	ELECTROCARDIOLOGY	0	13,588	19,580	33,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,995	41,781	70,776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,098	4,465	7,563	74.00
76.00	03950	SUBSTANCE ABUSE	0	84,985	122,463	207,448	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,520	6,513	11,033	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	33,287	47,967	81,254	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	27,005	38,914	65,919	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,439,770	3,515,714	5,955,484	118.00
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,439,770	3,515,714	5,955,484	202.00

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	53,383					5.01
5.02	00550	DATA PROCESSING	3,630	3,630				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,210	75	147,440			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,710	329	0	0	3,039	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	9,438	1,104	14,132	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	726	45	36	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,016	15	326	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15	1,638	0	0	8.00
9.00	00900	HOUSEKEEPING	387	15	33	0	0	9.00
10.00	01000	DIETARY	339	15	0	0	0	10.00
11.00	01100	CAFETERIA	484	15	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	97	0	1,741	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	484	15	6,241	0	0	14.00
15.00	01500	PHARMACY	1,065	75	59,581	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,533	329	3	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,308	209	30,269	0	1,083	30.00
31.00	03100	INTENSIVE CARE UNIT	242	0	3,925	0	111	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,259	194	8,587	0	56	50.00
53.00	05300	ANESTHESIOLOGY	339	0	128	0	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,114	493	3,303	0	38	54.00
56.00	05600	RADIOISOTOPE	0	0	76	0	3	56.00
57.00	05700	CT SCAN	0	0	158	0	33	57.00
57.01	03630	ULTRA SOUND	0	0	52	0	23	57.01
58.00	05800	MRI	97	15	0	0	0	58.00
60.00	06000	LABORATORY	2,855	388	2,487	0	283	60.00
65.00	06500	RESPIRATORY THERAPY	1,162	75	5,940	0	542	65.00
66.00	06600	PHYSICAL THERAPY	1,065	149	315	0	118	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	581	45	67	0	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	88	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	414	73.00
74.00	07400	RENAL DIALYSIS	48	0	2,288	0	72	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	609	0	48	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	97	0	5,407	0	56	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	4	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	97	15	94	0	9	90.02
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)	53,383	3,630	147,440	0	3,039	118.00
NONREIMBURSABLE COST CENTERS								
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)	53,383	3,630	147,440	0	3,039	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	944,185					5.06
6.00	00600	MAINTENANCE & REPAIRS	13,820	276,915				6.00
7.00	00700	OPERATION OF PLANT	56,669	60,343	1,115,154			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,143	7,045	36,274	168,480		8.00
9.00	00900	HOUSEKEEPING	26,024	4,985	25,668	0	139,452	9.00
10.00	01000	DIETARY	17,085	20,469	105,396	0	13,955	10.00
11.00	01100	CAFETERIA	15,548	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,231	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,692	9,922	51,090	0	6,765	14.00
15.00	01500	PHARMACY	0	5,726	29,482	0	3,904	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,967	5,469	28,162	0	3,729	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	275,125	47,843	246,351	110,546	32,618	30.00
31.00	03100	INTENSIVE CARE UNIT	49,187	5,455	28,090	12,640	3,719	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,152	39,767	204,765	8,318	27,112	50.00
53.00	05300	ANESTHESIOLOGY	278	157	808	0	107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,235	10,653	54,854	492	7,263	54.00
56.00	05600	RADIOISOTOPE	1,117	1,841	9,481	30	1,255	56.00
57.00	05700	CT SCAN	2,976	725	3,735	516	495	57.00
57.01	03630	ULTRA SOUND	2,951	1,001	5,155	812	683	57.01
58.00	05800	MRI	281	0	0	0	0	58.00
60.00	06000	LABORATORY	54,482	9,138	47,053	0	6,230	60.00
65.00	06500	RESPIRATORY THERAPY	69,606	745	3,836	77	508	65.00
66.00	06600	PHYSICAL THERAPY	48,218	16,743	86,210	5,355	11,415	66.00
69.00	06900	ELECTROCARDIOLOGY	1,142	2,008	10,339	133	1,369	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,781	4,285	22,063	189	2,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,950	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,388	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,943	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,402	458	2,358	0	312	74.00
76.00	03950	SUBSTANCE ABUSE	26,573	12,559	64,667	22,165	8,562	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,310	668	3,439	6,537	455	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,260	4,919	25,329	26	3,354	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	2,649	3,991	20,549	644	2,721	90.02
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)	944,185	276,915	1,115,154	168,480	139,452	118.00
NONREIMBURSABLE COST CENTERS								
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)	944,185	276,915	1,115,154	168,480	139,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2011

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	495,365					10.00
11.00	01100	CAFETERIA	0	16,047				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	362	0	17,431		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	84	0	0	247,189	14.00
15.00	01500	PHARMACY	0	461	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	477,607	8,686	0	12,200	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,758	929	0	2,301	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	682	0	1,183	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	284	0	74	0	54.00
56.00	05600	RADIOISOTOPE	0	15	0	0	0	56.00
57.00	05700	CT SCAN	0	57	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	60	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,891	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,265	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	99	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	230,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	333	0	679	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	703	0	868	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	77	0	126	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	38	0	0	0	90.02
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)	495,365	16,047	0	17,431	247,189	118.00
NONREIMBURSABLE COST CENTERS								
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)	495,365	16,047	0	17,431	247,189	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2011

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

							11/28/2020 11:11 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	194,870					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	139,536				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	49,510	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,129	0			31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,564	0			50.00
53.00	05300	ANESTHESIOLOGY	0	535	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,754	0			54.00
56.00	05600	RADIOISOTOPE	0	152	0			56.00
57.00	05700	CT SCAN	0	1,509	0			57.00
57.01	03630	ULTRA SOUND	0	1,061	0			57.01
58.00	05800	MRI	0	0	0			58.00
60.00	06000	LABORATORY	0	13,029	0			60.00
65.00	06500	RESPIRATORY THERAPY	0	24,931	0			65.00
66.00	06600	PHYSICAL THERAPY	0	5,448	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	720	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	760	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,060	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	792	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,065	0			73.00
74.00	07400	RENAL DIALYSIS	0	3,331	0			74.00
76.00	03950	SUBSTANCE ABUSE	0	2,186	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,568	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1	0			90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	431	0			90.02
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)	0	139,536	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	194,870	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	194,870	139,536	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2011

