

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: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 6/29/2020 Time: 8:29 am	
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 IU HEALTH NORTH HOSPITAL (15-0161) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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) CARA BREIDSTER
Officer or Administrator of Provider(s)

CFO
Title

(Dated when report is electronically signed.)
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-181,751	5,638	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
200.00 Total	0	-181,751	5,638	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: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11700 NORTH MERIDIAN ST		PO Box:						1.00		
2.00	City: CARMEL		State: IN		Zip Code: 46032-4656		County: HAMILTON		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2019	12/31/2019		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 days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,546	1,742	3	9	4,468	21		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 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.	0	0	0	0	0			25.00	
						Urban/Rural	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	XVII	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		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N			60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 am	
			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	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.		N	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.		N	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.		N	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.		N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 am	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	370,109		0	0	118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.05	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 am	
		1.00	2.00				
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	15H059			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:29 am	
			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. 1, 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)		Y	834	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:29 am		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/20/2020	4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
			Y/N			
			1.00			
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		
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	04/01/2020	Y	04/01/2020	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		
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: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:29 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 relieved 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			Y	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			N	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.			N	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.			Y	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.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-2
Part II
Date/Time Prepared:
6/29/2020 8:29 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.	DIRECTOR OF GOVERNMENT PROGRAMS	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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,190	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		149				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)		12	4,380			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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	7,390	1,266	23,059			1.00
2.00 HMO and other (see instructions)	3,103	5,418				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,390	1,266	23,059			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	103	973			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	0	5,170			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		981	4,605			13.00
14.00 Total (see instructions)	7,390	2,350	33,807	0.00	885.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			133			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	885.15	27.00
28.00 Observation Bed Days		45	1,998			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	21	1,819			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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:29 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
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	1,789	139	9,707	1.00
2.00 HMO and other (see instructions)				668	903		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,789		139	9,707	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:29 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	59,992,120	-286,846	59,705,274	1,831,582.58	32.60
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		282,270	0	282,270	1,080.90	261.14
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,382,570	-6,971	1,375,599	49,518.75	27.78
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,982,134	0	1,982,134	29,541.64	67.10
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		419,923	0	419,923	2,740.54	153.23
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		26,535,097	0	26,535,097	419,441.24	63.26
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)		15,961,615	0	15,961,615		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		418,242	0	418,242		
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		23,948	0	23,948		
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)		9,100,088	0	9,100,088		
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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:29 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
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	528,915	-387	528,528	12,394.03	42.64	26.00
27.00	Administrative & General	5,787,494	-2,911	5,784,583	87,371.39	66.21	27.00
28.00	Administrative & General under contract (see inst.)	260,396	0	260,396	1,722.39	151.18	28.00
29.00	Maintenance & Repairs	2,077,319	-6,804	2,070,515	64,598.16	32.05	29.00
