

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: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/23/2020 10:03 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GENESIS MEDICAL CENTER - DAVENPORT (16-0033) 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) MARK ROGERS
 Officer or Administrator of Provider(s)

CFO
 Title
 11/23/2020 10:03:26 AM
 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	586,212	43,942	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	78,791	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	665,003	43,942	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: 16-0033		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/23/2020 10:03 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1227 EAST RUSHOLME			PO Box:				1.00			
2.00	City: DAVENPORT			State: IA		Zip Code: 52803-		County: SCOTT			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		GENESIS MEDICAL CENTER - DAVENPORT		160033	19340	1	07/01/1984	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N
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)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
				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.			151	342	342	505	15,572	417	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/23/2020 10:03 am

		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.	29	0	0	5	1,155		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/23/2020 10:03 am

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

Health Financial Systems		GENESIS MEDICAL CENTER - DAVENPORT		In Lieu of Form CMS-2552-10				
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/23/2020 10:03 am				
			1.00					
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00			
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00			
			V	XIX				
			1.00	2.00				
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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)			N		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)			N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00		
			Physical	Occupational	Speech	Respiratory		
			1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N	109.00
			1.00					
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00	

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		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:	428,953	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H55790	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0033		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/23/2020 10:03 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: GENESIS HEALTH SYSTEM		Contractor's Name: WPS		Contractor's Number: 05001				141.00
142.00	Street: 1227 EAST RUSHOLME STREET		PO Box:						142.00
143.00	City: DAVENPORT		State: IA		Zip Code: 52803-2459				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/23/2020 10:03 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.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/21/2020	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/23/2020 10:03 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		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		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.	MARTY	ORWITZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175	ORWITZM@GENESISHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/23/2020 10:03 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.	REIMBURSEMENT DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/23/2020 10:03 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	265	96,990	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)		265	96,990	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,516	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,320	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		311	113,826	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	34	12,444		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		345				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: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/23/2020 10:03 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)	18,607	976	52,215			1.00
2.00	HMO and other (see instructions)	9,932	15,987				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,168	1,155				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)	18,607	976	52,215			7.00
8.00	INTENSIVE CARE UNIT	2,898	0	4,721			8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NICU	0	0	2,661			9.01
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		366	3,376			13.00
14.00	Total (see instructions)	21,505	1,342	62,973	15.99	1,240.61	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,913	34	7,425	0.00	37.83	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				15.99	1,278.44	27.00
28.00	Observation Bed Days		69	8,658			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			486			30.00
31.00	Employee discount days - IRF			11			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	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/23/2020 10:03 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	5,053	3,653	15,064	1.00
2.00 HMO and other (see instructions)			2,139	3,443		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				333		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
9.01 NICU						9.01
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	5,053	3,653	15,064	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	340	3	603	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/23/2020 10:03 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	88,174,600	0	88,174,600	2,819,574.00	31.27
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,279,653	0	1,279,653	38,030.00	33.65
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,183,762	62,179	2,245,941	81,767.00	27.47
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,750,914	0	3,750,914	71,232.00	52.66
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		683,369	0	683,369	6,659.00	102.62
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		29,606,448	0	29,606,448	763,815.00	38.76
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,642,922	0	15,642,922		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		408,769	0	408,769		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,682,857	0	3,682,857		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/23/2020 10:03 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,358,405	-1,302,514	5,055,891	147,253.00	34.33	27.00
28.00	Administrative & General under contract (see inst.)		98,125	0	98,125	955.00	102.75	28.00
29.00	Maintenance & Repairs	6.00	1,737,703	0	1,737,703	72,427.00	23.99	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	53,432	0	53,432	4,852.00	11.01	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,741,878	0	2,741,878	199,530.00	13.74	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		768,054	0	768,054	60,254.00	12.75	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,186,491	0	1,186,491	43,634.00	27.19	38.00
39.00	Central Services and Supply	14.00	644,011	0	644,011	40,093.00	16.06	39.00
40.00	Pharmacy	15.00	4,735,475	0	4,735,475	113,675.00	41.66	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/23/2020 10:03 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	90,503,004	0	90,503,004	3,042,283.00	29.75	1.00
2.00	Excluded area salaries (see instructions)	2,183,762	62,179	2,245,941	81,767.00	27.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,319,242	-62,179	88,257,063	2,960,516.00	29.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,040,731	0	34,040,731	841,706.00	40.44	4.00
5.00	Subtotal wage-related costs (see inst.)	19,325,779	0	19,325,779	0.00	21.90	5.00
6.00	Total (sum of lines 3 thru 5)	141,685,752	-62,179	141,623,573	3,802,222.00	37.25	6.00
7.00	Total overhead cost (see instructions)	18,323,574	-1,302,514	17,021,060	682,673.00	24.93	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/23/2020 10:03 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,341,586	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	171,096	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	82,702	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,170,253	8.02
8.03	Health Insurance (Purchased)	61,375	8.03
9.00	Prescription Drug Plan	1,684,224	9.00
10.00	Dental, Hearing and Vision Plan	301,695	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	127,093	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	449,802	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,030,843	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,408,552	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	115,883	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	572	22.00
23.00	Tuition Reimbursement	106,016	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,051,692	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,750,914	16,051,692	1.00
2.00	Hospital	3,750,914	16,051,692	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/23/2020 10:03 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.257042	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		47,154,063	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		184,763,966	6.00
7.00	Medicaid cost (line 1 times line 6)		47,492,099	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		338,036	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		69,199	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		338,036	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,326,028	4,384,001	9,710,029
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,369,013	4,384,001	5,753,014
22.00	Payments received from patients for amounts previously written off as charity care	4,912	102,828	107,740
23.00	Cost of charity care (line 21 minus line 22)	1,364,101	4,281,173	5,645,274
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,426,788	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		456,758	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		702,703	27.01
28.00	Non-Medicare bad debt expense (see instructions)		13,724,085	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,773,611	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,418,885	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,756,921	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:

11/23/2020 10:03 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		20,557,239	20,557,239	317,004	20,874,243	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,575,104	7,575,104	0	7,575,104	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,205,434	9,205,434	0	9,205,434	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	5,371,844	83,494,518	88,866,362	-3,314,154	85,552,208	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	986,561	627,306	1,613,867	0	1,613,867	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	1,737,703	7,167,201	8,904,904	-1,781,774	7,123,130	6.00
6.01	00601	MOB I	0	0	0	-112,857	-112,857	6.01
6.02	00602	MOB II	0	0	0	-99,831	-99,831	6.02
6.03	00603	BETT MED PARK	0	0	0	-145,538	-145,538	6.03
6.04	00604	NW CLINICS	0	0	0	-33,141	-33,141	6.04
6.05	00605	CPMP I	0	0	0	-183,793	-183,793	6.05
6.06	00606	CPMP II	0	0	0	-136,035	-136,035	6.06
6.07	00607	BETT PLAZA	0	0	0	-196,281	-196,281	6.07
6.08	00608	HEART INSTITUTE	0	0	0	-207,558	-207,558	6.08
6.09	00609	53RD STREET	0	0	0	-61,485	-61,485	6.09
6.10	00610	ELDRIDGE	0	0	0	-54,785	-54,785	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	2,340,813	2,340,813	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,432	183,239	236,671	0	236,671	8.00
9.00	00900	HOUSEKEEPING	0	3,781,509	3,781,509	341,604	4,123,113	9.00
10.00	01000	DIETARY	0	3,086,754	3,086,754	-2,759,822	326,932	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,186,491	480,304	1,666,795	0	1,666,795	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	644,011	746,425	1,390,436	0	1,390,436	14.00
15.00	01500	PHARMACY	4,735,475	1,425,521	6,160,996	0	6,160,996	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	2,972,172	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,245,529	7,400,271	31,645,800	-2,443,237	29,202,563	30.00
31.00	03100	INTENSIVE CARE UNIT	3,610,165	1,092,691	4,702,856	0	4,702,856	31.00
32.01	03201	NICU	1,339,566	208,647	1,548,213	0	1,548,213	32.01
41.00	04100	SUBPROVIDER - IRF	2,183,762	703,315	2,887,077	293,755	3,180,832	41.00
43.00	04300	NURSERY	0	0	0	2,443,237	2,443,237	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,733,462	8,031,459	13,764,921	0	13,764,921	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,456,566	14,072,431	19,528,997	0	19,528,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,386,476	16,780,386	20,166,862	0	20,166,862	55.00
57.00	05700	CT SCAN	703,368	636,959	1,340,327	0	1,340,327	57.00
58.00	05800	MRI	260,689	422,499	683,188	0	683,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,986,352	2,932,936	4,919,288	0	4,919,288	59.00
60.00	06000	LABORATORY	3,301,435	5,602,586	8,904,021	0	8,904,021	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,421,693	1,421,693	0	1,421,693	63.00
65.00	06500	RESPIRATORY THERAPY	1,615,131	574,666	2,189,797	0	2,189,797	65.00
66.00	06600	PHYSICAL THERAPY	9,525,086	4,335,023	13,860,109	-44,615	13,815,494	66.00
69.00	06900	ELECTROCARDIOLOGY	1,647,591	1,425,164	3,072,755	0	3,072,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	513,762	181,304	695,066	0	695,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,819,670	41,819,670	-25,600,519	16,219,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	25,600,519	25,600,519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,211,346	12,211,346	0	12,211,346	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	37,016	4,479	41,495	0	41,495	90.01
90.02	09002	OP INSTITUTES	1,356,438	933,641	2,290,079	0	2,290,079	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	336,650	515,559	852,209	0	852,209	90.04
90.05	09005	PAIN MANAGEMENT	766,177	365,792	1,131,969	0	1,131,969	90.05
91.00	09100	EMERGENCY	5,453,862	3,094,538	8,548,400	0	8,548,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,174,600	263,097,609	351,272,209	-2,866,321	348,405,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,917	1,917	190.00
190.01	19001	AUXILLARY	0	16,560	16,560	44,711	61,271	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	1,040	1,040	0	1,040	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	343,421	343,421	117,120	460,541	192.01
192.02	19202	FOUNDATION	0	0	0	3,177	3,177	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	255,573	255,573	33,518	289,091	192.04
192.05	19205	PHASE III REHAB	0	0	0	18,473	18,473	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,647,405	2,647,405	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	258,226	258,226	0	258,226	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	88,174,600	263,972,429	352,147,029	0	352,147,029	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2020 10:03 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	-8,184,502	12,689,741	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,575,104	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,140,723	6,064,711	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	-65,658,638	19,893,570	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	26,529,663	28,143,530	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,611,517	8,611,517	5.03
6.00	00600	MAINTENANCE & REPAIRS	21,231	7,144,361	6.00
6.01	00601	MOB I	676,958	564,101	6.01
6.02	00602	MOB II	722,805	622,974	6.02
6.03	00603	BETT MED PARK	620,905	475,367	6.03
6.04	00604	NW CLINICS	251,803	218,662	6.04
6.05	00605	CPMP I	616,873	433,080	6.05
6.06	00606	CPMP II	732,527	596,492	6.06
6.07	00607	BETT PLAZA	1,022,319	826,038	6.07
6.08	00608	HEART INSTITUTE	1,289,611	1,082,053	6.08
6.09	00609	53RD STREET	287,229	225,744	6.09
6.10	00610	ELDRIDGE	274,102	219,317	6.10
7.00	00700	OPERATION OF PLANT	0	2,340,813	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,372	257,043	8.00
9.00	00900	HOUSEKEEPING	0	4,123,113	9.00
10.00	01000	DIETARY	-313,199	13,733	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-385,210	1,281,585	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,792,080	5,182,516	14.00
15.00	01500	PHARMACY	-3,639,944	2,521,052	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,273,382	4,273,382	16.00
17.00	01700	SOCIAL SERVICE	260,428	260,428	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	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	305,595	29,508,158	30.00
31.00	03100	INTENSIVE CARE UNIT	112,889	4,815,745	31.00
32.01	03201	NICU	6,530	1,554,743	32.01
41.00	04100	SUBPROVIDER - IRF	1,581	3,182,413	41.00
43.00	04300	NURSERY	0	2,443,237	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,254,344	12,510,577	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-291,667	19,237,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-694,275	19,472,587	55.00
57.00	05700	CT SCAN	0	1,340,327	57.00
58.00	05800	MRI	0	683,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	-564,110	4,355,178	59.00
60.00	06000	LABORATORY	361	8,904,382	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,421,693	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,189,797	65.00
66.00	06600	PHYSICAL THERAPY	-619,588	13,195,906	66.00
69.00	06900	ELECTROCARDIOLOGY	-981,738	2,091,017	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-337	694,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,219,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,600,519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,211,346	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	41,495	90.01
90.02	09002	OP INSTITUTES	-583,034	1,707,045	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	-441,146	411,063	90.04
90.05	09005	PAIN MANAGEMENT	-178,329	953,640	90.05
91.00	09100	EMERGENCY	-962,716	7,585,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-37,462,739	310,943,149	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,917	190.00
190.01	19001	AUXILLARY	-685	60,586	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	1,040	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	460,541	192.01
192.02	19202	FOUNDATION	0	3,177	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	-42,058	247,033	192.04
192.05	19205	PHASE III REHAB	0	18,473	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	2,647,405	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	258,226	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-37,505,482	314,641,547	200.00