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,095,642	0	2,095,642	30.00
31.00	03100	INTENSIVE CARE UNIT	219,598	0	219,598	31.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	982,515	0	982,515	50.00
53.00	05300	ANESTHESIOLOGY	4,954	0	4,954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	282,526	0	282,526	54.00
56.00	05600	RADIOISOTOPE	44,385	0	44,385	56.00
57.00	05700	CT SCAN	22,185	0	22,185	57.00
57.01	03630	ULTRA SOUND	28,336	0	28,336	57.01
58.00	05800	MRI	393	0	393	58.00
60.00	06000	LABORATORY	286,887	0	286,887	60.00
65.00	06500	RESPIRATORY THERAPY	121,618	0	121,618	65.00
66.00	06600	PHYSICAL THERAPY	452,860	0	452,860	66.00
69.00	06900	ELECTROCARDIOLOGY	48,916	0	48,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,584	0	106,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	333,567	0	333,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,917	0	24,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,422	0	79,422	73.00
74.00	07400	RENAL DIALYSIS	30,844	0	30,844	74.00
76.00	03950	SUBSTANCE ABUSE	346,388	0	346,388	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,773	0	34,773	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	116,147	0	116,147	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	97,157	0	97,157	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,760,614	0	5,760,614	118.00
NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	194,870	0	194,870	201.00
202.00		TOTAL (sum lines 118 through 201)	5,955,484	0	5,955,484	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2011

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF LINES)	DATA PROCESSING (NUMBER OF INSTRUMENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	257,485					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		257,485				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	28,602,451			4.00
5.01	00540	NONPATIENT TELEPHONES	2,308	2,308	0	1,103		5.01
5.02	00550	DATA PROCESSING	0	0	0	75	243	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,319	6,319	0	25	5	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	56	22	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	39,755	39,755	3,308,735	195	74	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,340	11,340	0	15	3	6.00
7.00	00700	OPERATION OF PLANT	43,096	43,096	366,769	21	1	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,031	5,031	31,456	0	1	8.00
9.00	00900	HOUSEKEEPING	3,560	3,560	0	8	1	9.00
10.00	01000	DIETARY	14,618	14,618	7,496	7	1	10.00
11.00	01100	CAFETERIA	0	0	11,791	10	1	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	799,152	2	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,086	7,086	99,365	10	1	14.00
15.00	01500	PHARMACY	4,089	4,089	908,978	22	5	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,906	3,906	0	73	22	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,168	34,168	12,544,808	275	14	30.00
31.00	03100	INTENSIVE CARE UNIT	3,896	3,896	2,137,263	5	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,400	28,400	690,575	88	13	50.00
53.00	05300	ANESTHESIOLOGY	112	112	0	7	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,608	7,608	512,700	85	33	54.00
56.00	05600	RADIOISOTOPE	1,315	1,315	30,298	0	0	56.00
57.00	05700	CT SCAN	518	518	114,829	0	0	57.00
57.01	03630	ULTRA SOUND	715	715	116,203	0	0	57.01
58.00	05800	MRI	0	0	0	2	1	58.00
60.00	06000	LABORATORY	6,526	6,526	0	59	26	60.00
65.00	06500	RESPIRATORY THERAPY	532	532	2,910,032	24	5	65.00
66.00	06600	PHYSICAL THERAPY	11,957	11,957	1,994,470	22	10	66.00
69.00	06900	ELECTROCARDIOLOGY	1,434	1,434	23,209	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,060	3,060	126,981	12	3	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	327	327	581,846	1	0	74.00
76.00	03950	SUBSTANCE ABUSE	8,969	8,969	1,127,516	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	477	477	100,837	2	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,513	3,513	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	2,850	2,850	57,142	2	1	90.02
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)	257,485	257,485	28,602,451	1,103	243	118.00
NONREIMBURSABLE COST CENTERS								
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)	2,439,770	3,515,714	5,019,280	130,446	4,351,022	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.475387	13.654054	0.175484	118.264733	17,905.440329	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	53,383	3,630	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	48.398005	14.938272	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: 14-2011

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

Worksheet B-1

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

Cost Center Description			PURCHASING RECEIVING AND STORES (COST OF RE QUISITIONS)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,742,339					5.03
5.04	00570	ADMITTING	0	0				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	379,267,303			5.05
5.06	00590	ADMINISTRATIVE & GENERAL	742,096	0	0	-23,816,358	61,010,430	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,901	0	0	0	893,019	6.00
7.00	00700	OPERATION OF PLANT	17,143	0	0	0	3,661,766	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,032	0	0	0	461,562	8.00
9.00	00900	HOUSEKEEPING	1,759	0	0	0	1,681,589	9.00
10.00	01000	DIETARY	0	0	0	0	1,103,964	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,004,658	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	91,405	0	0	0	984,143	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	327,710	0	0	0	561,651	14.00
15.00	01500	PHARMACY	3,128,732	0	0	1,683,081	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	160	0	0	0	514,776	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,589,494	0	134,629,026	0	17,778,235	30.00
31.00	03100	INTENSIVE CARE UNIT	206,123	0	13,936,783	0	3,178,246	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	450,914	0	6,967,964	0	1,819,099	50.00
53.00	05300	ANESTHESIOLOGY	6,724	0	1,455,041	0	17,960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,424	0	4,766,768	0	1,501,339	54.00
56.00	05600	RADIOISOTOPE	4,013	0	413,071	0	72,158	56.00
57.00	05700	CT SCAN	8,288	0	4,101,664	0	192,312	57.00
57.01	03630	ULTRA SOUND	2,713	0	2,882,692	0	190,664	57.01
58.00	05800	MRI	0	0	0	0	18,142	58.00
60.00	06000	LABORATORY	130,585	0	35,403,678	0	3,520,449	60.00
65.00	06500	RESPIRATORY THERAPY	311,903	0	67,747,794	0	4,497,693	65.00
66.00	06600	PHYSICAL THERAPY	16,517	0	14,804,572	0	3,115,640	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,955,585	0	73,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,496	0	2,066,261	0	308,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,031,968	0	6,393,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,152,536	0	477,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	51,808,182	0	3,873,315	73.00
74.00	07400	RENAL DIALYSIS	120,140	0	9,051,250	0	865,975	74.00
76.00	03950	SUBSTANCE ABUSE	31,967	0	5,939,446	0	1,717,049	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	283,957	0	6,979,408	0	278,505	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	200	0	2,323	0	81,428	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	4,943	0	1,171,291	0	171,166	90.02
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)	7,742,339	0	379,267,303	-22,133,277	61,010,430	118.00
NONREIMBURSABLE COST CENTERS								
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)	238,639	0	3,799,985		23,816,358	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.030823	0.000000	0.010019		0.390365	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	147,440	0	3,039		944,185	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019043	0.000000	0.000008		0.015476	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: 14-2011