30.00	Operation of Plant	1,071,310	-1,558	1,069,752	39,582.46	27.03	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,364,447	-17,271	1,347,176	87,534.31	15.39	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	731,472	-2,430	729,042	43,679.23	16.69	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	1,199,051	-10,012	1,189,039	63,939.98	18.60	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,934,473	-3,332	2,931,141	71,638.56	40.92	38.00
39.00	Central Services and Supply	886,428	-3,266	883,162	42,350.07	20.85	39.00
40.00	Pharmacy	2,581,815	-734	2,581,081	56,535.54	45.65	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	421,006	-8,886	412,120	11,149.77	36.96	42.00
43.00	Other General Service	172,853	0	172,853	11,900.90	14.52	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part III
Date/Time Prepared:
6/29/2020 8:29 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	60,252,516	-286,846	59,965,670	1,833,304.97	32.71	1.00
2.00	Excluded area salaries (see instructions)	1,382,570	-6,971	1,375,599	49,518.75	27.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,869,946	-279,875	58,590,071	1,783,786.22	32.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,937,154	0	28,937,154	451,723.42	64.06	4.00
5.00	Subtotal wage-related costs (see inst.)	25,085,651	0	25,085,651	0.00	42.82	5.00
6.00	Total (sum of lines 3 thru 5)	112,892,751	-279,875	112,612,876	2,235,509.64	50.37	6.00
7.00	Total overhead cost (see instructions)	20,016,979	-57,591	19,959,388	594,396.79	33.58	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2020 8:29 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,176,686 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)			0 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)			9,587,998 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			272,412 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			24,198 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)			323,491 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			4,619 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			4,212,889 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			56,140 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			16,658,433 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 6/29/2020 8:29 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,982,134	16,658,433	1.00
2.00	Hospital	1,982,134	16,658,433	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/29/2020 8:29 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)		0.218980	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,551,890	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?			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		86,780,648	6.00	
7.00	Medicaid cost (line 1 times line 6)		19,003,226	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)		11,451,336	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,451,336	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)	7,454,652	506,206	7,960,858	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,632,420	506,206	2,138,626	21.00
22.00	Payments received from patients for amounts previously written off as charity care	17,149	0	17,149	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,615,271	506,206	2,121,477	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,746,817	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		169,639	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		260,983	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		8,485,834	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,949,572	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,071,049	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,522,385	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,722,657	9,722,657	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	12,816,024	12,816,024	1.01
1.02	00102	MOB LEASED SPACE		0	0	1,058,743	1,058,743	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,378,901	5,378,901	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	528,915	661,589	1,190,504	10,382,548	11,573,052	4.00
5.01	00540	NONPATIENT TELEPHONES	0	12,584	12,584	-4,169	8,415	5.01
5.02	00550	DATA PROCESSING	0	3,897	3,897	-3,897	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	134,238	134,238	-31,059	103,179	5.03
5.04	00570	ADMINISTRATIVE	600,030	1,359,977	1,960,007	-809,285	1,150,722	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5,187,464	65,985,928	71,173,392	-22,067,442	49,105,950	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,077,319	5,238,432	7,315,751	-644,749	6,671,002	6.00
7.00	00700	OPERATION OF PLANT	1,071,310	2,679,069	3,750,379	-238,976	3,511,403	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	132,725	132,725	0	132,725	8.00
9.00	00900	HOUSEKEEPING	1,364,447	4,422,302	5,786,749	-471,694	5,315,055	9.00
10.00	01000	DIETARY	731,472	553,753	1,285,225	-188,710	1,096,515	10.00
11.00	01100	CAFETERIA	1,199,051	2,081,733	3,280,784	-416,840	2,863,944	11.00
13.00	01300	NURSING ADMINISTRATION	2,934,473	825,843	3,760,316	-460,464	3,299,852	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	886,428	2,038,285	2,924,713	7,121,468	10,046,181	14.00
15.00	01500	PHARMACY	2,581,815	4,315,953	6,897,768	-3,659,694	3,238,074	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,754	7,754	0	7,754	16.00
17.00	01700	SOCIAL SERVICE	421,006	284,572	705,578	-87,566	618,012	17.00
18.00	01850	PATIENT TRANSPORTATION	172,853	65,018	237,871	-48,936	188,935	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,627,552	10,243,253	22,870,805	-4,808,239	18,062,566	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	998,807	961,397	1,960,204	-275,916	1,684,288	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,804,669	1,642,652	4,447,321	-673,831	3,773,490	34.02
43.00	04300	NURSERY	0	0	0	1,134,711	1,134,711	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,115,047	21,582,883	25,697,930	-20,215,294	5,482,636	50.00