RECLASSIFICATIONS

Provider CCN: 16-0033

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

Worksheet A-6

Date/Time Prepared:
11/23/2020 10:03 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - PATIENT SWITCHBOARD COSTS				
1.00	NON REIMBURSEABLE COST	192.01	22,861	2,117	1.00
	TOTALS		22,861	2,117	
	B - REHAB COORDINATOR				
1.00	SUBPROVIDER - IRF	41.00	39,318	5,297	1.00
	TOTALS		39,318	5,297	
	C - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	317,004	1.00
	TOTALS		0	317,004	
	D - HOUSEKEEPING/PLANT/MAINT COSTS				
1.00	MAINTENANCE & REPAIRS	6.00	0	559,039	1.00
2.00	HOUSEKEEPING	9.00	0	672,265	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
	TOTALS		0	1,231,304	
	E - RESIDENT AND TEACHING COSTS				
1.00	I&R SERVICES-OTHER PRGM	22.00	1,279,653	1,692,519	1.00
	COSTS APPRV				
	TOTALS		1,279,653	1,692,519	
	F - UTILITY EXPENSE				
1.00	OPERATION OF PLANT	7.00	0	2,340,813	1.00
	TOTALS		0	2,340,813	
	G - HOUSEKEEPING RELCASS				
1.00	SUBPROVIDER - IRF	41.00	0	136,723	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,917	2.00
3.00	AUXILLARY	190.01	0	44,711	3.00
4.00	NON REIMBURSEABLE COST	192.01	0	92,142	4.00
5.00	FOUNDATION	192.02	0	3,177	5.00
6.00	OUTREACH PROGRAMS	192.04	0	33,518	6.00
7.00	PHASE III REHAB	192.05	0	18,473	7.00
	TOTALS		0	330,661	
	H - NON-ALLOWABLE EMPLOYEE MEALS				
1.00	SUBPROVIDER - IRF	41.00	0	112,417	1.00
2.00	NON-ALLOWABLE MEALS	192.07	0	2,647,405	2.00
	TOTALS		0	2,759,822	
	I - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	25,600,519	1.00
	TOTALS		0	25,600,519	
	J - NURSERY				
1.00	NURSERY	43.00	1,941,675	501,562	1.00
	TOTALS		1,941,675	501,562	
500.00	Grand Total: Increases		3,283,507	34,781,618	500.00

RECLASSIFICATIONS

Provider CCN: 16-0033

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

Worksheet A-6

Date/Time Prepared:
11/23/2020 10:03 am

	Decreases						11/23/2020 10:03 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PATIENT SWITCHBOARD COSTS						
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	22,861	2,117	0		1.00
	TOTALS		22,861	2,117			
	B - REHAB COORDINATOR						
1.00	PHYSICAL THERAPY	66.00	39,318	5,297	0		1.00
	TOTALS		39,318	5,297			
	C - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	317,004	9		1.00
	TOTALS		0	317,004			
	D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MOB I	6.01	0	112,857	0		1.00
2.00	MOB II	6.02	0	99,831	0		2.00
3.00	BETT MED PARK	6.03	0	145,538	0		3.00
4.00	NW CLINICS	6.04	0	33,141	0		4.00
5.00	CPMP I	6.05	0	183,793	0		5.00
6.00	CPMP II	6.06	0	136,035	0		6.00
7.00	BETT PLAZA	6.07	0	196,281	0		7.00
8.00	HEART INSTITUTE	6.08	0	207,558	0		8.00
9.00	53RD STREET	6.09	0	61,485	0		9.00
10.00	ELDRIDGE	6.10	0	54,785	0		10.00
	TOTALS		0	1,231,304			
	E - RESIDENT AND TEACHING COSTS						
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	1,279,653	1,692,519	0		1.00
	TOTALS		1,279,653	1,692,519			
	F - UTILITY EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	2,340,813	0		1.00
	TOTALS		0	2,340,813			
	G - HOUSEKEEPING RELCASS						
1.00	HOUSEKEEPING	9.00	0	330,661	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	330,661			
	H - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	DIETARY	10.00	0	2,759,822	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,759,822			
	I - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,600,519	0		1.00
	TOTALS		0	25,600,519			
	J - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,941,675	501,562	0		1.00
	TOTALS		1,941,675	501,562			
500.00	Grand Total: Decreases		3,283,507	34,781,618			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/23/2020 10:03 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	8,235,211	267,706	0	267,706	0	1.00	
2.00	Land Improvements	20,172,283	121,055	0	121,055	0	2.00	
3.00	Buildings and Fixtures	331,586,902	6,981,048	0	6,981,048	0	3.00	
4.00	Building Improvements	14,590,467	43,145	0	43,145	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	194,582,572	3,329,900	0	3,329,900	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	569,167,435	10,742,854	0	10,742,854	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	569,167,435	10,742,854	0	10,742,854	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,502,917	0					1.00
2.00	Land Improvements	20,293,338	0					2.00
3.00	Buildings and Fixtures	338,567,950	0					3.00
4.00	Building Improvements	14,633,612	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	197,912,472	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	579,910,289	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	579,910,289	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	20,557,239	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	7,575,104	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	28,132,343	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	20,557,239				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,575,104				2.00
3.00	Total (sum of lines 1-2)	0	28,132,343				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/23/2020 10:03 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	381,997,817	0	381,997,817	0.658719	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	197,912,473	0	197,912,473	0.341281	0	2.00
3.00	Total (sum of lines 1-2)	579,910,290	0	579,910,290	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	317,004	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	317,004	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	12,372,737	0	0	0	12,689,741	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,575,104	0	0	0	7,575,104	2.00
3.00	Total (sum of lines 1-2)	19,947,841	0	0	0	20,264,845	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
11/23/2020 10:03 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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,411,403			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-13,573,380			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			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)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
11/23/2020 10:03 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			
33.00	ADMINISTRATION - RENTAL INCOME -3RD	B	-28,215	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	33.00
34.00	ADMINISTRATION - DISCOUNTS EARNED	B	-33,016	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	34.00
35.00	ADMINISTRATION - RENTAL INCOME - REL	B	-305	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	35.00
36.00	ADMINISTRATION - MISCELLANEOUS REVEN	B	-3,756	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	36.00
37.00	ADMINISTRATION - VENDOR REBATES	B	-482	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	37.00
38.00	VOLUNTEER SERVICES - MISCELLANEOUS R	B	-31,042	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	38.00
39.00	MEDICAL STAFF - DAVENPORT - OTHER OP	B	-63,894	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	39.00
41.00	SMALL POX IMMUNIZATION PROJECT - MIS	B	-64,563	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	41.00
41.01	GROUNDWORK - MISCELLANEOUS REVENUE	B	-11,810	MAINTENANCE & REPAIRS	6.00	0	41.01
41.02	BIOMED SERVICES - MISCELLANEOUS REVE	B	-3,040	MAINTENANCE & REPAIRS	6.00	0	41.02
41.03	LINEN SERVICES - MISCELLANEOUS REVEN	B	-25	LAUNDRY & LINEN SERVICE	8.00	0	41.03
41.04	FOOD SERVICES - W - VENDING SALES	B	-34,659	DIETARY	10.00	0	41.04
42.00	FOOD SERVICES - W - SENIOR MEALS	B	-216,158	DIETARY	10.00	0	42.00
42.01	FOOD SERVICES - MISCELLANEOUS REVENU	B	-62,382	DIETARY	10.00	0	42.01
42.02	PATIENT SERVICES ADMIN. - GRANT REVE	B	-390,000	NURSING ADMINISTRATION	13.00	0	42.02
42.03	STERILE PROCESSING - INTERCOMPANY RE	B	-4,546	CENTRAL SERVICES & SUPPLY	14.00	0	42.03
42.04	PHARMACY - E - INTERCOMPANY REVENUE	B	-129,750	PHARMACY	15.00	0	42.04
42.05	PHARMACY - E - MISCELLANEOUS REVENUE	B	-101,115	PHARMACY	15.00	0	42.05
42.06	PHARMACY - E - VENDOR REBATES	B	-675,595	PHARMACY	15.00	0	42.06
43.00	PHARMACY - E - CASH SALES	B	-2,729,220	PHARMACY	15.00	0	43.00
43.01	SPIRIT CARE-CPE-RESNOT10.86540 - MIS	B	-720	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	43.01
43.02	ADULT PSYCHIATRIC - MISCELLANEOUS RE	B	-46,471	ADULTS & PEDIATRICS	30.00	0	43.02
43.03	BIRTH CENTER - MISCELLANEOUS REVENUE	B	-162,604	ADULTS & PEDIATRICS	30.00	0	43.03
43.04	RADIOLOGY SERVICES ADMIN - E - MISCE	B	-313	RADIOLOGY-DIAGNOSTIC	54.00	0	43.04
43.05	RADIOLOGY - MISCELLANEOUS REVENUE	B	-811	RADIOLOGY-DIAGNOSTIC	54.00	0	43.05
43.06	RADIOLOGY SERVICES OUTREACH - MISCEL	B	-12,578	RADIOLOGY-DIAGNOSTIC	54.00	0	43.06
43.07	CENTER FOR BREAST HEALTH - E - OTHER	B	-24	RADIOLOGY-DIAGNOSTIC	54.00	0	43.07
43.08	GIC-DG-GENRAD - OUTREACH REVENUE	B	-390	RADIOLOGY-DIAGNOSTIC	54.00	0	43.08
43.09	GIC-53RD ST-GENRAD - OUTREACH REVENU	B	-6,438	RADIOLOGY-DIAGNOSTIC	54.00	0	43.09
43.10	CANCER CENTER - OTHER OPERATING REVE	B	-144,344	RADIOLOGY-THERAPEUTIC	55.00	0	43.10
43.11	P.T. CLINIC WEST-VALLEY FAIR - MISCE	B	-12,380	PHYSICAL THERAPY	66.00	0	43.11
43.12	PT AND SPORTS MED-BETTENDORF - MISCE	B	-60,373	PHYSICAL THERAPY	66.00	0	43.12
43.13	PHYSICAL THERAPY-DAVENPORT 3RD - MIS	B	-80	PHYSICAL THERAPY	66.00	0	43.13
43.14	PT CLINIC-NEUROLOGY ASSOCIATES - MIS	B	-39,503	PHYSICAL THERAPY	66.00	0	43.14
43.15	REHAB O.P.(BETT) - MISCELLANEOUS REV	B	-130	PHYSICAL THERAPY	66.00	0	43.15
43.16	LOMBARD PHYSICAL REHAB - MISCELLANEO	B	-34	PHYSICAL THERAPY	66.00	0	43.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
11/23/2020 10:03 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	
43.17	REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-675	PHYSICAL THERAPY	66.00	0	43.17
43.18	CARDIOGRAPHICS - MISCELLANEOUS REVEN	B	-35	ELECTROCARDIOLOGY	69.00	0	43.18
43.19	NEURODIAGNOSTICS - MISCELLANEOUS REV	B	-2,792	ELECTROENCEPHALOGRAPHY	70.00	0	43.19
44.01	DIABETES INSTITUTE - MISCELLANEOUS R	B	-80	OP INSTITUTES	90.02	0	44.01
44.02	WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-3,910	OP INSTITUTES	90.02	0	44.02
44.03	WEIGHT MANAGEMENT CLINIC - MISCELLAN	B	-180	BARIATRIC CLINIC	90.04	0	44.03
44.04	ADMINISTRATION - DONATIONS	A	-2,500	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	44.04
44.05	DISTRIB.-E (USE 10.78020) - DONATED	A	-59	CENTRAL SERVICES & SUPPLY	14.00	0	44.05
45.00	OPERATING ROOMS-W/E - DONATED INVENT	A	-13,873	OPERATING ROOM	50.00	0	45.00
45.01	CARDIAC CATH LAB - DONATED INVENTORY	A	-951	CARDIAC CATHETERIZATION	59.00	0	45.01
45.02	INTEREST INCOME	B	-8,184,502	CAP REL COSTS-BLDG & FIXT	1.00	11	45.02
45.03	ADVERTISING	A	-175,692	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.03
45.04	ADVERTISING	A	-17,978	PHYSICAL THERAPY	66.00	0	45.04
45.05	ADVERTISING	A	-512	RADIOLOGY-THERAPEUTIC	55.00	0	45.05
45.06	ADVERTISING	A	-313	BARIATRIC CLINIC	90.04	0	45.06
45.07	ADVERTISING	A	-66	AUXILLARY	190.01	0	45.07
45.08	ALCOHOL PURCHASES	A	-2,153	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.08
45.09	NON ALLOWABLE LOBBYING FEES	A	-20,902	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	45.09
45.10	PROVIDER TAX ASSESSMENT	A	-2,491,410	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.10
45.11	SELF INSURANCE OFFSET	A	-3,531,350	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,505,482				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: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet A-8-1 Date/Time Prepared: 11/23/2020 10:03 am
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	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.01	ADMINISTRATIVE AND GENERAL -	RELATED RENT EXP	0	154,036	1.00
2.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	7,831	2.00
3.00	15.00	PHARMACY	RELATED RENT EXP	0	18,373	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	271,113	4.00
4.01	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	550,316	4.01
4.02	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	53,629	4.02
4.03	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	587,501	4.03
4.04	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	566,886	4.04
4.05	90.02	OP INSTITUTES	RELATED RENT EXP	0	320,654	4.05
4.06	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	56,690	4.06
4.07	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	178,466	4.07
4.08	190.01	AUXILIARY	RELATED RENT EXP	0	619	4.08
4.09	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	42,058	4.09
4.10	6.01	MOB I	GEN VEN BLDG COST	676,958	0	4.10
4.11	6.02	MOB II	GEN VEN BLDG COST	722,805	0	4.11
4.12	6.03	BETT MED PARK	GEN VEN BLDG COST	620,905	0	4.12
4.13	6.04	NW CLINICS	GEN VEN BLDG COST	251,803	0	4.13
4.14	6.05	CPMP I	GEN VEN BLDG COST	616,873	0	4.14
4.15	6.06	CPMP II	GEN VEN BLDG COST	732,527	0	4.15
4.16	6.07	BETT PLAZA	GEN VEN BLDG COST	1,022,319	0	4.16
4.17	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,289,611	0	4.17
4.18	6.09	53RD STREET	GEN VEN BLDG COST	287,229	0	4.18
4.19	6.10	ELDRIDGE	GEN VEN BLDG COST	274,102	0	4.19
4.20	5.01	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	9,862,885	55,305,847	4.20
4.21	5.02	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	26,710,064	0	4.21
4.22	5.03	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	8,611,517	0	4.22
4.23	6.00	MAINTENANCE & REPAIRS	HOME OFFICE A&G	36,081	0	4.23
4.24	13.00	NURSING ADMINISTRATION	HOME OFFICE A&G	12,621	0	4.24
4.25	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	3,796,685	0	4.25
4.26	15.00	PHARMACY	HOME OFFICE A&G	14,109	0	4.26
4.27	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	4,273,382	0	4.27
4.28	17.00	SOCIAL SERVICE	HOME OFFICE A&G	260,428	0	4.28
4.29	30.00	ADULTS & PEDIATRICS	HOME OFFICE A&G	514,670	0	4.29
4.30	31.00	INTENSIVE CARE UNIT	HOME OFFICE A&G	112,889	0	4.30
4.31	32.01	NICU	HOME OFFICE A&G	6,530	0	4.31
4.32	41.00	SUBPROVIDER - IRF	HOME OFFICE A&G	1,581	0	4.32
4.33	50.00	OPERATING ROOM	HOME OFFICE A&G	116,222	0	4.33
4.34	55.00	RADIOLOGY-THERAPEUTIC	HOME OFFICE A&G	897	0	4.34
4.35	59.00	CARDIAC CATHETERIZATION	HOME OFFICE A&G	30,470	0	4.35
4.36	60.00	LABORATORY	HOME OFFICE A&G	361	0	4.36
4.37	66.00	PHYSICAL THERAPY	HOME OFFICE A&G	99,066	0	4.37
4.38	69.00	ELECTROCARDIOLOGY	HOME OFFICE A&G	19,202	0	4.38
4.39	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE A&G	3,055	0	4.39
4.40	90.02	OP INSTITUTES	HOME OFFICE A&G	37,977	0	4.40
4.41	90.04	BARIATRIC CLINIC	HOME OFFICE A&G	826	0	4.41
4.42	90.05	PAIN MANAGEMENT	HOME OFFICE A&G	137	0	4.42
4.43	91.00	EMERGENCY	HOME OFFICE A&G	115,757	0	4.43
4.44	5.01	ADMINISTRATIVE AND GENERAL -	GHG PHYSICIAN PRACTICE	0	17,002,929	4.44
4.45	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	862,288	841,891	4.45
4.46	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	2,074,851	1,684,224	4.46
4.47	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,972,172	2,972,172	4.47
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			67,041,855	80,615,235	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2020 10:03 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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			0.00		0.00	6.00
7.00	C	GEN MED ED FOUN	100.00	GHS	100.00	7.00
8.00	C	GENESIS MEDICAL	100.00	GHS	100.00	8.00
9.00	C	EA IA LITHOTRIP	25.00	GHS	100.00	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: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2020 10:03 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	-154,036	0		1.00
2.00	-7,831	0		2.00
3.00	-18,373	0		3.00
4.00	-271,113	0		4.00
4.01	-550,316	0		4.01
4.02	-53,629	0		4.02
4.03	-587,501	0		4.03
4.04	-566,886	0		4.04
4.05	-320,654	0		4.05
4.06	-56,690	0		4.06
4.07	-178,466	0		4.07
4.08	-619	0		4.08
4.09	-42,058	0		4.09
4.10	676,958	0		4.10
4.11	722,805	0		4.11
4.12	620,905	0		4.12
4.13	251,803	0		4.13
4.14	616,873	0		4.14
4.15	732,527	0		4.15
4.16	1,022,319	0		4.16
4.17	1,289,611	0		4.17
4.18	287,229	0		4.18
4.19	274,102	0		4.19
4.20	-45,442,962	0		4.20
4.21	26,710,064	0		4.21
4.22	8,611,517	0		4.22
4.23	36,081	0		4.23
4.24	12,621	0		4.24
4.25	3,796,685	0		4.25
4.26	14,109	0		4.26
4.27	4,273,382	0		4.27
4.28	260,428	0		4.28
4.29	514,670	0		4.29
4.30	112,889	0		4.30
4.31	6,530	0		4.31
4.32	1,581	0		4.32
4.33	116,222	0		4.33
4.34	897	0		4.34
4.35	30,470	0		4.35
4.36	361	0		4.36
4.37	99,066	0		4.37
4.38	19,202	0		4.38
4.39	3,055	0		4.39
4.40	37,977	0		4.40
4.41	826	0		4.41
4.42	137	0		4.42
4.43	115,757	0		4.43
4.44	-17,002,929	0		4.44
4.45	20,397	0		4.45
4.46	390,627	0		4.46
4.47	0	0		4.47
5.00	-13,573,380			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