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	197,763				6.00
7.00	00700	OPERATION OF PLANT	43,096	154,667			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,031	5,031	342,464		8.00
9.00	00900	HOUSEKEEPING	3,560	3,560	0	146,076	9.00
10.00	01000	DIETARY	14,618	14,618	0	14,618	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,086	7,086	0	7,086	14.00
15.00	01500	PHARMACY	4,089	4,089	0	4,089	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,906	3,906	0	3,906	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,168	34,168	224,705	34,168	30.00
31.00	03100	INTENSIVE CARE UNIT	3,896	3,896	25,693	3,896	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,400	28,400	16,907	28,400	50.00
53.00	05300	ANESTHESIOLOGY	112	112	0	112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,608	7,608	1,001	7,608	54.00
56.00	05600	RADIOISOTOPE	1,315	1,315	61	1,315	56.00
57.00	05700	CT SCAN	518	518	1,048	518	57.00
57.01	03630	ULTRA SOUND	715	715	1,650	715	57.01
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	6,526	6,526	0	6,526	60.00
65.00	06500	RESPIRATORY THERAPY	532	532	156	532	65.00
66.00	06600	PHYSICAL THERAPY	11,957	11,957	10,884	11,957	66.00
69.00	06900	ELECTROCARDIOLOGY	1,434	1,434	271	1,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,060	3,060	385	3,060	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	327	327	0	327	74.00
76.00	03950	SUBSTANCE ABUSE	8,969	8,969	45,054	8,969	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	477	477	13,287	477	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,513	3,513	53	3,513	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	2,850	2,850	1,309	2,850	90.02
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)	197,763	154,667	342,464	146,076	118.00
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,241,622	5,361,763	847,733	2,483,786	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.278333	34.666496	2.475393	17.003382	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	276,915	1,115,154	168,480	139,452	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.400237	7.210032	0.491964	0.954654	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: 14-2011

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	32,398					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	730	0	13,393			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169	0	0	6,739,085		14.00
15.00	01500	PHARMACY	931	0	0	0	3,354,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,539	0	9,373	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,875	0	1,768	0	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,376	0	909	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	573	0	57	0	0	54.00
56.00	05600	RADIOISOTOPE	30	0	0	0	0	56.00
57.00	05700	CT SCAN	115	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	121	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,818	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,554	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	42	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,283,259	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	455,826	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,354,248	73.00
74.00	07400	RENAL DIALYSIS	672	0	522	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	1,420	0	667	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	156	0	97	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	77	0	0	0	0	90.02
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)	32,398	0	13,393	6,739,085	3,354,248	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,396,841	0	1,399,792	1,198,807	-1,405,991	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	43.115038	0.000000	104.516688	0.177889	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,047	0	17,431	247,189	194,870	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.495308	0.000000	1.301501	0.036680	0.058096	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: 14-2011

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
					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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	379,267,303					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	134,629,026	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	13,936,783	0	0	0		31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,967,964	0	0	0		50.00
53.00	05300	ANESTHESIOLOGY	1,455,041	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,766,768	0	0	0		54.00
56.00	05600	RADIOISOTOPE	413,071	0	0	0		56.00
57.00	05700	CT SCAN	4,101,664	0	0	0		57.00
57.01	03630	ULTRA SOUND	2,882,692	0	0	0		57.01
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	35,403,678	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	67,747,794	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	14,804,572	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	1,955,585	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,066,261	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,031,968	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,152,536	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,808,182	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	9,051,250	0	0	0		74.00
76.00	03950	SUBSTANCE ABUSE	5,939,446	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,979,408	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,323	0	0	0		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	1,171,291	0	0	0		90.02
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)	379,267,303	0	0	0		118.00
NONREIMBURSABLE COST CENTERS								
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)	942,072	0	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002484	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	139,536	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000368	0.000000	0.000000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2011