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

Provider CCN: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2020 10:03 am

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

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	HEALTHCARE	7.00
8.00	HEALTHCARE	8.00
9.00	HEALTHCARE	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: 16-0033

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

Worksheet A-8-2

Date/Time Prepared:

11/23/2020 10:03 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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	440,462	320,462	120,000	211,500	1,181	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	87,650	0	87,650	211,500	862	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	34,081	0	34,081	211,500	336	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	5,093	0	5,093	211,500	51	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,356,693	1,356,693	0	246,400	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	28,000	0	28,000	271,900	215	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	909,985	540,000	369,985	211,500	3,639	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	434,019	434,019	0	211,500	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	600	600	0	211,500	0	9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	296,367	296,367	0	211,500	0	10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	395,777	384,789	10,988	211,500	109	11.00
12.00	91.00	AGGREGATE-EMERGENCY	1,106,046	1,078,473	27,573	211,500	272	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			5,094,773	4,411,403	683,370		6,665	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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	120,087	6,004	0	0	0	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	87,650	4,383	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	34,165	1,708	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	5,186	259	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	28,105	1,405	0	0	0	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	370,023	18,501	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	0	0	0	0	0	10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	11,083	554	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	27,658	1,383	0	0	0	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			683,957	34,197	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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	120,087	0	320,462		1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	87,650	0	0		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	34,165	0	0		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	5,186	0	0		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,356,693		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	28,105	0	0		6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	370,023	0	540,000		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	434,019		8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	600		9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	0	0	0	296,367		10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	11,083	0	384,789		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
12.00	91.00	AGGREGATE-EMERGENCY	0	27,658	0	1,078,473		12.00
13.00	0.00	AGGREGATE-	0	0	0	0		13.00
14.00	0.00	AGGREGATE-	0	0	0	0		14.00
15.00	0.00	AGGREGATE-	0	0	0	0		15.00
200.00			0	683,957	0	4,411,403		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
			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	12,689,741	12,689,741			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,575,104		7,575,104		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,064,711	45,642	0	6,110,353	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	19,893,570	2,148,942	958,126	281,996	23,282,634
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	28,143,530	256,067	32,298	68,367	23,282,634
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,611,517	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	7,144,361	1,775,255	242,971	120,419	0
6.01	00601	MOB I	564,101	0	0	0	0
6.02	00602	MOB II	622,974	0	0	0	0
6.03	00603	BETT MED PARK	475,367	0	0	0	0
6.04	00604	NW CLINICS	218,662	0	0	0	0
6.05	00605	CPMP I	433,080	0	0	0	0
6.06	00606	CPMP II	596,492	0	0	0	0
6.07	00607	BETT PLAZA	826,038	0	0	0	0
6.08	00608	HEART INSTITUTE	1,082,053	0	0	0	0
6.09	00609	53RD STREET	225,744	0	0	0	0
6.10	00610	ELDRIDGE	219,317	0	0	0	0
7.00	00700	OPERATION OF PLANT	2,340,813	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	257,043	43,187	839	3,703	0
9.00	00900	HOUSEKEEPING	4,123,113	97,255	212,848	0	0
10.00	01000	DIETARY	13,733	219,040	42,248	0	0
11.00	01100	CAFETERIA	0	117,573	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,281,585	58,502	621,519	82,221	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,182,516	535,019	621,330	44,629	0
15.00	01500	PHARMACY	2,521,052	164,292	87,928	328,159	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,273,382	115,879	0	0	0
17.00	01700	SOCIAL SERVICE	260,428	45,389	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,972,172	276,291	0	88,677	0
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,508,158	1,796,350	318,330	1,545,644	0
31.00	03100	INTENSIVE CARE UNIT	4,815,745	37,375	115,512	250,177	0
32.01	03201	NICU	1,554,743	38,769	24,556	92,829	0
41.00	04100	SUBPROVIDER - IRF	3,182,413	290,338	647	154,055	0
43.00	04300	NURSERY	2,443,237	0	0	134,554	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,510,577	804,880	1,699,591	397,317	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,237,330	734,500	370,821	378,129	0
55.00	05500	RADIOLOGY-THERAPEUTIC	19,472,587	236,208	166,533	234,676	0
57.00	05700	CT SCAN	1,340,327	27,081	377,058	48,742	0
58.00	05800	MRI	683,188	93,691	233,835	18,065	0
59.00	05900	CARDIAC CATHETERIZATION	4,355,178	175,996	730,983	137,650	0
60.00	06000	LABORATORY	8,904,382	300,046	125,011	228,783	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,421,693	5,353	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,189,797	77,617	44,592	111,925	0
66.00	06600	PHYSICAL THERAPY	13,195,906	1,091,068	136,247	657,345	0
69.00	06900	ELECTROCARDIOLOGY	2,091,017	137,670	106,695	114,175	0
70.00	07000	ELECTROENCEPHALOGRAPHY	694,729	87,974	61,307	35,603	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,219,151	12,511	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,600,519	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,211,346	2,819	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	41,495	0	0	2,565	0
90.02	09002	OP INSTITUTES	1,707,045	90,207	27,406	93,998	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	411,063	2,486	2,653	23,329	0
90.05	09005	PAIN MANAGEMENT	953,640	0	26,278	53,095	0
91.00	09100	EMERGENCY	7,585,684	335,062	181,913	377,942	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,943,149	12,276,334	7,570,075	6,108,769	23,282,634

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,917	4,070	0	0	0
190.01	19001	AUXILIARY	60,586	94,942	1,096	0	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	1,040	1,584	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NON REIMBURSEABLE COST	460,541	195,665	465	1,584	0
192.02	19202	FOUNDATION	3,177	6,747	1,145	0	0
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0
192.04	19204	OUTREACH PROGRAMS	247,033	71,171	0	0	0
192.05	19205	PHASE III REHAB	18,473	39,228	2,323	0	0
192.06	19206	AFFILIATES	0	0	0	0	0
192.07	19207	NON-ALLOWABLE MEALS	2,647,405	0	0	0	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0
192.09	19209	RETAIL PHARMACY	258,226	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	314,641,547	12,689,741	7,575,104	6,110,353	23,282,634

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	51,782,896	51,782,896				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,611,517	1,696,460	10,307,977			5.03
6.00	00600	MAINTENANCE & REPAIRS	9,283,006	1,828,743	0	11,111,749		6.00
6.01	00601	MOB I	564,101	111,127	0	0	675,228	6.01
6.02	00602	MOB II	622,974	122,725	0	0	0	6.02
6.03	00603	BETT MED PARK	475,367	93,647	0	0	0	6.03
6.04	00604	NW CLINICS	218,662	43,076	0	0	0	6.04
6.05	00605	CPMP I	433,080	85,316	0	0	0	6.05
6.06	00606	CPMP II	596,492	117,508	0	0	0	6.06
6.07	00607	BETT PLAZA	826,038	162,729	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,082,053	213,163	0	0	0	6.08
6.09	00609	53RD STREET	225,744	44,471	0	0	0	6.09
6.10	00610	ELDRIDGE	219,317	43,205	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,340,813	461,138	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	304,772	60,040	0	56,698	0	8.00
9.00	00900	HOUSEKEEPING	4,433,216	873,339	0	127,681	13,913	9.00
10.00	01000	DIETARY	275,021	54,179	0	287,567	0	10.00
11.00	01100	CAFETERIA	117,573	23,162	0	154,356	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,043,827	402,632	0	76,804	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,383,494	1,257,542	0	702,399	0	14.00
15.00	01500	PHARMACY	3,101,431	610,979	0	215,691	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,389,261	864,680	0	152,131	0	16.00
17.00	01700	SOCIAL SERVICE	305,817	60,246	0	59,588	4,213	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	3,337,140	657,413	0	362,729	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,168,482	6,534,163	882,772	2,358,339	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,218,809	1,028,100	135,605	49,068	0	31.00
32.01	03201	NICU	1,710,897	337,045	41,456	50,898	0	32.01
41.00	04100	SUBPROVIDER - IRF	3,627,453	714,605	74,809	381,171	0	41.00
43.00	04300	NURSERY	2,577,791	507,822	28,002	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,412,365	3,036,220	878,002	1,056,687	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,720,780	4,081,973	885,181	964,289	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,110,004	3,961,651	1,016,888	310,105	59,744	55.00
57.00	05700	CT SCAN	1,793,208	353,260	552,458	35,553	0	57.00
58.00	05800	MRI	1,028,779	202,668	152,973	123,003	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,399,807	1,063,757	1,042,350	231,056	0	59.00
60.00	06000	LABORATORY	9,558,222	1,882,960	624,610	393,916	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,427,046	281,127	36,919	7,028	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,423,931	477,512	234,284	101,899	0	65.00
66.00	06600	PHYSICAL THERAPY	15,080,566	2,970,856	458,435	1,432,410	2,287	66.00
69.00	06900	ELECTROCARDIOLOGY	2,449,557	482,560	186,884	180,741	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	879,613	173,283	81,008	115,497	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,231,662	3,197,621	650,102	16,425	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,600,519	5,043,277	839,599	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,214,165	2,406,178	820,269	3,701	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	44,060	8,680	4,618	0	0	90.01
90.02	09002	OP INSTITUTES	1,918,656	377,973	102,626	118,428	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	439,531	86,587	4,097	3,264	0	90.04
90.05	09005	PAIN MANAGEMENT	1,033,013	203,503	62,534	0	0	90.05
91.00	09100	EMERGENCY	8,480,601	1,670,670	511,496	439,886	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,523,129	50,971,571	10,307,977	10,569,008	80,157	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,987	1,179	0	5,343	0	190.00
190.01	19001	AUXILIARY	156,624	30,855	0	124,645	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	2,624	517	0	2,079	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	658,255	129,676	0	256,879	470,733	192.01
192.02	19202	FOUNDATION	11,069	2,181	0	8,857	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	318,204	62,686	0	93,437	124,338	192.04
192.05	19205	PHASE III REHAB	60,024	11,825	0	51,501	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,647,405	521,536	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	258,226	50,870	0	0	0	192.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	314,641,547	51,782,896	10,307,977	11,111,749	675,228	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II	745,699					6.02
6.03	00603	BETT MED PARK	0	569,014				6.03
6.04	00604	NW CLINICS	0	0	261,738			6.04
6.05	00605	CPMP I	0	0	0	518,396		6.05
6.06	00606	CPMP II	0	0	0	0	714,000	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,835	645	0	495	0	9.00
10.00	01000	DIETARY	0	0	0	13,173	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,490	0	0	1,454	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	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	3,688	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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,490	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	170,729	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	964	0	0	123,954	19,445	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	1,423	25,068	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,779	645	0	311,228	48,201	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	83,927	103,620	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	737,920	484,442	158,118	207,168	665,799	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	745,699	569,014	261,738	518,396	714,000	202.00