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				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	31,621,292		31,621,292	0	31,621,292	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,093,926		5,093,926	0	5,093,926	31.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,388,432		4,388,432	0	4,388,432	50.00	
53.00	05300	ANESTHESIOLOGY	35,075		35,075	0	35,075	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,573,261		2,573,261	0	2,573,261	54.00	
56.00	05600	RADIOISOTOPE	178,997		178,997	0	178,997	56.00	
57.00	05700	CT SCAN	315,142		315,142	0	315,142	57.00	
57.01	03630	ULTRA SOUND	322,988		322,988	0	322,988	57.01	
58.00	05800	MRI	25,224		25,224	0	25,224	58.00	
60.00	06000	LABORATORY	5,360,822		5,360,822	0	5,360,822	60.00	
65.00	06500	RESPIRATORY THERAPY	6,617,549	0	6,617,549	0	6,617,549	65.00	
66.00	06600	PHYSICAL THERAPY	5,198,596	0	5,198,596	0	5,198,596	66.00	
69.00	06900	ELECTROCARDIOLOGY	193,055		193,055	0	193,055	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	621,575		621,575	0	621,575	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,034,823		10,034,823	0	10,034,823	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	750,178		750,178	0	750,178	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,514,014		5,514,014	0	5,514,014	73.00	
74.00	07400	RENAL DIALYSIS	1,328,984		1,328,984	0	1,328,984	74.00	
76.00	03950	SUBSTANCE ABUSE	3,164,278		3,164,278	0	3,164,278	76.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	481,958		481,958	0	481,958	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	316,924		316,924	0	316,924	90.00	
90.02	09001	WOMENS DIAGNOSTIC CENTER	412,605		412,605	0	412,605	90.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	84,549,698	0	84,549,698	0	84,549,698	200.00	
201.00		Less Observation Beds	0		0		0	201.00	
202.00		Total (see instructions)	84,549,698	0	84,549,698	0	84,549,698	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	134,629,026		134,629,026			30.00	
31.00	03100	INTENSIVE CARE UNIT	13,936,783		13,936,783			31.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,082,780	4,885,184	6,967,964	0.629801	0.000000	50.00	
53.00	05300	ANESTHESIOLOGY	403,049	1,051,992	1,455,041	0.024106	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,773,978	992,790	4,766,768	0.539833	0.000000	54.00	
56.00	05600	RADIOISOTOPE	78,903	334,168	413,071	0.433332	0.000000	56.00	
57.00	05700	CT SCAN	3,091,477	1,010,187	4,101,664	0.076833	0.000000	57.00	
57.01	03630	ULTRA SOUND	933,229	1,949,463	2,882,692	0.112044	0.000000	57.01	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
60.00	06000	LABORATORY	26,622,665	8,781,013	35,403,678	0.151420	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	67,722,426	25,368	67,747,794	0.097679	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	12,093,333	2,711,239	14,804,572	0.351148	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,500,795	454,790	1,955,585	0.098720	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	59,989	2,006,272	2,066,261	0.300821	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,193,791	838,177	11,031,968	0.909613	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	657,036	1,495,500	2,152,536	0.348509	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	48,913,461	2,894,721	51,808,182	0.106431	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	8,370,893	680,357	9,051,250	0.146829	0.000000	74.00	
76.00	03950	SUBSTANCE ABUSE	4,108,600	1,830,846	5,939,446	0.532756	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	56,361	6,923,047	6,979,408	0.069054	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,133	1,190	2,323	136.428756	0.000000	90.00	
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,171,291	1,171,291	0.352265	0.000000	90.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	339,229,708	40,037,595	379,267,303			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	339,229,708	40,037,595	379,267,303			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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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
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.629801			50.00
53.00	05300	ANESTHESIOLOGY	0.024106			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.539833			54.00
56.00	05600	RADIOISOTOPE	0.433332			56.00
57.00	05700	CT SCAN	0.076833			57.00
57.01	03630	ULTRA SOUND	0.112044			57.01
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.151420			60.00
65.00	06500	RESPIRATORY THERAPY	0.097679			65.00
66.00	06600	PHYSICAL THERAPY	0.351148			66.00
69.00	06900	ELECTROCARDIOLOGY	0.098720			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.300821			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.909613			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348509			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106431			73.00
74.00	07400	RENAL DIALYSIS	0.146829			74.00
76.00	03950	SUBSTANCE ABUSE	0.532756			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.069054			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	136.428756			90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.352265			90.02
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

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				Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,621,292		31,621,292	0	31,621,292	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,093,926		5,093,926	0	5,093,926	31.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,388,432		4,388,432	0	4,388,432	50.00	
53.00	05300	ANESTHESIOLOGY	35,075		35,075	0	35,075	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,573,261		2,573,261	0	2,573,261	54.00	
56.00	05600	RADIOISOTOPE	178,997		178,997	0	178,997	56.00	
57.00	05700	CT SCAN	315,142		315,142	0	315,142	57.00	
57.01	03630	ULTRA SOUND	322,988		322,988	0	322,988	57.01	
58.00	05800	MRI	25,224		25,224	0	25,224	58.00	
60.00	06000	LABORATORY	5,360,822		5,360,822	0	5,360,822	60.00	
65.00	06500	RESPIRATORY THERAPY	6,617,549	0	6,617,549	0	6,617,549	65.00	
66.00	06600	PHYSICAL THERAPY	5,198,596	0	5,198,596	0	5,198,596	66.00	
69.00	06900	ELECTROCARDIOLOGY	193,055		193,055	0	193,055	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	621,575		621,575	0	621,575	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,034,823		10,034,823	0	10,034,823	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	750,178		750,178	0	750,178	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,514,014		5,514,014	0	5,514,014	73.00	
74.00	07400	RENAL DIALYSIS	1,328,984		1,328,984	0	1,328,984	74.00	
76.00	03950	SUBSTANCE ABUSE	3,164,278		3,164,278	0	3,164,278	76.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	481,958		481,958	0	481,958	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	316,924		316,924	0	316,924	90.00	
90.02	09001	WOMENS DIAGNOSTIC CENTER	412,605		412,605	0	412,605	90.02	
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	
200.00		Subtotal (see instructions)	84,549,698	0	84,549,698	0	84,549,698	200.00	
201.00		Less Observation Beds	0		0	0	0	201.00	
202.00		Total (see instructions)	84,549,698	0	84,549,698	0	84,549,698	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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			Title XIX			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	134,629,026		134,629,026			30.00	
31.00	03100	INTENSIVE CARE UNIT	13,936,783		13,936,783			31.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,082,780	4,885,184	6,967,964	0.629801	0.000000	50.00	
53.00	05300	ANESTHESIOLOGY	403,049	1,051,992	1,455,041	0.024106	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,773,978	992,790	4,766,768	0.539833	0.000000	54.00	
56.00	05600	RADIOISOTOPE	78,903	334,168	413,071	0.433332	0.000000	56.00	
57.00	05700	CT SCAN	3,091,477	1,010,187	4,101,664	0.076833	0.000000	57.00	
57.01	03630	ULTRA SOUND	933,229	1,949,463	2,882,692	0.112044	0.000000	57.01	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
60.00	06000	LABORATORY	26,622,665	8,781,013	35,403,678	0.151420	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	67,722,426	25,368	67,747,794	0.097679	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	12,093,333	2,711,239	14,804,572	0.351148	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,500,795	454,790	1,955,585	0.098720	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	59,989	2,006,272	2,066,261	0.300821	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,193,791	838,177	11,031,968	0.909613	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	657,036	1,495,500	2,152,536	0.348509	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	48,913,461	2,894,721	51,808,182	0.106431	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	8,370,893	680,357	9,051,250	0.146829	0.000000	74.00	
76.00	03950	SUBSTANCE ABUSE	4,108,600	1,830,846	5,939,446	0.532756	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	56,361	6,923,047	6,979,408	0.069054	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,133	1,190	2,323	136.428756	0.000000	90.00	
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,171,291	1,171,291	0.352265	0.000000	90.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	339,229,708	40,037,595	379,267,303			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	339,229,708	40,037,595	379,267,303			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.629801		50.00
53.00	05300	ANESTHESIOLOGY	0.024106		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.539833		54.00
56.00	05600	RADIOISOTOPE	0.433332		56.00
57.00	05700	CT SCAN	0.076833		57.00
57.01	03630	ULTRA SOUND	0.112044		57.01
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.151420		60.00
65.00	06500	RESPIRATORY THERAPY	0.097679		65.00
66.00	06600	PHYSICAL THERAPY	0.351148		66.00
69.00	06900	ELECTROCARDIOLOGY	0.098720		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.300821		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.909613		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348509		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106431		73.00
74.00	07400	RENAL DIALYSIS	0.146829		74.00
76.00	03950	SUBSTANCE ABUSE	0.532756		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.069054		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	136.428756		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.352265		90.02
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-2011

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

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,388,432	982,515	3,405,917	0	0
53.00	05300	ANESTHESIOLOGY	35,075	4,954	30,121	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,573,261	282,526	2,290,735	0	0
56.00	05600	RADIOISOTOPE	178,997	44,385	134,612	0	0
57.00	05700	CT SCAN	315,142	22,185	292,957	0	0
57.01	03630	ULTRA SOUND	322,988	28,336	294,652	0	0
58.00	05800	MRI	25,224	393	24,831	0	0
60.00	06000	LABORATORY	5,360,822	286,887	5,073,935	0	0
65.00	06500	RESPIRATORY THERAPY	6,617,549	121,618	6,495,931	0	0
66.00	06600	PHYSICAL THERAPY	5,198,596	452,860	4,745,736	0	0
69.00	06900	ELECTROCARDIOLOGY	193,055	48,916	144,139	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	621,575	106,584	514,991	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,034,823	333,567	9,701,256	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	750,178	24,917	725,261	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,514,014	79,422	5,434,592	0	0
74.00	07400	RENAL DIALYSIS	1,328,984	30,844	1,298,140	0	0
76.00	03950	SUBSTANCE ABUSE	3,164,278	346,388	2,817,890	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	481,958	34,773	447,185	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	316,924	116,147	200,777	0	0
90.02	09001	WOMENS DIAGNOSTIC CENTER	412,605	97,157	315,448	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	47,834,480	3,445,374	44,389,106	0	0
201.00		Less Observation Beds	0	0	0	0	0
202.00		Total (line 200 minus line 201)	47,834,480	3,445,374	44,389,106	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-2011

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

				Title XIX		Hospital		PPS	
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)				
			6.00	7.00	8.00				
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,388,432	6,967,964	0.629801				50.00
53.00	05300	ANESTHESIOLOGY	35,075	1,455,041	0.024106				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,573,261	4,766,768	0.539833				54.00
56.00	05600	RADIOISOTOPE	178,997	413,071	0.433332				56.00
57.00	05700	CT SCAN	315,142	4,101,664	0.076833				57.00
57.01	03630	ULTRA SOUND	322,988	2,882,692	0.112044				57.01
58.00	05800	MRI	25,224	0	0.000000				58.00
60.00	06000	LABORATORY	5,360,822	35,403,678	0.151420				60.00
65.00	06500	RESPIRATORY THERAPY	6,617,549	67,747,794	0.097679				65.00
66.00	06600	PHYSICAL THERAPY	5,198,596	14,804,572	0.351148				66.00
69.00	06900	ELECTROCARDIOLOGY	193,055	1,955,585	0.098720				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	621,575	2,066,261	0.300821				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,034,823	11,031,968	0.909613				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	750,178	2,152,536	0.348509				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,514,014	51,808,182	0.106431				73.00
74.00	07400	RENAL DIALYSIS	1,328,984	9,051,250	0.146829				74.00
76.00	03950	SUBSTANCE ABUSE	3,164,278	5,939,446	0.532756				76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	481,958	6,979,408	0.069054				76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000				76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	316,924	2,323	136.428756				90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	412,605	1,171,291	0.352265				90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000				92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (sum of lines 50 thru 199)	47,834,480	230,701,494					200.00
201.00		Less Observation Beds	0	0					201.00
202.00		Total (line 200 minus line 201)	47,834,480	230,701,494					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-2011

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

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS 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		2,095,642	0	2,095,642	29,736	70.47	30.00
31.00	INTENSIVE CARE UNIT		219,598		219,598	2,231	98.43	31.00
200.00	Total (lines 30 through 199)		2,315,240		2,315,240	31,967		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		13,332	939,506				
31.00	INTENSIVE CARE UNIT		692	68,114				
200.00	Total (lines 30 through 199)		14,024	1,007,620	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-2011