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Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	988,767				6.07
6.08	00608	HEART INSTITUTE	0	1,295,216			6.08
6.09	00609	53RD STREET	0	0	270,215		6.09
6.10	00610	ELDRIDGE	0	0	0	262,522	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,801,951
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	14,297
9.00	00900	HOUSEKEEPING	0	0	0	0	32,196
10.00	01000	DIETARY	0	0	0	0	72,513
11.00	01100	CAFETERIA	0	0	0	0	38,923
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	19,367
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	177,118
15.00	01500	PHARMACY	0	0	0	0	54,389
16.00	01600	MEDICAL RECORDS & LIBRARY	37,046	0	0	0	38,362
17.00	01700	SOCIAL SERVICE	0	0	0	0	15,026
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	91,466
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	594,685
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	12,373
32.01	03201	NICU	0	0	0	0	12,834
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	96,116
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	266,455
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,455	0	0	0	243,156
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	78,196
57.00	05700	CT SCAN	0	0	0	0	8,965
58.00	05800	MRI	0	0	0	0	31,016
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	58,263
60.00	06000	LABORATORY	0	0	0	0	99,330
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,772
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,695
66.00	06600	PHYSICAL THERAPY	185,683	0	0	0	361,198
69.00	06900	ELECTROCARDIOLOGY	0	537,976	0	0	45,576
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	29,124
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,142
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	933
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	53,812	0	0	0	29,863
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	0	0	0	0	823
90.05	09005	PAIN MANAGEMENT	109,337	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	110,922
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	406,333	537,976	0	0	2,665,094
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,347
190.01	19001	AUXILLARY	0	0	0	0	31,431
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	524

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	582,434	757,240	270,215	262,522	64,775	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,233	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	23,561	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	12,986	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	988,767	1,295,216	270,215	262,522	2,801,951	202.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	435,807				8.00
9.00	00900	HOUSEKEEPING	0	5,485,320			9.00
10.00	01000	DIETARY	0	157,685	860,138		10.00
11.00	01100	CAFETERIA	0	84,640	682,837	1,101,491	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	1,101,491	11.01
13.00	01300	NURSING ADMINISTRATION	0	42,115	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	385,155	0	0	14.00
15.00	01500	PHARMACY	0	118,273	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,420	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	32,675	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	198,899	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	212,690	1,293,177	161,306	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,110	26,906	15,995	0	31.00
32.01	03201	NICU	3,391	27,909	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	14,903	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,407	579,426	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,460	528,761	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,484	170,044	0	0	55.00
57.00	05700	CT SCAN	0	19,495	0	0	57.00
58.00	05800	MRI	0	67,448	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,324	126,698	0	0	59.00
60.00	06000	LABORATORY	0	216,001	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,853	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	55,876	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,088	785,451	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	134	99,108	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,616	63,332	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,007	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	2,029	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	1,561	64,939	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	1,790	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	57,530	241,208	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	435,698	5,485,320	860,138	1,101,491	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	109	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	435,807	5,485,320	860,138	1,101,491	1,101,491	202.00

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,605,765					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,922,319				14.00
15.00	01500	PHARMACY	0	62,236	4,210,084			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,564,900		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	481,270	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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,334,165	336,019	0	476,559	367,011	30.00
31.00	03100	INTENSIVE CARE UNIT	115,540	106,512	0	73,206	36,430	31.00
32.01	03201	NICU	89,654	12,712	0	22,380	20,534	32.01
41.00	04100	SUBPROVIDER - IRF	107,750	16,135	0	40,385	57,295	41.00
43.00	04300	NURSERY	0	0	0	15,116	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	303,552	647,890	0	473,984	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,124	113,977	0	477,860	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	104,323	35,475	2,292,681	548,961	0	55.00
57.00	05700	CT SCAN	18	31,683	0	298,241	0	57.00
58.00	05800	MRI	3	1,725	0	82,582	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,331	105,603	0	562,907	0	59.00
60.00	06000	LABORATORY	3	34,364	0	337,192	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19,930	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	52,978	0	126,477	0	65.00
66.00	06600	PHYSICAL THERAPY	114	11,799	0	247,484	0	66.00
69.00	06900	ELECTROCARDIOLOGY	28,216	6,969	0	100,888	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,418	16,271	0	43,732	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,770,296	0	350,954	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,372,665	0	453,252	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,917,403	442,817	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	2,493	0	90.01
90.02	09002	OP INSTITUTES	81,080	17,213	0	55,402	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	15,879	220	0	2,212	0	90.04
90.05	09005	PAIN MANAGEMENT	50,556	11,874	0	33,758	0	90.05
91.00	09100	EMERGENCY	275,039	157,703	0	276,128	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,605,765	8,922,319	4,210,084	5,564,900	481,270	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	2,605,765	8,922,319	4,210,084	5,564,900	481,270	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
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	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,647,647				22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,489,402	0	50,553,086	-2,489,402	30.00
31.00	03100	INTENSIVE CARE UNIT	0	144,479	0	7,037,762	-144,479	31.00
32.01	03201	NICU	0	146,156	0	2,491,521	-146,156	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	5,163,215	0	41.00
43.00	04300	NURSERY	0	0	0	3,128,731	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	122,262	0	23,070,883	-122,262	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,240	0	28,268,356	-72,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	28,891,927	0	55.00
57.00	05700	CT SCAN	0	0	0	3,102,496	0	57.00
58.00	05800	MRI	0	0	0	1,693,885	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,677,401	0	59.00
60.00	06000	LABORATORY	0	24,592	0	13,227,899	-24,592	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,777,675	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,521,880	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,656,380	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,143,147	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,420,691	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,230,209	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,309,312	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,363	0	17,867,858	-60,363	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	60,557	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	2,868,403	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	560,150	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	1,516,077	0	90.05
91.00	09100	EMERGENCY	0	274,706	0	12,570,673	-274,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,334,200	0	302,810,174	-3,334,200	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	13,856	0	190.00
190.01	19001	AUXILIARY	0	0	0	343,555	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	187,547	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	5,744	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,313,447	0	1,313,447	-1,313,447	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	5,706,176	0	192.01
192.02	19202	FOUNDATION	0	0	0	24,340	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	622,335	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	136,336	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	3,168,941	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	309,096	0	192.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,647,647	0	314,641,547	-4,647,647	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		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	00590	ADMINISTRATIVE AND GENERAL - SHARED	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRIDGE	6.10
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
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILLARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,706,176	192.01
192.02	19202	FOUNDATION	24,340	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	192.03
192.04	19204	OUTREACH PROGRAMS	622,335	192.04
192.05	19205	PHASE III REHAB	136,336	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	3,168,941	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
192.09	19209	RETAIL PHARMACY	309,096	192.09
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	309,993,900	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
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Part II
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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	45,642	0	45,642	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	363,334	2,148,942	958,126	3,470,402	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	17,339	256,067	32,298	305,704	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	138,379	1,775,255	242,971	2,156,605	6.00
6.01	00601	MOB I	676,958	0	0	676,958	6.01
6.02	00602	MOB II	722,805	0	0	722,805	6.02
6.03	00603	BETT MED PARK	620,905	0	0	620,905	6.03
6.04	00604	NW CLINICS	251,803	0	0	251,803	6.04
6.05	00605	CPMP I	616,873	0	0	616,873	6.05
6.06	00606	CPMP II	732,527	0	0	732,527	6.06
6.07	00607	BETT PLAZA	1,022,319	0	0	1,022,319	6.07
6.08	00608	HEART INSTITUTE	1,289,611	0	0	1,289,611	6.08
6.09	00609	53RD STREET	287,229	0	0	287,229	6.09
6.10	00610	ELDRIDGE	274,102	0	0	274,102	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	43,187	839	44,026	8.00
9.00	00900	HOUSEKEEPING	4,205	97,255	212,848	314,308	9.00
10.00	01000	DIETARY	17,316	219,040	42,248	278,604	10.00
11.00	01100	CAFETERIA	0	117,573	0	117,573	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	21,942	58,502	621,519	701,963	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,082	535,019	621,330	1,204,431	14.00
15.00	01500	PHARMACY	36,989	164,292	87,928	289,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	115,879	0	115,879	16.00
17.00	01700	SOCIAL SERVICE	0	45,389	0	45,389	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	276,291	0	276,291	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	304,800	1,796,350	318,330	2,419,480	30.00
31.00	03100	INTENSIVE CARE UNIT	56,667	37,375	115,512	209,554	31.00
32.01	03201	NICU	11,091	38,769	24,556	74,416	32.01
41.00	04100	SUBPROVIDER - IRF	31,740	290,338	647	322,725	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	551,806	804,880	1,699,591	3,056,277	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	334,094	734,500	370,821	1,439,415	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	612,181	236,208	166,533	1,014,922	55.00
57.00	05700	CT SCAN	1,483	27,081	377,058	405,622	57.00
58.00	05800	MRI	3,491	93,691	233,835	331,017	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,067	175,996	730,983	1,014,046	59.00
60.00	06000	LABORATORY	89,199	300,046	125,011	514,256	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,353	0	5,353	63.00
65.00	06500	RESPIRATORY THERAPY	110,156	77,617	44,592	232,365	65.00
66.00	06600	PHYSICAL THERAPY	1,776,260	1,091,068	136,247	3,003,575	66.00
69.00	06900	ELECTROCARDIOLOGY	607,198	137,670	106,695	851,563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,023	87,974	61,307	156,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,511	0	12,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,819	0	2,819	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	214	0	0	214	90.01
90.02	09002	OP INSTITUTES	336,416	90,207	27,406	454,029	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	61,930	2,486	2,653	67,069	90.04
90.05	09005	PAIN MANAGEMENT	192,220	0	26,278	218,498	90.05
91.00	09100	EMERGENCY	54,443	335,062	181,913	571,418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,392,197	12,276,334	7,570,075	32,238,606	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,070	0	4,070	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
190.01	19001	AUXILLARY	4,089	94,942	1,096	100,127	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	1,584	0	1,584	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	1,799	195,665	465	197,929	12	192.01
192.02	19202	FOUNDATION	0	6,747	1,145	7,892	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	43,837	71,171	0	115,008	0	192.04
192.05	19205	PHASE III REHAB	0	39,228	2,323	41,551	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,441,922	12,689,741	7,575,104	32,706,767	45,642	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED	3,472,510					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	3,472,510	3,778,725				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	123,799	123,799			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	133,452	0	2,290,957		6.00
6.01	00601	MOB I	0	8,110	0	0	685,068	6.01
6.02	00602	MOB II	0	8,956	0	0	0	6.02
6.03	00603	BETT MED PARK	0	6,834	0	0	0	6.03
6.04	00604	NW CLINICS	0	3,143	0	0	0	6.04
6.05	00605	CPMP I	0	6,226	0	0	0	6.05
6.06	00606	CPMP II	0	8,575	0	0	0	6.06
6.07	00607	BETT PLAZA	0	11,875	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	15,556	0	0	0	6.08
6.09	00609	53RD STREET	0	3,245	0	0	0	6.09
6.10	00610	ELDRIDGE	0	3,153	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	33,652	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,381	0	11,690	0	8.00
9.00	00900	HOUSEKEEPING	0	63,732	0	26,324	14,116	9.00
10.00	01000	DIETARY	0	3,954	0	59,289	0	10.00
11.00	01100	CAFETERIA	0	1,690	0	31,824	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	29,382	0	15,835	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	91,769	0	144,817	0	14.00
15.00	01500	PHARMACY	0	44,586	0	44,470	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63,100	0	31,366	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,396	0	12,286	4,275	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	47,975	0	74,785	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	476,700	10,577	486,227	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	75,026	1,625	10,117	0	31.00
32.01	03201	NICU	0	24,596	497	10,494	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	52,148	896	78,588	0	41.00
43.00	04300	NURSERY	0	37,058	335	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	221,568	10,520	217,862	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	297,882	10,606	198,812	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	289,101	12,184	63,936	60,615	55.00
57.00	05700	CT SCAN	0	25,779	6,619	7,330	0	57.00
58.00	05800	MRI	0	14,790	1,833	25,360	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	77,628	12,783	47,638	0	59.00
60.00	06000	LABORATORY	0	137,409	7,484	81,215	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20,515	442	1,449	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	34,846	2,807	21,009	0	65.00
66.00	06600	PHYSICAL THERAPY	0	216,798	5,493	295,326	2,321	66.00
69.00	06900	ELECTROCARDIOLOGY	0	35,215	2,239	37,264	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,645	971	23,812	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	233,346	7,789	3,386	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	368,033	10,060	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	175,591	9,828	763	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	633	55	0	0	90.01
90.02	09002	OP INSTITUTES	0	27,583	1,230	24,417	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BIARIATRIC CLINIC	0	6,319	49	673	0	90.04
90.05	09005	PAIN MANAGEMENT	0	14,851	749	0	0	90.05
91.00	09100	EMERGENCY	0	121,917	6,128	90,693	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,472,510	3,719,518	123,799	2,179,057	81,327	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	86	0	1,102	0	190.00
190.01	19001	AUXILLARY	0	2,252	0	25,699	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	0	38	0	429	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	9,463	0	52,962	477,591	192.01
192.02	19202	FOUNDATION	0	159	0	1,826	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	4,575	0	19,264	126,150	192.04
192.05	19205	PHASE III REHAB	0	863	0	10,618	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	38,059	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	3,712	0	0	0	192.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,472,510	3,778,725	123,799	2,290,957	685,068	202.00

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Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II	731,761					6.02
6.03	00603	BETT MED PARK	0	627,739				6.03
6.04	00604	NW CLINICS	0	0	254,946			6.04
6.05	00605	CPMP I	0	0	0	623,099		6.05
6.06	00606	CPMP II	0	0	0	0	741,102	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,763	711	0	595	0	9.00
10.00	01000	DIETARY	0	0	0	15,833	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,462	0	0	1,747	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	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	3,828	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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,462	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	205,212	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	946	0	0	148,990	20,183	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	1,711	26,019	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,633	711	0	374,088	50,030	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	92,589	100,931	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	724,128	534,439	154,015	249,011	691,072	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	731,761	627,739	254,946	623,099	741,102	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	1,034,194				6.07
6.08	00608	HEART INSTITUTE	0	1,305,167			6.08
6.09	00609	53RD STREET	0	0	290,474		6.09
6.10	00610	ELDRIDGE	0	0	0	277,255	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	33,652 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	172 8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	387 9.00
10.00	01000	DIETARY	0	0	0	0	871 10.00
11.00	01100	CAFETERIA	0	0	0	0	467 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	233 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,127 14.00
15.00	01500	PHARMACY	0	0	0	0	653 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,748	0	0	0	461 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	180 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	1,099 22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	7,142 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	149 31.00
32.01	03201	NICU	0	0	0	0	154 32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	1,154 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	3,200 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,394	0	0	0	2,920 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	939 55.00
57.00	05700	CT SCAN	0	0	0	0	108 57.00
58.00	05800	MRI	0	0	0	0	373 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	700 59.00
60.00	06000	LABORATORY	0	0	0	0	1,193 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	21 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	309 65.00
66.00	06600	PHYSICAL THERAPY	194,214	0	0	0	4,338 66.00
69.00	06900	ELECTROCARDIOLOGY	0	542,109	0	0	547 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	350 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	50 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	11 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0 90.01
90.02	09002	OP INSTITUTES	56,284	0	0	0	359 90.02
90.03	09003	MARC	0	0	0	0	0 90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	10 90.04
90.05	09005	PAIN MANAGEMENT	114,360	0	0	0	0 90.05
91.00	09100	EMERGENCY	0	0	0	0	1,332 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	425,000	542,109	0	0	32,009 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	16 190.00
190.01	19001	AUXILLARY	0	0	0	0	377 190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0 190.02
190.03	19003	EAP	0	0	0	0	0 190.03
191.00	19100	RESEARCH	0	0	0	0	6 191.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	609,194	763,058	290,474	277,255	778	192.01
192.02	19202	FOUNDATION	0	0	0	0	27	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	283	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	156	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,034,194	1,305,167	290,474	277,255	33,652	202.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60,297				8.00
9.00	00900	HOUSEKEEPING	0	423,936			9.00
10.00	01000	DIETARY	0	12,187	370,738		10.00
11.00	01100	CAFETERIA	0	6,541	294,317	452,412	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	452,412	11.01
13.00	01300	NURSING ADMINISTRATION	0	3,255	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,767	0	0	14.00
15.00	01500	PHARMACY	0	9,141	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,447	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,525	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	15,372	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,426	99,943	69,527	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,166	2,079	6,894	0	31.00
32.01	03201	NICU	469	2,157	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	2,062	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,559	44,781	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,353	40,866	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,004	13,142	0	0	55.00
57.00	05700	CT SCAN	0	1,507	0	0	57.00
58.00	05800	MRI	0	5,213	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,982	9,792	0	0	59.00
60.00	06000	LABORATORY	0	16,694	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	298	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,318	0	0	65.00
66.00	06600	PHYSICAL THERAPY	151	60,704	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	19	7,660	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	915	4,895	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	696	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	157	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	290	90.01
90.02	09002	OP INSTITUTES	216	5,019	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	138	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	7,960	18,642	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,282	423,936	370,738	452,412	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	15	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	60,297	423,936	370,738	452,412	452,412	202.00

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	761,916					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,480,068				14.00
15.00	01500	PHARMACY	0	10,324	420,175			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	256,001		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	72,886	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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	390,105	55,741	0	21,952	55,582	30.00
31.00	03100	INTENSIVE CARE UNIT	33,783	17,669	0	3,372	5,517	31.00
32.01	03201	NICU	26,215	2,109	0	1,031	3,110	32.01
41.00	04100	SUBPROVIDER - IRF	31,506	2,677	0	1,860	8,677	41.00
43.00	04300	NURSERY	0	0	0	696	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,757	107,476	0	21,833	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,779	18,907	0	22,012	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,504	5,885	228,813	25,287	0	55.00
57.00	05700	CT SCAN	5	5,256	0	13,738	0	57.00
58.00	05800	MRI	1	286	0	3,804	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,132	17,518	0	25,594	0	59.00
60.00	06000	LABORATORY	1	5,701	0	15,532	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	918	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,788	0	5,826	0	65.00
66.00	06600	PHYSICAL THERAPY	33	1,957	0	11,400	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,250	1,156	0	4,647	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,292	2,699	0	2,014	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	459,553	0	16,166	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	725,343	0	20,878	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	191,362	20,398	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	115	0	90.01
90.02	09002	OP INSTITUTES	23,708	2,855	0	2,552	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	4,643	37	0	102	0	90.04
90.05	09005	PAIN MANAGEMENT	14,782	1,970	0	1,555	0	90.05
91.00	09100	EMERGENCY	80,420	26,161	0	12,719	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	761,916	1,480,068	420,175	256,001	72,886	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	761,916	1,480,068	420,175	256,001	72,886	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
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	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		416,185				22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,276,191	0	30.00
31.00	03100	INTENSIVE CARE UNIT				390,151	0	31.00
32.01	03201	NICU				152,372	0	32.01
41.00	04100	SUBPROVIDER - IRF				516,832	0	41.00
43.00	04300	NURSERY				39,095	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,018,191	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,107,083	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,937,691	0	55.00
57.00	05700	CT SCAN				470,277	0	57.00
58.00	05800	MRI				384,327	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,232,825	0	59.00
60.00	06000	LABORATORY				804,487	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				28,996	0	63.00
65.00	06500	RESPIRATORY THERAPY				320,645	0	65.00
66.00	06600	PHYSICAL THERAPY				3,850,104	0	66.00
69.00	06900	ELECTROCARDIOLOGY				1,501,600	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				209,366	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				733,497	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,124,314	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				400,929	0	73.00
74.00	07400	RENAL DIALYSIS				0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH				1,326	0	90.01
90.02	09002	OP INSTITUTES				635,047	0	90.02
90.03	09003	MARC				0	0	90.03
90.04	09004	BARIATRIC CLINIC				81,574	0	90.04
90.05	09005	PAIN MANAGEMENT				371,886	0	90.05
91.00	09100	EMERGENCY				970,931	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	26,559,737	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				5,274	0	190.00
190.01	19001	AUXILLARY				128,455	0	190.01
190.02	19002	FIRST MED CLINICS				193,520	0	190.02
190.03	19003	EAP				0	0	190.03
191.00	19100	RESEARCH				2,057	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
192.01	19201	NON REIMBURSEABLE COST				5,031,381	0	192.01
192.02	19202	FOUNDATION				9,904	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH				0	0	192.03
192.04	19204	OUTREACH PROGRAMS				265,295	0	192.04
192.05	19205	PHASE III REHAB				53,188	0	192.05
192.06	19206	AFFILIATES				0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS				38,059	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH				0	0	192.08
192.09	19209	RETAIL PHARMACY				3,712	0	192.09
200.00		Cross Foot Adjustments	0	416,185	0	416,185	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	416,185	0	32,706,767	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description		Total	
		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	00590	ADMINISTRATIVE AND GENERAL - SHARED	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRIDGE	6.10
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
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILLARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,031,381	192.01
192.02	19202	FOUNDATION	9,904	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	192.03
192.04	19204	OUTREACH PROGRAMS	265,295	192.04
192.05	19205	PHASE III REHAB	53,188	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	38,059	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
192.09	19209	RETAIL PHARMACY	3,712	192.09
200.00		Cross Foot Adjustments	416,185	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	32,706,767	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:

11/23/2020 10:03 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	801,276					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,575,103				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	0	88,174,600			4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	135,692	958,126	4,069,330	100		5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL	16,169	32,298	986,561	100	-51,782,896	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	112,096	242,971	1,737,703	0	0	6.00
6.01	00601	MOB I	0	0	0	0	0	6.01
6.02	00602	MOB II	0	0	0	0	0	6.02
6.03	00603	BETT MED PARK	0	0	0	0	0	6.03
6.04	00604	NW CLINICS	0	0	0	0	0	6.04
6.05	00605	CPMP I	0	0	0	0	0	6.05
6.06	00606	CPMP II	0	0	0	0	0	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,727	839	53,432	0	0	8.00
9.00	00900	HOUSEKEEPING	6,141	212,848	0	0	0	9.00
10.00	01000	DIETARY	13,831	42,248	0	0	0	10.00
11.00	01100	CAFETERIA	7,424	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,694	621,519	1,186,491	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,783	621,330	644,011	0	0	14.00
15.00	01500	PHARMACY	10,374	87,928	4,735,475	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	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	17,446	0	1,279,653	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,428	318,330	22,303,854	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,360	115,512	3,610,165	0	0	31.00
32.01	03201	NICU	2,448	24,556	1,339,566	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	18,333	647	2,223,080	0	0	41.00
43.00	04300	NURSERY	0	0	1,941,675	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,823	1,699,590	5,733,462	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,379	370,821	5,456,566	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,915	166,533	3,386,476	0	0	55.00
57.00	05700	CT SCAN	1,710	377,058	703,368	0	0	57.00
58.00	05800	MRI	5,916	233,835	260,689	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,113	730,983	1,986,352	0	0	59.00
60.00	06000	LABORATORY	18,946	125,011	3,301,435	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,901	44,592	1,615,131	0	0	65.00
66.00	06600	PHYSICAL THERAPY	68,894	136,247	9,485,768	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,693	106,695	1,647,591	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,555	61,307	513,762	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	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	178	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	37,016	0	0	90.01
90.02	09002	OP INSTITUTES	5,696	27,406	1,356,438	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	157	2,653	336,650	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	26,278	766,177	0	0	90.05
91.00	09100	EMERGENCY	21,157	181,913	5,453,862	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	775,172	7,570,074	88,151,739	100	-51,782,896	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.02	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	0	0	0	0 190.00
190.01	19001	AUXILIARY	5,995	1,096	0	0	0	0 190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	0 190.02
190.03	19003	EAP	0	0	0	0	0	0 190.03
191.00	19100	RESEARCH	100	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01	19201	NON REIMBURSEABLE COST	12,355	465	22,861	0	0	0 192.01
192.02	19202	FOUNDATION	426	1,145	0	0	0	0 192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	0 192.03
192.04	19204	OUTREACH PROGRAMS	4,494	0	0	0	0	0 192.04
192.05	19205	PHASE III REHAB	2,477	2,323	0	0	0	0 192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0 192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0 192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0 192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	0 192.09
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)	12,689,741	7,575,104	6,110,353	23,282,634		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.836916	1.000000	0.069298	232,826.340000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			45,642	3,472,510		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000518	34,725.100000		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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL	262,858,651					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,611,517	1,165,086,635				5.03
6.00	00600	MAINTENANCE & REPAIRS	9,283,006	0	534,437			6.00
6.01	00601	MOB I	564,101	0	0	39,263		6.01
6.02	00602	MOB II	622,974	0	0	0	34,028	6.02
6.03	00603	BETT MED PARK	475,367	0	0	0	0	6.03
6.04	00604	NW CLINICS	218,662	0	0	0	0	6.04
6.05	00605	CPMP I	433,080	0	0	0	0	6.05
6.06	00606	CPMP II	596,492	0	0	0	0	6.06
6.07	00607	BETT PLAZA	826,038	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,082,053	0	0	0	0	6.08
6.09	00609	53RD STREET	225,744	0	0	0	0	6.09
6.10	00610	ELDRIDGE	219,317	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,340,813	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	304,772	0	2,727	0	0	8.00
9.00	00900	HOUSEKEEPING	4,433,216	0	6,141	809	175	9.00
10.00	01000	DIETARY	275,021	0	13,831	0	0	10.00
11.00	01100	CAFETERIA	117,573	0	7,424	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,043,827	0	3,694	0	68	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,383,494	0	33,783	0	0	14.00
15.00	01500	PHARMACY	3,101,431	0	10,374	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,389,261	0	7,317	0	0	16.00
17.00	01700	SOCIAL SERVICE	305,817	0	2,866	245	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	3,337,140	0	17,446	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,168,482	99,782,031	113,428	0	68	30.00
31.00	03100	INTENSIVE CARE UNIT	5,218,809	15,327,794	2,360	0	0	31.00
32.01	03201	NICU	1,710,897	4,685,926	2,448	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	3,627,453	8,455,827	18,333	0	0	41.00
43.00	04300	NURSERY	2,577,791	3,165,092	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,412,365	99,242,869	50,823	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,720,780	100,054,392	46,379	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,110,004	114,941,575	14,915	3,474	44	55.00
57.00	05700	CT SCAN	1,793,208	62,445,851	1,710	0	0	57.00
58.00	05800	MRI	1,028,779	17,290,967	5,916	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,399,807	117,767,954	11,113	0	0	59.00
60.00	06000	LABORATORY	9,558,222	70,601,349	18,946	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,427,046	4,173,001	338	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,423,931	26,481,767	4,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,080,566	51,818,163	68,894	133	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,449,557	21,124,051	8,693	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	879,613	9,156,539	5,555	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,231,662	73,482,813	790	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,600,519	94,902,100	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,214,165	92,717,196	178	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	44,060	521,970	0	0	0	90.01
90.02	09002	OP INSTITUTES	1,918,656	11,600,137	5,696	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	439,531	463,129	157	0	0	90.04
90.05	09005	PAIN MANAGEMENT	1,033,013	7,068,340	0	0	0	90.05
91.00	09100	EMERGENCY	8,480,601	57,815,802	21,157	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	258,740,233	1,165,086,635	508,333	4,661	355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,987	0	257	0	0	190.00
190.01	19001	AUXILIARY	156,624	0	5,995	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHAR GES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	2,624	0	100	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	658,255	0	12,355	27,372	33,673	192.01
192.02	19202	FOUNDATION	11,069	0	426	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	318,204	0	4,494	7,230	0	192.04
192.05	19205	PHASE III REHAB	60,024	0	2,477	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,647,405	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	258,226	0	0	0	0	192.09
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)	51,782,896	10,307,977	11,111,749	675,228	745,699	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.196999	0.008847	20.791504	17.197565	21.914276	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,778,725	123,799	2,290,957	685,068	731,761	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014376	0.000106	4.286674	17.448183	21.504673	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
			6.03	6.04	6.05	6.06	6.07	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK	22,943					6.03
6.04	00604	NW CLINICS	0	10,225				6.04
6.05	00605	CPMP I	0	0	51,357			6.05
6.06	00606	CPMP II	0	0	0	46,854		6.06
6.07	00607	BETT PLAZA	0	0	0	0	56,557	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	26	0	49	0	0	9.00
10.00	01000	DIETARY	0	0	1,305	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	144	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,119	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	242	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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	16,914	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	12,280	1,276	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,621	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
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	141	1,645	3,078	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	6,254	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	3,384	4,048	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
			6.03	6.04	6.05	6.06	6.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	19,533	6,177	20,524	43,691	33,315	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	569,014	261,738	518,396	714,000	988,767	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.801203	25.597848	10.093970	15.238827	17.482664	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	627,739	254,946	623,099	741,102	1,034,194	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	27.360807	24.933594	12.132699	15.817262	18.285871	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE	75,097				6.08
6.09	00609	53RD STREET	0	13,636			6.09
6.10	00610	ELDRIDGE	0	0	7,560		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	534,437	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,727	8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,141	9.00
10.00	01000	DIETARY	0	0	0	13,831	10.00
11.00	01100	CAFETERIA	0	0	0	7,424	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,694	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	33,783	14.00
15.00	01500	PHARMACY	0	0	0	10,374	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,317	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,866	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	17,446	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	113,428	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,360	31.00
32.01	03201	NICU	0	0	0	2,448	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	18,333	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	50,823	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,915	55.00
57.00	05700	CT SCAN	0	0	0	1,710	57.00
58.00	05800	MRI	0	0	0	5,916	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,113	59.00
60.00	06000	LABORATORY	0	0	0	18,946	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	338	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,901	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	68,894	66.00
69.00	06900	ELECTROCARDIOLOGY	31,192	0	0	8,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,555	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	790	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	178	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	5,696	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	157	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	21,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,192	0	0	508,333	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	257	190.00
190.01	19001	AUXILLARY	0	0	0	5,995	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	100	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	12,355	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	4,494	328	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	1,295,216	270,215	262,522	2,801,951	435,807	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.247240	19.816295	34.725132	5.242809	0.332644	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,305,167	290,474	277,255	33,652	60,297	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17.379749	21.301995	36.673942	0.062967	0.046024	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	481,132					9.00
10.00	01000	DIETARY	13,831	714,606				10.00
11.00	01100	CAFETERIA	7,424	567,303	567,303			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	567,303	127,847		11.01
13.00	01300	NURSING ADMINISTRATION	3,694	0	0	2,098	1,003,834	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,783	0	0	1,928	0	14.00
15.00	01500	PHARMACY	10,374	0	0	5,465	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	0	0	2	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	17,446	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,428	134,014	0	39,791	513,968	30.00
31.00	03100	INTENSIVE CARE UNIT	2,360	13,289	0	5,180	44,510	31.00
32.01	03201	NICU	2,448	0	0	1,817	34,538	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,783	41,509	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,823	0	0	8,810	116,939	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,379	0	0	9,413	18,154	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,915	0	0	5,224	40,189	55.00
57.00	05700	CT SCAN	1,710	0	0	1,116	7	57.00
58.00	05800	MRI	5,916	0	0	428	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,113	0	0	2,821	18,619	59.00
60.00	06000	LABORATORY	18,946	0	0	6,582	1	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,901	0	0	2,696	0	65.00
66.00	06600	PHYSICAL THERAPY	68,894	0	0	13,813	44	66.00
69.00	06900	ELECTROCARDIOLOGY	8,693	0	0	2,848	10,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,555	0	0	905	1,702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	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	178	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	82	0	90.01
90.02	09002	OP INSTITUTES	5,696	0	0	2,363	31,235	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	157	0	0	667	6,117	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	1,335	19,476	90.05
91.00	09100	EMERGENCY	21,157	0	0	8,680	105,955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	481,132	714,606	567,303	127,847	1,003,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,485,320	860,138	1,101,491	1,101,491	2,605,765	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.400863	1.203653	1.941627	8.615697	2.595813	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	423,936	370,738	452,412	452,412	761,916	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.881122	0.518801	0.797479	3.538699	0.759006	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	21.00	
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	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,237,218					14.00
15.00	01500	PHARMACY	364,373	26,715,208				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,165,086,635			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	62,369		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
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,967,278	0	99,782,031	47,562	0	30.00
31.00	03100	INTENSIVE CARE UNIT	623,590	0	15,327,794	4,721	0	31.00
32.01	03201	NICU	74,425	0	4,685,926	2,661	0	32.01
41.00	04100	SUBPROVIDER - IRF	94,463	0	8,455,827	7,425	0	41.00
43.00	04300	NURSERY	0	0	3,165,092	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,793,177	0	99,242,869	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,295	0	100,054,392	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	207,695	14,548,250	114,941,575	0	0	55.00
57.00	05700	CT SCAN	185,495	0	62,445,851	0	0	57.00
58.00	05800	MRI	10,097	0	17,290,967	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	618,270	0	117,767,954	0	0	59.00
60.00	06000	LABORATORY	201,191	0	70,601,349	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,173,001	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	310,168	0	26,481,767	0	0	65.00
66.00	06600	PHYSICAL THERAPY	69,079	0	51,818,163	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	40,803	0	21,124,051	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,264	0	9,156,539	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,219,151	0	73,482,813	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,600,519	0	94,902,100	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,166,958	92,717,196	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	521,970	0	0	90.01
90.02	09002	OP INSTITUTES	100,778	0	11,600,137	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1,290	0	463,129	0	0	90.04
90.05	09005	PAIN MANAGEMENT	69,521	0	7,068,340	0	0	90.05
91.00	09100	EMERGENCY	923,296	0	57,815,802	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,237,218	26,715,208	1,165,086,635	62,369	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS	
							SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	8,922,319	4,210,084	5,564,900	481,270	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.170804	0.157591	0.004776	7.716494	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,480,068	420,175	256,001	72,886	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.028334	0.015728	0.000220	1.168625	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM - PASTORAL CARE (PATIENT DAYS)	
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			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	00590	ADMINISTRATIVE AND GENERAL - SHARED			5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL			5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS			5.03
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MOB I			6.01
6.02	00602	MOB II			6.02
6.03	00603	BETT MED PARK			6.03
6.04	00604	NW CLINICS			6.04
6.05	00605	CPMP I			6.05
6.06	00606	CPMP II			6.06
6.07	00607	BETT PLAZA			6.07
6.08	00608	HEART INSTITUTE			6.08
6.09	00609	53RD STREET			6.09
6.10	00610	ELDRIDGE			6.10
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
11.01	01101	EMPLOYEE CAFETERIA			11.01
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	33,262		22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	17,816	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,034	0	31.00
32.01	03201	NICU	1,046	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	875	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	517	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	176	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	432	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	90.05
91.00	09100	EMERGENCY	1,966	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,862	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM - PASTORAL CARE (PATIENT DAYS)	
			SERVICES-OTHER		
			PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	AUXILLARY	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,400	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	192.09
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,647,647	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	139.728429	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	416,185	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.512326	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/23/2020 10:03 am

			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	48,063,684		48,063,684	0	48,063,684	30.00
31.00	03100	INTENSIVE CARE UNIT	6,893,283		6,893,283	0	6,893,283	31.00
32.01	03201	NICU	2,345,365		2,345,365	0	2,345,365	32.01
41.00	04100	SUBPROVIDER - IRF	5,163,215		5,163,215	0	5,163,215	41.00
43.00	04300	NURSERY	3,128,731		3,128,731	0	3,128,731	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,948,621		22,948,621	0	22,948,621	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,196,116		28,196,116	0	28,196,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,891,927		28,891,927	0	28,891,927	55.00
57.00	05700	CT SCAN	3,102,496		3,102,496	0	3,102,496	57.00
58.00	05800	MRI	1,693,885		1,693,885	0	1,693,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,677,401		8,677,401	0	8,677,401	59.00
60.00	06000	LABORATORY	13,203,307		13,203,307	0	13,203,307	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,777,675		1,777,675	0	1,777,675	63.00
65.00	06500	RESPIRATORY THERAPY	3,521,880	0	3,521,880	0	3,521,880	65.00
66.00	06600	PHYSICAL THERAPY	21,656,380	0	21,656,380	0	21,656,380	66.00
69.00	06900	ELECTROCARDIOLOGY	4,143,147		4,143,147	0	4,143,147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,420,691		1,420,691	0	1,420,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,230,209		23,230,209	0	23,230,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,309,312		36,309,312	0	36,309,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,807,495		17,807,495	0	17,807,495	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	60,557		60,557	0	60,557	90.01
90.02	09002	OP INSTITUTES	2,868,403		2,868,403	0	2,868,403	90.02
90.03	09003	MARC	0		0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	560,150		560,150	0	560,150	90.04
90.05	09005	PAIN MANAGEMENT	1,516,077		1,516,077	0	1,516,077	90.05
91.00	09100	EMERGENCY	12,295,967		12,295,967	0	12,295,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,836,097		6,836,097	0	6,836,097	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	306,312,071	0	306,312,071	0	306,312,071	200.00
201.00		Less Observation Beds	6,836,097		6,836,097		6,836,097	201.00
202.00		Total (see instructions)	299,475,974	0	299,475,974	0	299,475,974	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/23/2020 10:03 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,587,608		82,587,608		30.00
31.00	03100	INTENSIVE CARE UNIT	15,327,794		15,327,794		31.00
32.01	03201	NICU	4,685,926		4,685,926		32.01
41.00	04100	SUBPROVIDER - IRF	8,455,827		8,455,827		41.00
43.00	04300	NURSERY	3,165,092		3,165,092		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,134,985	49,107,884	99,242,869	0.231237	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,369,365	88,685,027	100,054,392	0.281808	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	249,170	114,692,405	114,941,575	0.251362	0.000000
57.00	05700	CT SCAN	17,913,356	44,532,495	62,445,851	0.049683	0.000000
58.00	05800	MRI	3,268,443	14,022,524	17,290,967	0.097964	0.000000
59.00	05900	CARDIAC CATHETERIZATION	49,934,284	67,833,670	117,767,954	0.073682	0.000000
60.00	06000	LABORATORY	36,873,690	33,727,659	70,601,349	0.187012	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,078,271	1,094,730	4,173,001	0.425994	0.000000
65.00	06500	RESPIRATORY THERAPY	22,708,361	3,773,406	26,481,767	0.132993	0.000000
66.00	06600	PHYSICAL THERAPY	17,504,522	34,313,641	51,818,163	0.417930	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,296,283	12,827,768	21,124,051	0.196134	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	361,800	8,794,739	9,156,539	0.155156	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,938,535	32,544,278	73,482,813	0.316131	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,918,839	29,983,261	94,902,100	0.382598	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	66,039,943	26,677,253	92,717,196	0.192062	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	8,602	513,368	521,970	0.116016	0.000000
90.02	09002	OP INSTITUTES	70,825	11,529,312	11,600,137	0.247273	0.000000
90.03	09003	MARC	0	0	0	0.000000	0.000000
90.04	09004	BARIATRIC CLINIC	0	463,129	463,129	1.209490	0.000000
90.05	09005	PAIN MANAGEMENT	5,264	7,063,076	7,068,340	0.214488	0.000000
91.00	09100	EMERGENCY	10,259,457	47,556,345	57,815,802	0.212675	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,944,129	250,294	17,194,423	0.397576	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
200.00		Subtotal (see instructions)	535,100,371	629,986,264	1,165,086,635		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	535,100,371	629,986,264	1,165,086,635		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.01	03201	NICU				32.01
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231237			50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281808			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.251362			55.00
57.00	05700	CT SCAN	0.049683			57.00
58.00	05800	MRI	0.097964			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073682			59.00
60.00	06000	LABORATORY	0.187012			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.425994			63.00
65.00	06500	RESPIRATORY THERAPY	0.132993			65.00
66.00	06600	PHYSICAL THERAPY	0.417930			66.00
69.00	06900	ELECTROCARDIOLOGY	0.196134			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155156			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316131			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.382598			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192062			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	0.116016			90.01
90.02	09002	OP INSTITUTES	0.247273			90.02
90.03	09003	MARC	0.000000			90.03
90.04	09004	BARIATRIC CLINIC	1.209490			90.04
90.05	09005	PAIN MANAGEMENT	0.214488			90.05
91.00	09100	EMERGENCY	0.212675			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.397576			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/23/2020 10:03 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,063,684		48,063,684	0	48,063,684	30.00
31.00	03100	INTENSIVE CARE UNIT	6,893,283		6,893,283	0	6,893,283	31.00
32.01	03201	NICU	2,345,365		2,345,365	0	2,345,365	32.01
41.00	04100	SUBPROVIDER - IRF	5,163,215		5,163,215	0	5,163,215	41.00
43.00	04300	NURSERY	3,128,731		3,128,731	0	3,128,731	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,948,621		22,948,621	0	22,948,621	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,196,116		28,196,116	0	28,196,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,891,927		28,891,927	0	28,891,927	55.00
57.00	05700	CT SCAN	3,102,496		3,102,496	0	3,102,496	57.00
58.00	05800	MRI	1,693,885		1,693,885	0	1,693,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,677,401		8,677,401	0	8,677,401	59.00
60.00	06000	LABORATORY	13,203,307		13,203,307	0	13,203,307	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,777,675		1,777,675	0	1,777,675	63.00
65.00	06500	RESPIRATORY THERAPY	3,521,880	0	3,521,880	0	3,521,880	65.00
66.00	06600	PHYSICAL THERAPY	21,656,380	0	21,656,380	0	21,656,380	66.00
69.00	06900	ELECTROCARDIOLOGY	4,143,147		4,143,147	0	4,143,147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,420,691		1,420,691	0	1,420,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,230,209		23,230,209	0	23,230,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,309,312		36,309,312	0	36,309,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,807,495		17,807,495	0	17,807,495	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	60,557		60,557	0	60,557	90.01
90.02	09002	OP INSTITUTES	2,868,403		2,868,403	0	2,868,403	90.02
90.03	09003	MARC	0		0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	560,150		560,150	0	560,150	90.04
90.05	09005	PAIN MANAGEMENT	1,516,077		1,516,077	0	1,516,077	90.05
91.00	09100	EMERGENCY	12,295,967		12,295,967	0	12,295,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,836,097		6,836,097	0	6,836,097	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	306,312,071	0	306,312,071	0	306,312,071	200.00
201.00		Less Observation Beds	6,836,097		6,836,097		6,836,097	201.00
202.00		Total (see instructions)	299,475,974	0	299,475,974	0	299,475,974	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/23/2020 10:03 am