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

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	982,515	6,967,964	0.141005	930,059	131,143	50.00
53.00	05300	ANESTHESIOLOGY	4,954	1,455,041	0.003405	174,693	595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	282,526	4,766,768	0.059270	1,862,566	110,394	54.00
56.00	05600	RADIOISOTOPE	44,385	413,071	0.107451	39,259	4,218	56.00
57.00	05700	CT SCAN	22,185	4,101,664	0.005409	1,444,069	7,811	57.00
57.01	03630	ULTRA SOUND	28,336	2,882,692	0.009830	395,947	3,892	57.01
58.00	05800	MRI	393	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	286,887	35,403,678	0.008103	12,436,653	100,774	60.00
65.00	06500	RESPIRATORY THERAPY	121,618	67,747,794	0.001795	32,348,663	58,066	65.00
66.00	06600	PHYSICAL THERAPY	452,860	14,804,572	0.030589	5,565,807	170,252	66.00
69.00	06900	ELECTROCARDIOLOGY	48,916	1,955,585	0.025013	727,001	18,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,584	2,066,261	0.051583	31,924	1,647	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	333,567	11,031,968	0.030236	4,992,085	150,941	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,917	2,152,536	0.011576	305,602	3,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,422	51,808,182	0.001533	23,661,902	36,274	73.00
74.00	07400	RENAL DIALYSIS	30,844	9,051,250	0.003408	4,808,123	16,386	74.00
76.00	03950	SUBSTANCE ABUSE	346,388	5,939,446	0.058320	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,773	6,979,408	0.004982	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	116,147	2,323	49.998709	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	97,157	1,171,291	0.082949	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	3,445,374	230,701,494		89,724,353	814,115	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-2011		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 11:11 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	29,736	0.00	13,332	0.00		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,231	0.00	692			31.00	
200.00		Total (lines 30 through 199)		0	31,967		14,024			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
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2011

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

Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 11:11 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-2011		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:11 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	6,967,964	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,455,041	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,766,768	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	413,071	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	4,101,664	0.000000	57.00
57.01	03630	ULTRA SOUND	0	0	0	2,882,692	0.000000	57.01
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	35,403,678	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	67,747,794	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,804,572	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,955,585	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,066,261	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,031,968	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,152,536	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,808,182	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,051,250	0.000000	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	5,939,446	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,979,408	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,323	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	1,171,291	0.000000	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	230,701,494		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011

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

				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	930,059	0	1,889,113	0	50.00	
53.00	05300	ANESTHESIOLOGY	0.000000	174,693	0	428,138	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,862,566	0	281,780	0	54.00	
56.00	05600	RADIOISOTOPE	0.000000	39,259	0	107,132	0	56.00	
57.00	05700	CT SCAN	0.000000	1,444,069	0	432,938	0	57.00	
57.01	03630	ULTRA SOUND	0.000000	395,947	0	374,775	0	57.01	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
60.00	06000	LABORATORY	0.000000	12,436,653	0	1,253,452	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	32,348,663	0	12,658	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	5,565,807	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	727,001	0	216,010	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	31,924	0	447,593	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,992,085	0	348,375	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	305,602	0	714,294	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	23,661,902	0	2,887,596	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	4,808,123	0	680,357	0	74.00	
76.00	03950	SUBSTANCE ABUSE	0.000000	0	0	9,533	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	2,614,317	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.000000	0	0	140,368	0	90.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)		89,724,353	0	12,838,429	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-2011

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

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.629801	1,889,113	0	0	1,189,765	50.00
53.00	05300	ANESTHESIOLOGY	0.024106	428,138	0	0	10,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.539833	281,780	0	0	152,114	54.00
56.00	05600	RADIOISOTOPE	0.433332	107,132	0	0	46,424	56.00
57.00	05700	CT SCAN	0.076833	432,938	0	0	33,264	57.00
57.01	03630	ULTRA SOUND	0.112044	374,775	0	0	41,991	57.01
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.151420	1,253,452	360	0	189,798	60.00
65.00	06500	RESPIRATORY THERAPY	0.097679	12,658	0	0	1,236	65.00
66.00	06600	PHYSICAL THERAPY	0.351148	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.098720	216,010	0	0	21,325	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.300821	447,593	0	0	134,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.909613	348,375	0	0	316,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348509	714,294	0	0	248,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106431	2,887,596	0	7,125	307,330	73.00
74.00	07400	RENAL DIALYSIS	0.146829	680,357	0	0	99,896	74.00
76.00	03950	SUBSTANCE ABUSE	0.532756	9,533	0	0	5,079	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.069054	2,614,317	0	0	180,529	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	136.428756	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.352265	140,368	0	0	49,447	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		12,838,429	360	7,125	3,028,988	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		12,838,429	360	7,125	3,028,988	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-2011

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

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
57.01	03630	ULTRA SOUND	0	0		57.01
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	55	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	758		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	SUBSTANCE ABUSE	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	55	758		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	55	758		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-2011

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

Title XIX			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	2,095,642	0	2,095,642	29,736	70.47	30.00
31.00	INTENSIVE CARE UNIT	219,598		219,598	2,231	98.43	31.00
200.00	Total (lines 30 through 199)	2,315,240		2,315,240	31,967		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	6,574	463,270				
31.00	INTENSIVE CARE UNIT	501	49,313				
200.00	Total (lines 30 through 199)	7,075	512,583				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-2011

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

				Title XIX		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	982,515	6,967,964	0.141005	45,784	6,456	50.00
53.00	05300	ANESTHESIOLOGY	4,954	1,455,041	0.003405	11,183	38	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	282,526	4,766,768	0.059270	134,446	7,969	54.00
56.00	05600	RADIOISOTOPE	44,385	413,071	0.107451	5,446	585	56.00
57.00	05700	CT SCAN	22,185	4,101,664	0.005409	205,225	1,110	57.00
57.01	03630	ULTRA SOUND	28,336	2,882,692	0.009830	70,196	690	57.01
58.00	05800	MRI	393	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	286,887	35,403,678	0.008103	1,233,992	9,999	60.00
65.00	06500	RESPIRATORY THERAPY	121,618	67,747,794	0.001795	1,977,157	3,549	65.00
66.00	06600	PHYSICAL THERAPY	452,860	14,804,572	0.030589	666,476	20,387	66.00
69.00	06900	ELECTROCARDIOLOGY	48,916	1,955,585	0.025013	87,107	2,179	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,584	2,066,261	0.051583	5,777	298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	333,567	11,031,968	0.030236	1,052,041	31,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,917	2,152,536	0.011576	6,902	80	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,422	51,808,182	0.001533	4,311,442	6,609	73.00
74.00	07400	RENAL DIALYSIS	30,844	9,051,250	0.003408	70,782	241	74.00
76.00	03950	SUBSTANCE ABUSE	346,388	5,939,446	0.058320	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,773	6,979,408	0.004982	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	116,147	2,323	49.998709	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	97,157	1,171,291	0.082949	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	3,445,374	230,701,494		9,883,956	92,000	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-2011		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 11:11 am		
					Title XIX		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	29,736	0.00	6,574			30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,231	0.00	501			31.00	
200.00		Total (lines 30 through 199)		0	31,967		7,075			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
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-2011		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 11:11 am	
			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2011