			Title XIX		Hospital	Cost		
	Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,587,608		82,587,608			30.00
31.00	03100	INTENSIVE CARE UNIT	15,327,794		15,327,794			31.00
32.01	03201	NICU	4,685,926		4,685,926			32.01
41.00	04100	SUBPROVIDER - IRF	8,455,827		8,455,827			41.00
43.00	04300	NURSERY	3,165,092		3,165,092			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,134,985	49,107,884	99,242,869	0.231237	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,369,365	88,685,027	100,054,392	0.281808	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	249,170	114,692,405	114,941,575	0.251362	0.000000	55.00
57.00	05700	CT SCAN	17,913,356	44,532,495	62,445,851	0.049683	0.000000	57.00
58.00	05800	MRI	3,268,443	14,022,524	17,290,967	0.097964	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,934,284	67,833,670	117,767,954	0.073682	0.000000	59.00
60.00	06000	LABORATORY	36,873,690	33,727,659	70,601,349	0.187012	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,078,271	1,094,730	4,173,001	0.425994	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,708,361	3,773,406	26,481,767	0.132993	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	17,504,522	34,313,641	51,818,163	0.417930	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	8,296,283	12,827,768	21,124,051	0.196134	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361,800	8,794,739	9,156,539	0.155156	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,938,535	32,544,278	73,482,813	0.316131	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,918,839	29,983,261	94,902,100	0.382598	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,039,943	26,677,253	92,717,196	0.192062	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	8,602	513,368	521,970	0.116016	0.000000	90.01
90.02	09002	OP INSTITUTES	70,825	11,529,312	11,600,137	0.247273	0.000000	90.02
90.03	09003	MARC	0	0	0	0.000000	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	463,129	463,129	1.209490	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	5,264	7,063,076	7,068,340	0.214488	0.000000	90.05
91.00	09100	EMERGENCY	10,259,457	47,556,345	57,815,802	0.212675	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,944,129	250,294	17,194,423	0.397576	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	535,100,371	629,986,264	1,165,086,635			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	535,100,371	629,986,264	1,165,086,635			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.01	03201	NICU				32.01
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	0.000000			90.01
90.02	09002	OP INSTITUTES	0.000000			90.02
90.03	09003	MARC	0.000000			90.03
90.04	09004	BARIATRIC CLINIC	0.000000			90.04
90.05	09005	PAIN MANAGEMENT	0.000000			90.05
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/23/2020 10:03 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,276,191	0	4,276,191	60,873	70.25	30.00
31.00	INTENSIVE CARE UNIT	390,151		390,151	4,721	82.64	31.00
32.01	NICU	152,372		152,372	2,661	57.26	32.01
41.00	SUBPROVIDER - IRF	516,832	0	516,832	7,425	69.61	41.00
43.00	NURSERY	39,095		39,095	3,376	11.58	43.00
200.00	Total (lines 30 through 199)	5,374,641		5,374,641	79,056		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	18,607	1,307,142				30.00
31.00	INTENSIVE CARE UNIT	2,898	239,491				31.00
32.01	NICU	0	0				32.01
41.00	SUBPROVIDER - IRF	3,913	272,384				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	25,418	1,819,017				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/23/2020 10:03 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	4,018,191	99,242,869	0.040488	21,069,623	853,067	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,107,083	100,054,392	0.021059	5,387,024	113,445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,937,691	114,941,575	0.016858	102,096	1,721	55.00
57.00	05700	CT SCAN	470,277	62,445,851	0.007531	6,453,888	48,604	57.00
58.00	05800	MRI	384,327	17,290,967	0.022227	1,855,077	41,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,232,825	117,767,954	0.010468	26,097,531	273,189	59.00
60.00	06000	LABORATORY	804,487	70,601,349	0.011395	13,640,100	155,429	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,996	4,173,001	0.006948	1,400,587	9,731	63.00
65.00	06500	RESPIRATORY THERAPY	320,645	26,481,767	0.012108	10,230,857	123,875	65.00
66.00	06600	PHYSICAL THERAPY	3,850,104	51,818,163	0.074300	4,471,055	332,199	66.00
69.00	06900	ELECTROCARDIOLOGY	1,501,600	21,124,051	0.071085	4,467,562	317,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	209,366	9,156,539	0.022865	175,006	4,002	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	733,497	73,482,813	0.009982	19,708,604	196,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,124,314	94,902,100	0.011847	31,409,478	372,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	400,929	92,717,196	0.004324	24,881,760	107,589	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	1,326	521,970	0.002540	735	2	90.01
90.02	09002	OP INSTITUTES	635,047	11,600,137	0.054745	68,331	3,741	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	81,574	463,129	0.176137	0	0	90.04
90.05	09005	PAIN MANAGEMENT	371,886	7,068,340	0.052613	4,962	261	90.05
91.00	09100	EMERGENCY	970,931	57,815,802	0.016794	5,417,193	90,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	608,201	17,194,423	0.035372	4,046,136	143,120	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	21,793,297	1,050,864,388		180,887,605	3,188,600	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0033		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/23/2020 10:03 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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.01	03201	NICU	0	0	0	0	0	0	32.01		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	60,873	0.00	18,607		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	4,721	0.00	2,898		31.00		
32.01	03201	NICU	0	0	2,661	0.00	0		32.01		
41.00	04100	SUBPROVIDER - IRF	0	0	7,425	0.00	3,913		41.00		
43.00	04300	NURSERY	0	0	3,376	0.00	0		43.00		
200.00	Total (lines 30 through 199)		0	0	79,056		25,418		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
32.01	03201	NICU	0								32.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0033		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/23/2020 10:03 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 16-0033		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/23/2020 10:03 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	99,242,869	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100,054,392	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	114,941,575	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	62,445,851	0.000000	57.00
58.00	05800	MRI	0	0	0	17,290,967	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	117,767,954	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	70,601,349	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,173,001	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	26,481,767	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	51,818,163	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	21,124,051	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,156,539	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	73,482,813	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	94,902,100	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,717,196	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	521,970	0.000000	90.01
90.02	09002	OP INSTITUTES	0	0	0	11,600,137	0.000000	90.02
90.03	09003	MARC	0	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	463,129	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	7,068,340	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	57,815,802	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,194,423	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,050,864,388		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	21,069,623	0	10,973,286	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,387,024	0	23,520,206	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	102,096	0	44,632,362	0	55.00
57.00	05700	CT SCAN	0.000000	6,453,888	0	12,295,758	0	57.00
58.00	05800	MRI	0.000000	1,855,077	0	2,602,747	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	26,097,531	0	31,411,421	0	59.00
60.00	06000	LABORATORY	0.000000	13,640,100	0	7,237,638	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,400,587	0	349,805	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	10,230,857	0	971,086	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,471,055	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,467,562	0	3,658,763	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	175,006	0	2,148,345	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	19,708,604	0	11,205,493	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	31,409,478	0	12,069,191	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	24,881,760	0	6,563,729	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0.000000	735	0	128,674	0	90.01
90.02	09002	OP INSTITUTES	0.000000	68,331	0	6,376,425	0	90.02
90.03	09003	MARC	0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0.000000	0	0	30,242	0	90.04
90.05	09005	PAIN MANAGEMENT	0.000000	4,962	0	1,990,991	0	90.05
91.00	09100	EMERGENCY	0.000000	5,417,193	0	6,576,742	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,046,136	0	6,528	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		180,887,605	0	184,749,432	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/23/2020 10:03 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	0.231237	10,973,286	3,322	0	2,537,430	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281808	23,520,206	188	0	6,628,182	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.251362	44,632,362	0	0	11,218,880	55.00
57.00	05700	CT SCAN	0.049683	12,295,758	0	0	610,890	57.00
58.00	05800	MRI	0.097964	2,602,747	0	0	254,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073682	31,411,421	0	0	2,314,456	59.00
60.00	06000	LABORATORY	0.187012	7,237,638	163	0	1,353,525	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.425994	349,805	0	0	149,015	63.00
65.00	06500	RESPIRATORY THERAPY	0.132993	971,086	0	0	129,148	65.00
66.00	06600	PHYSICAL THERAPY	0.417930	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.196134	3,658,763	0	0	717,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155156	2,148,345	0	0	333,329	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316131	11,205,493	0	0	3,542,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.382598	12,069,191	1,594	0	4,617,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192062	6,563,729	494	67,013	1,260,643	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0.116016	128,674	0	0	14,928	90.01
90.02	09002	OP INSTITUTES	0.247273	6,376,425	0	0	1,576,718	90.02
90.03	09003	MARC	0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1.209490	30,242	0	0	36,577	90.04
90.05	09005	PAIN MANAGEMENT	0.214488	1,990,991	0	0	427,044	90.05
91.00	09100	EMERGENCY	0.212675	6,576,742	0	0	1,398,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.397576	6,528	0	0	2,595	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		184,749,432	5,761	67,013	39,124,705	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		184,749,432	5,761	67,013	39,124,705	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/23/2020 10:03 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	768	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	30	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	610	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95	12,871		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	0		90.01
90.02	09002	OP INSTITUTES	0	0		90.02
90.03	09003	MARC	0	0		90.03
90.04	09004	BARIATRIC CLINIC	0	0		90.04
90.05	09005	PAIN MANAGEMENT	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,556	12,871		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,556	12,871		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/23/2020 10:03 am		
				Component CCN: 16-T033				
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,018,191	99,242,869	0.040488	18,005	729	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,107,083	100,054,392	0.021059	129,785	2,733	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,937,691	114,941,575	0.016858	7,670	129	55.00
57.00	05700	CT SCAN	470,277	62,445,851	0.007531	159,352	1,200	57.00
58.00	05800	MRI	384,327	17,290,967	0.022227	67,984	1,511	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,232,825	117,767,954	0.010468	0	0	59.00
60.00	06000	LABORATORY	804,487	70,601,349	0.011395	652,808	7,439	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,996	4,173,001	0.006948	3,840	27	63.00
65.00	06500	RESPIRATORY THERAPY	320,645	26,481,767	0.012108	17,136	207	65.00
66.00	06600	PHYSICAL THERAPY	3,850,104	51,818,163	0.074300	4,333,146	321,953	66.00
69.00	06900	ELECTROCARDIOLOGY	1,501,600	21,124,051	0.071085	35,603	2,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	209,366	9,156,539	0.022865	4,706	108	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	733,497	73,482,813	0.009982	144,692	1,444	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,124,314	94,902,100	0.011847	4,322	51	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	400,929	92,717,196	0.004324	1,524,405	6,592	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	1,326	521,970	0.002540	0	0	90.01
90.02	09002	OP INSTITUTES	635,047	11,600,137	0.054745	1,565	86	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	81,574	463,129	0.176137	0	0	90.04
90.05	09005	PAIN MANAGEMENT	371,886	7,068,340	0.052613	0	0	90.05
91.00	09100	EMERGENCY	970,931	57,815,802	0.016794	48,516	815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,194,423	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	21,185,096	1,050,864,388		7,153,535	347,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/23/2020 10:03 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES		0	0	0	0	0	90.02
90.03	09003	MARC		0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC		0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT		0	0	0	0	0	90.05
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 16-0033 Component CCN: 16-T033		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/23/2020 10:03 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	99,242,869	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100,054,392	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	114,941,575	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	62,445,851	0.000000	57.00
58.00	05800	MRI	0	0	0	17,290,967	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	117,767,954	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	70,601,349	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,173,001	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	26,481,767	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	51,818,163	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	21,124,051	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,156,539	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	73,482,813	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	94,902,100	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,717,196	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	521,970	0.000000	90.01
90.02	09002	OP INSTITUTES	0	0	0	11,600,137	0.000000	90.02
90.03	09003	MARC	0	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	463,129	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	7,068,340	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	57,815,802	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,194,423	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,050,864,388		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/23/2020 10:03 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	18,005	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	129,785	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	7,670	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	159,352	0	0	0	57.00
58.00	05800	MRI		0.000000	67,984	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	652,808	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	3,840	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	17,136	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	4,333,146	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	35,603	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,706	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	144,692	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,322	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,524,405	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0.000000	0	0	0	0	90.01
90.02	09002	OP INSTITUTES		0.000000	1,565	0	0	0	90.02
90.03	09003	MARC		0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT		0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY		0.000000	48,516	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			7,153,535	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/23/2020 10:03 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.231237	0	0	0	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281808	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.251362	0	0	0	0 55.00
57.00	05700 CT SCAN	0.049683	0	0	0	0 57.00
58.00	05800 MRI	0.097964	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073682	0	0	0	0 59.00
60.00	06000 LABORATORY	0.187012	0	0	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.425994	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.132993	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.417930	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.196134	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.155156	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316131	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.382598	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192062	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH	0.116016	0	0	0	0 90.01
90.02	09002 OP INSTITUTES	0.247273	0	0	0	0 90.02
90.03	09003 MARC	0.000000	0	0	0	0 90.03
90.04	09004 BARIATRIC CLINIC	1.209490	0	0	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.214488	0	0	0	0 90.05
91.00	09100 EMERGENCY	0.212675	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.397576	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		0 95.00
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/23/2020 10:03 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/23/2020 10:03 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)		60,873	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,873	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		52,215	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		18,607	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)		48,063,684	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)		48,063,684	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)		48,063,684	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)		789.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,691,529	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)		14,691,529	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0033

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

Worksheet D-1

Date/Time Prepared:
11/23/2020 10:03 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,893,283	4,721	1,460.13	2,898	4,231,457
44.00	CORONARY CARE UNIT					
44.01	NICU	2,345,365	2,661	881.38	0	0
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)					41,926,600
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,849,586
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,546,633
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,188,600
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,735,233
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,114,353
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					8,658
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					789.57
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,836,097

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0033

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

Worksheet D-1

Date/Time Prepared:
11/23/2020 10:03 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	4,276,191	48,063,684	0.088969	6,836,097	608,201	90.00
91.00	Nursing School cost	0	48,063,684	0.000000	6,836,097	0	91.00
92.00	Allied health cost	0	48,063,684	0.000000	6,836,097	0	92.00
93.00	All other Medical Education	0	48,063,684	0.000000	6,836,097	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/23/2020 10:03 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,425	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,425	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)		7,425	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)		3,913	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)		5,163,215	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)		5,163,215	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)		5,163,215	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)		695.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,721,022	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)		2,721,022	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/23/2020 10:03 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
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)					2,352,786	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,073,808	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)					272,384	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					347,555	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					619,939	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,453,869	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: 16-0033 Component CCN: 16-T033		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/23/2020 10:03 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	516,832	5,163,215	0.100099	0	0	90.00
91.00	Nursing School cost	0	5,163,215	0.000000	0	0	91.00
92.00	Allied health cost	0	5,163,215	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,163,215	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/23/2020 10:03 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		26,853,021		30.00
31.00	03100	INTENSIVE CARE UNIT		6,689,367		31.00
32.01	03201	NICU		0		32.01
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231237	21,069,623	4,872,076	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281808	5,387,024	1,518,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.251362	102,096	25,663	55.00
57.00	05700	CT SCAN	0.049683	6,453,888	320,649	57.00
58.00	05800	MRI	0.097964	1,855,077	181,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073682	26,097,531	1,922,918	59.00
60.00	06000	LABORATORY	0.187012	13,640,100	2,550,862	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.425994	1,400,587	596,642	63.00
65.00	06500	RESPIRATORY THERAPY	0.132993	10,230,857	1,360,632	65.00
66.00	06600	PHYSICAL THERAPY	0.417930	4,471,055	1,868,588	66.00
69.00	06900	ELECTROCARDIOLOGY	0.196134	4,467,562	876,241	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155156	175,006	27,153	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316131	19,708,604	6,230,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.382598	31,409,478	12,017,203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192062	24,881,760	4,778,841	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	0.116016	735	85	90.01
90.02	09002	OP INSTITUTES	0.247273	68,331	16,896	90.02
90.03	09003	MARC	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1.209490	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.214488	4,962	1,064	90.05
91.00	09100	EMERGENCY	0.212675	5,417,193	1,152,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.397576	4,046,136	1,608,647	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		180,887,605	41,926,600	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		180,887,605		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/23/2020 10:03 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.01	03201 NICU		0		32.01
41.00	04100 SUBPROVIDER - IRF		4,505,404		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.231237	18,005	4,163	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281808	129,785	36,574	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.251362	7,670	1,928	55.00
57.00	05700 CT SCAN	0.049683	159,352	7,917	57.00
58.00	05800 MRI	0.097964	67,984	6,660	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073682	0	0	59.00
60.00	06000 LABORATORY	0.187012	652,808	122,083	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.425994	3,840	1,636	63.00
65.00	06500 RESPIRATORY THERAPY	0.132993	17,136	2,279	65.00
66.00	06600 PHYSICAL THERAPY	0.417930	4,333,146	1,810,952	66.00
69.00	06900 ELECTROCARDIOLOGY	0.196134	35,603	6,983	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.155156	4,706	730	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316131	144,692	45,742	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.382598	4,322	1,654	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192062	1,524,405	292,780	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0.116016	0	0	90.01
90.02	09002 OP INSTITUTES	0.247273	1,565	387	90.02
90.03	09003 MARC	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	1.209490	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.214488	0	0	90.05
91.00	09100 EMERGENCY	0.212675	48,516	10,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.397576	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,153,535	2,352,786	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		7,153,535		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/23/2020 10:03 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		14,849,323	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		38,857,715	1.02	
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03	
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04	
2.00	Outlier payments for discharges. (see instructions)			2.00	
2.01	Outlier reconciliation amount		0	2.01	
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02	
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		272,566	2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		791,140	2.04	
3.00	Managed Care Simulated Payments		22,877,758	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		287.34	4.00	
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		11.57	5.00	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00	
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01	
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02	
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.99	10.00	
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00	
12.00	Current year allowable FTE (see instructions)		11.57	12.00	
13.00	Total allowable FTE count for the prior year.		11.57	13.00	
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57	14.00	
15.00	Sum of lines 12 through 14 divided by 3.		11.57	15.00	
16.00	Adjustment for residents in initial years of the program		0.00	16.00	
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00	
18.00	Adjusted rolling average FTE count		11.57	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.040266	19.00	
20.00	Prior year resident to bed ratio (see instructions)		0.042449	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.040266	21.00	
22.00	IME payment adjustment (see instructions)		1,168,504	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)		497,751	22.01	
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		3.08	23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)		4.42	24.00	
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.08	25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)		0.010719	26.00	
27.00	IME payments adjustment factor. (see instructions)		0.002856	27.00	
28.00	IME add-on adjustment amount (see instructions)		153,387	28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)		65,339	28.01	
29.00	Total IME payment (sum of lines 22 and 28)		1,321,891	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		563,090	29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.42	30.00	
31.00	Percentage of Medicaid patient days (see instructions)		27.31	31.00	
32.00	Sum of lines 30 and 31		32.73	32.00	
33.00	Allowable disproportionate share percentage (see instructions)		16.22	33.00	
34.00	Disproportionate share adjustment (see instructions)		2,177,820	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/23/2020 10:03 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,969,892	1,447,700		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	496,521	1,083,797		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,580,318			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	59,850,773			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		60,413,863	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,764,293	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		599,487	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		3,770	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		65,781,413	59.00	
60.00	Primary payer payments		101,951	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		65,679,462	61.00	
62.00	Deductibles billed to program beneficiaries		5,118,153	62.00	
63.00	Coinsurance billed to program beneficiaries		112,959	63.00	
64.00	Allowable bad debts (see instructions)		387,861	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		252,110	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		242,583	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,700,460	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	MISC		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-62,930	70.93	
70.94	HRR adjustment amount (see instructions)		-423,970	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/23/2020 10:03 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		60,213,560	71.00
71.01	Sequestration adjustment (see instructions)		1,005,566	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		58,621,782	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		586,212	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/23/2020 10:03 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,427	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,124,705	2.00
3.00	OPPS payments		38,298,002	3.00
4.00	Outlier payment (see instructions)		161,596	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)		14,427	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		72,774	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)		72,774	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)		72,774	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,347	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		14,427	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)		38,459,598	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		204,992	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,443,786	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)		31,825,247	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		356,300	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		32,181,547	30.00
31.00	Primary payer payments		18,763	31.00
32.00	Subtotal (line 30 minus line 31)		32,162,784	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)		311,641	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		202,567	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		220,307	36.00
37.00	Subtotal (see instructions)		32,365,351	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		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)		32,365,351	40.00
40.01	Sequestration adjustment (see instructions)		540,501	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		31,780,908	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)		43,942	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/23/2020 10:03 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/23/2020 10:03 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		58,621,782		31,780,908	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)		58,621,782		31,780,908	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		586,212		43,942	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		59,207,994		31,824,850	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:

Worksheet E-1

Component CCN: 16-T033

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/23/2020 10:03 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,133,338		0	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)		6,133,338		0	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		78,791		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,212,129		0	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: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/23/2020 10:03 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: 16-0033 Component CCN: 16-T033	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/23/2020 10:03 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			5,920,449 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0320 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			339,834 3.00
4.00	Outlier Payments			170,373 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			20.286885 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,430,656 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,430,656 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,430,656 19.00
20.00	Deductibles			60,896 20.00
21.00	Subtotal (line 19 minus line 20)			6,369,760 21.00
22.00	Coinsurance			54,208 22.00
23.00	Subtotal (line 21 minus line 22)			6,315,552 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,201 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,081 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,201 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,317,633 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	MISC			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,317,633 32.00
32.01	Sequestration adjustment (see instructions)			105,504 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,133,338 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			78,791 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			170,373 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/23/2020 10:03 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.			15.51	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			2.71	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)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.99	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	15.99	0.00	15.99	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.	12.80	0.00	12.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	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	12.80	0.00		17.00
18.00	Per resident amount	143,194.59	139,749.02		18.00
19.00	Approved amount for resident costs	1,832,891	0	1,832,891	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)			3.19	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,832,891	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)	25,418	11,100		26.00
27.00	Total Inpatient Days (see instructions)	67,022	67,022		27.00
28.00	Ratio of inpatient days to total inpatient days	0.379249	0.165617		28.00
29.00	Program direct GME amount	695,122	303,558	998,680	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		42,893	42,893	30.00
31.00	Net Program direct GME amount			955,787	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/23/2020 10:03 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)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			65,923,394	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)			101,951	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			65,821,443	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			39,139,132	42.00
43.00	Primary payer payments (see instructions)			18,763	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			39,120,369	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			104,941,812	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.627218	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.372782	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			955,787	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			599,487	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			356,300	50.00

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

Provider CCN: 16-0033

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

Worksheet G

Date/Time Prepared:
11/23/2020 10:03 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	11,474,778	0	0	0	1.00
2.00	Temporary investments	20,384,637	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	138,009,036	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-93,892,722	0	0	0	6.00
7.00	Inventory	12,375,820	0	0	0	7.00
8.00	Prepaid expenses	1,997,835	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	90,349,384	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,502,917	0	0	0	12.00
13.00	Land improvements	20,293,338	0	0	0	13.00
14.00	Accumulated depreciation	-15,451,970	0	0	0	14.00
15.00	Buildings	338,567,951	0	0	0	15.00
16.00	Accumulated depreciation	-166,324,165	0	0	0	16.00
17.00	Leasehold improvements	14,633,612	0	0	0	17.00
18.00	Accumulated depreciation	-14,322,824	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	197,912,473	0	0	0	23.00
24.00	Accumulated depreciation	-171,159,280	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)	212,652,052	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	386,670,967	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	766,523	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	387,437,490	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	690,438,926	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,771,936	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,037,621	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,500,000	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	4,179,025	0	0	0	43.00
44.00	Other current liabilities	54,569,176	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	92,057,758	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	145,670,710	0	0	0	47.00
48.00	Unsecured loans	148,153	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	145,818,863	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	237,876,621	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	452,562,305				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)	452,562,305	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	690,438,926	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0033

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

Worksheet G-1

Date/Time Prepared:
11/23/2020 10:03 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		438,851,856		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		15,199,161				2.00
3.00	Total (sum of line 1 and line 2)		454,051,017		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		454,051,017		0		11.00
12.00	NONOPERATING	1,488,712		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)		1,488,712		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		452,562,305		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NONOPERATING		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: 16-0033

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2020 10:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,703,408		78,703,408	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	9,172,423		9,172,423	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)	87,875,831		87,875,831	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,909,453		15,909,453	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	4,718,080		4,718,080	12.01
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)	20,627,533		20,627,533	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	108,503,364		108,503,364	17.00
18.00	Ancillary services	312,679,513	520,598,155	833,277,668	18.00
19.00	Outpatient services	0	77,469,378	77,469,378	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	100,888,776	64,273,861	165,162,637	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	522,071,653	662,341,394	1,184,413,047	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		352,147,029		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)		352,147,029		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0033

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

Worksheet G-3

Date/Time Prepared:
11/23/2020 10:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,184,413,047	1.00
2.00	Less contractual allowances and discounts on patients' accounts	838,929,998	2.00
3.00	Net patient revenues (line 1 minus line 2)	345,483,049	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	352,147,029	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,663,980	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,744,454	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	391,545	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	127,942	14.00
15.00	Revenue from rental of living quarters	813,748	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 REVENUE	1,782,590	24.00
24.01	OUTREACH REVENUE	4,095,308	24.01
24.02	MISCELLANEOUS REVENUE	1,118,776	24.02
24.03	GRANT REVENUE	65,820	24.03
24.04	INTEREST INCOME - RELATED	214,895	24.04
24.05	SPONSOR REVENUE	4,099	24.05
24.50	COVID-19 PHE Funding	7,852,138	24.50
25.00	Total other income (sum of lines 6-24)	22,211,315	25.00
26.00	Total (line 5 plus line 25)	15,547,335	26.00
27.00	COGS	348,174	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	348,174	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,199,161	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0033	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/23/2020 10:03 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,275,780	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		86,590	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		164.16	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.55	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		109,032	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.31	8.00
9.00	Sum of lines 7 and 8		32.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.85	10.00
11.00	Disproportionate share adjustment (see instructions)		292,891	11.00
12.00	Total prospective capital payments (see instructions)		4,764,293	12.00
1.00				
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
1.00				
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00