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

			Title XIX		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	6,967,964	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,455,041	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,766,768	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	413,071	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	4,101,664	0.000000	57.00
57.01	03630	ULTRA SOUND	0	0	0	2,882,692	0.000000	57.01
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	35,403,678	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	67,747,794	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,804,572	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,955,585	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,066,261	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,031,968	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,152,536	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,808,182	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,051,250	0.000000	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	5,939,446	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,979,408	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,323	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	1,171,291	0.000000	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	230,701,494		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2011

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

Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 11:11 am

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	45,784	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,183	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	134,446	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	5,446	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	205,225	0	0	0	57.00
57.01	03630	ULTRA SOUND	0.000000	70,196	0	0	0	57.01
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	1,233,992	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,977,157	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	666,476	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	87,107	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,777	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,052,041	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,902	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,311,442	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	70,782	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.000000	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		9,883,956	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:11 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			29,736	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			29,736	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)			29,736	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			13,332	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)			31,621,292	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)			31,621,292	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			31,621,292	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)			1,063.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			14,177,249	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)			14,177,249	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2011

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

Worksheet D-1

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

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,093,926	2,231	2,283.25	692	1,580,009	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,718,205	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,475,463	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,007,620	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					814,115	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,821,735	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,653,728	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2011

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

Worksheet D-1

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

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,095,642	31,621,292	0.066273	0	90.00
91.00	Nursing School cost	0	31,621,292	0.000000	0	91.00
92.00	Allied health cost	0	31,621,292	0.000000	0	92.00
93.00	All other Medical Education	0	31,621,292	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 11:11 am
Cost Center Description		Title XIX	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)		29,736	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,736	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)		29,736	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)		6,574	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)		31,621,292	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)		31,621,292	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		31,621,292	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)		1,063.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,990,792	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)		6,990,792	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2011

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

Worksheet D-1

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

Cost Center Description		Title XIX		Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	5,093,926	2,231	2,283.25	501	1,143,908
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,180,642
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,315,342
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					512,583
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					92,000
52.00	Total Program excludable cost (sum of lines 50 and 51)					604,583
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,710,759
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2011

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

Worksheet D-1

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

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,095,642	31,621,292	0.066273	0	0 90.00
91.00	Nursing School cost	0	31,621,292	0.000000	0	0 91.00
92.00	Allied health cost	0	31,621,292	0.000000	0	0 92.00
93.00	All other Medical Education	0	31,621,292	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 11:11 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		60,073,408		30.00
31.00	03100	INTENSIVE CARE UNIT		6,496,044		31.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.629801	930,059	585,752	50.00
53.00	05300	ANESTHESIOLOGY	0.024106	174,693	4,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.539833	1,862,566	1,005,475	54.00
56.00	05600	RADIOISOTOPE	0.433332	39,259	17,012	56.00
57.00	05700	CT SCAN	0.076833	1,444,069	110,952	57.00
57.01	03630	ULTRA SOUND	0.112044	395,947	44,363	57.01
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.151420	12,436,653	1,883,158	60.00
65.00	06500	RESPIRATORY THERAPY	0.097679	32,348,663	3,159,785	65.00
66.00	06600	PHYSICAL THERAPY	0.351148	5,565,807	1,954,422	66.00
69.00	06900	ELECTROCARDIOLOGY	0.098720	727,001	71,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.300821	31,924	9,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.909613	4,992,085	4,540,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348509	305,602	106,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106431	23,661,902	2,518,360	73.00
74.00	07400	RENAL DIALYSIS	0.146829	4,808,123	705,972	74.00
76.00	03950	SUBSTANCE ABUSE	0.532756	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.069054	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	136.428756	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.352265	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		89,724,353	16,718,205	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		89,724,353	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 11:11 am	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,441,237		30.00
31.00	03100	INTENSIVE CARE UNIT		230,470		31.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.629801	45,784	28,835	50.00
53.00	05300	ANESTHESIOLOGY	0.024106	11,183	270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.539833	134,446	72,578	54.00
56.00	05600	RADIOISOTOPE	0.433332	5,446	2,360	56.00
57.00	05700	CT SCAN	0.076833	205,225	15,768	57.00
57.01	03630	ULTRA SOUND	0.112044	70,196	7,865	57.01
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.151420	1,233,992	186,851	60.00
65.00	06500	RESPIRATORY THERAPY	0.097679	1,977,157	193,127	65.00
66.00	06600	PHYSICAL THERAPY	0.351148	666,476	234,032	66.00
69.00	06900	ELECTROCARDIOLOGY	0.098720	87,107	8,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.300821	5,777	1,738	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.909613	1,052,041	956,950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348509	6,902	2,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106431	4,311,442	458,871	73.00
74.00	07400	RENAL DIALYSIS	0.146829	70,782	10,393	74.00
76.00	03950	SUBSTANCE ABUSE	0.532756	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.069054	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	136.428756	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.352265	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,883,956	2,180,642	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		9,883,956	0	202.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-2011

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

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	0
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	0
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	0	0	0	0	0
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	0	0	0	0	0
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-2011

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

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	0	0	0
		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	0	0	0	0	0
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	0	0	0	0	0
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	0	0	0	0	0
		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: 14-2011

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

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	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	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	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	0	0	0	0	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	0	0	0	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	0	0	0	0	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			0	0	0	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-2011

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

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 11:11 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		813	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,028,988	2.00
3.00	OPPS payments		1,596,905	3.00
4.00	Outlier payment (see instructions)		54,528	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)		813	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,485	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)		7,485	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		7,485	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,672	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)		813	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,651,433	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		327,925	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,324,321	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,324,321	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,324,321	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)		76,191	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		49,524	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		59,289	36.00
37.00	Subtotal (see instructions)		1,373,845	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,373,845	40.00
40.01	Sequestration adjustment (see instructions)		22,943	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		1,300,546	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)		50,356	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: 14-2011

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

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,539,312		1,300,546	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,539,312		1,300,546	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		548,967		50,356	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		23,088,279		1,350,902	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: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/28/2020 11:11 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part IV Date/Time Prepared: 11/28/2020 11:11 am
		Title XVIII	Hospital	PPS
			1.00	
PART IV - MEDICARE PART A SERVICES - LTCH PPS				
1.00	Net Federal PPS Payments (see instructions)		22,394,016	1.00
1.01	Full standard payment amount		18,648,945	1.01
1.02	Short stay outlier standard payment amount		3,485,034	1.02
1.03	Site neutral payment amount - Cost		31,243	1.03
1.04	Site neutral payment amount - IPPS comparable		228,794	1.04
2.00	Outlier Payments		2,702,858	2.00
3.00	Total PPS Payments (sum of lines 1 and 2)		25,096,874	3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)		0	4.00
5.00	Organ acquisition (DO NOT USE THIS LINE)		0	5.00
6.00	Cost of physicians' services in a teaching hospital (see instructions)		0	6.00
7.00	Subtotal (see instructions)		25,096,874	7.00
8.00	Primary payer payments		0	8.00
9.00	Subtotal (line 7 less line 8).		25,096,874	9.00
10.00	Deductibles		59,444	10.00
11.00	Subtotal (line 9 minus line 10)		25,037,430	11.00
12.00	Coinsurance		2,114,827	12.00
13.00	Subtotal (line 11 minus line 12)		22,922,603	13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		858,152	14.00
15.00	Adjusted reimbursable bad debts (see instructions)		557,799	15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		690,907	16.00
17.00	Subtotal (sum of lines 13 and 15)		23,480,402	17.00
18.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	18.00
19.00	Other pass through costs (see instructions)		0	19.00
20.00	Outlier payments reconciliation		0	20.00
21.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	21.00
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	21.50
21.99	Demonstration payment adjustment amount before sequestration		0	21.99
22.00	Total amount payable to the provider (see instructions)		23,480,402	22.00
22.01	Sequestration adjustment (see instructions)		392,123	22.01
22.02	Demonstration payment adjustment amount after sequestration		0	22.02
23.00	Interim payments		22,539,312	23.00
24.00	Tentative settlement (for contractor use only)		0	24.00
25.00	Balance due provider/program (line 22 minus lines 22.01, 22.02, 23 and 24)		548,967	25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	26.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt IV, line 2 (see instructions)		2,702,858	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money (see instructions)		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2020 11:11 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		7,441,237		8.00
9.00	Ancillary service charges		9,883,956	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		17,325,193	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		17,325,193	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17,325,193	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 11:11 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,024	0		26.00
27.00	Total Inpatient Days (see instructions)	31,967	31,967		27.00
28.00	Ratio of inpatient days to total inpatient days	0.438702	0.000000		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-2011	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 11:11 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			9,051,250	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			32,475,463	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			32,475,463	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			3,029,801	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			3,029,801	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			35,505,264	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.914666	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.085334	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 14-2011

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

Worksheet G

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

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	800	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	76,276,045	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-55,680,661	0	0	0	6.00
7.00 Inventory	872,025	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	3,350,582	0	0	0	9.00
10.00 Due from other funds	1,579,767	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	26,398,558	0	0	0	11.00
FIXED ASSETS					
12.00 Land	6,320,000	0	0	0	12.00
13.00 Land improvements	397,500	0	0	0	13.00
14.00 Accumulated depreciation	-58,917	0	0	0	14.00
15.00 Buildings	26,757,952	0	0	0	15.00
16.00 Accumulated depreciation	-2,595,268	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	3,825,084	0	0	0	19.00
20.00 Accumulated depreciation	-831,176	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	2,643,639	0	0	0	23.00
24.00 Accumulated depreciation	-1,130,051	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	35,328,763	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,387,247	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	57,851	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,445,098	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	63,172,419	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	3,919,933	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	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	7,869,940	0	0	0	43.00
44.00 Other current liabilities	15,744,314	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	27,534,187	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	375,069	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	375,069	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	27,909,256	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	35,263,163				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	35,263,163	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	63,172,419	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-2011

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

Worksheet G-1

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

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		42,567,679		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-13,294,153				2.00
3.00	Total (sum of line 1 and line 2)		29,273,526		0		3.00
4.00	RECONCILING ITEM	5,989,637		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)		5,989,637		0		10.00
11.00	Subtotal (line 3 plus line 10)		35,263,163		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		35,263,163		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	RECONCILING ITEM		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			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: 14-2011

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

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	134,629,026		134,629,026	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)	134,629,026		134,629,026	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,936,783		13,936,783	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,936,783		13,936,783	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	148,565,809		148,565,809	17.00
18.00	Ancillary services	191,927,678	37,601,335	229,529,013	18.00
19.00	Outpatient services	0	1,172,481	1,172,481	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	8,103	8,103	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	340,493,487	38,781,919	379,275,406	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,934,364		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)		84,934,364		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-2011

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

Worksheet G-3

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

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	379,275,406	1.00
2.00	Less contractual allowances and discounts on patients' accounts	311,259,246	2.00
3.00	Net patient revenues (line 1 minus line 2)	68,016,160	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,934,364	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,918,204	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	32,457	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	191,730	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY RENTAL	992,614	24.00
24.01	NET ASSETS RELEASED	51,050	24.01
24.02	OTHER REVENUE	974,315	24.02
24.50	COVID-19 PHE Funding	1,381,885	24.50
25.00	Total other income (sum of lines 6-24)	3,624,051	25.00
26.00	Total (line 5 plus line 25)	-13,294,153	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)	-13,294,153	29.00