51.00	05100	RECOVERY ROOM	2,027,590	863,494	2,891,084	-666,378	2,224,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,017,705	3,025,681	6,043,386	-1,779,982	4,263,404	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,441,776	4,168,600	7,610,376	-2,653,257	4,957,119	54.00
56.00	05600	RADIOISOTOPE	257,432	215,864	473,296	-190,479	282,817	56.00
60.00	06000	LABORATORY	681,982	7,080,505	7,762,487	-129,779	7,632,708	60.00
65.00	06500	RESPIRATORY THERAPY	1,815,571	912,933	2,728,504	-761,324	1,967,180	65.00
66.00	06600	PHYSICAL THERAPY	2,784,779	1,361,029	4,145,808	-859,457	3,286,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	297,054	69,422	366,476	-45,905	320,571	67.00
68.00	06800	SPEECH PATHOLOGY	77,481	25,184	102,665	-18,535	84,130	68.00
69.00	06900	ELECTROCARDIOLOGY	351,096	570,654	921,750	-305,160	616,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,853	434,556	575,409	-71,769	503,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,492,072	5,492,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,753,889	9,753,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,123,120	4,123,120	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,138,891	3,288,903	4,427,794	-2,882,112	1,545,682	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,274,682	1,754,172	4,028,854	-804,203	3,224,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,609,550	149,004,834	207,614,384	709,032	208,323,416	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	319,026	1,397,270	1,716,296	-228,749	1,487,547	192.01
192.02	19202	CHILD BIRTH EDUCATION	95,939	65,067	161,006	13	161,019	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	48,347	48,347	-48,347	0	192.04
192.05	19205	PHYSICIAN PRACTICE	967,605	1,248,303	2,215,908	-431,949	1,783,959	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	59,992,120	151,763,821	211,755,941	0	211,755,941	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,323,138	8,399,519	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	116,872	12,932,896	1.01
1.02	00102	MOB LEASED SPACE	-767,592	291,151	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,089,280	6,468,181	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,592,184	14,165,236	4.00
5.01	00540	NONPATIENT TELEPHONES	0	8,415	5.01
5.02	00550	DATA PROCESSING	7,187,088	7,187,088	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	918,173	1,021,352	5.03
5.04	00570	ADMITTING	1,530,144	2,680,866	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-25,618,063	23,487,887	5.05
6.00	00600	MAINTENANCE & REPAIRS	-1,418,651	5,252,351	6.00
7.00	00700	OPERATION OF PLANT	-212,533	3,298,870	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	132,725	8.00
9.00	00900	HOUSEKEEPING	0	5,315,055	9.00
10.00	01000	DIETARY	-12,889	1,083,626	10.00
11.00	01100	CAFETERIA	-1,618,772	1,245,172	11.00
13.00	01300	NURSING ADMINISTRATION	-326,463	2,973,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-111,149	9,935,032	14.00
15.00	01500	PHARMACY	-101,111	3,136,963	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,754	16.00
17.00	01700	SOCIAL SERVICE	0	618,012	17.00
18.00	01850	PATIENT TRANSPORTATION	-57,397	131,538	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,547,543	13,515,023	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-568,343	1,115,945	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-639,395	3,134,095	34.02
43.00	04300	NURSERY	0	1,134,711	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-810,507	4,672,129	50.00
51.00	05100	RECOVERY ROOM	-186	2,224,520	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,216,723	3,046,681	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-651,110	4,306,009	54.00
56.00	05600	RADIO SOTOPE	0	282,817	56.00
60.00	06000	LABORATORY	0	7,632,708	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,967,180	65.00
66.00	06600	PHYSICAL THERAPY	-40,403	3,245,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	320,571	67.00
68.00	06800	SPEECH PATHOLOGY	-1,108	83,022	68.00
69.00	06900	ELECTROCARDIOLOGY	0	616,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	503,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,492,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,753,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,123,120	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,545,682	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-663,056	2,561,595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,272,391	181,051,025	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	1,487,547	192.01
192.02	19202	CHILD BIRTH EDUCATION	-48,939	112,080	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-574,159	-574,159	192.04
192.05	19205	PHYSICIAN PRACTICE	0	1,783,959	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,895,489	183,860,452	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,842,449		1.00
2.00	MOB LEASED SPACE	1.02	0	1,058,743		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	209,636		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
	0		0	3,110,828		
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,880,208		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,169,265		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
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	13,049,473		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,444,020		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
23.00	0.00	0	0			23.00
24.00	0.00	0	0			24.00
25.00	0.00	0	0			25.00
26.00	0.00	0	0			26.00
27.00	0.00	0	0			27.00
28.00	0.00	0	0			28.00
29.00	0.00	0	0			29.00
30.00	0.00	0	0			30.00
31.00	0.00	0	0			31.00
32.00	0.00	0	0			32.00
33.00	0.00	0	0			33.00
0		0	10,444,020			
D - INTEREST						
1.00	NEW CAP REL COSTS-INTEREST	1.01		12,816,024		1.00
0				12,816,024		
E - LABOR AND DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	281,344	31,379		1.00
2.00	NURSERY	43.00	20,501	2,286		2.00
0			301,845	33,665		
F - MARKETING						
1.00	CHILD BIRTH EDUCATION	192.02		5,966		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
0			0	5,966		
G - NURSERY						
1.00	NURSERY	43.00	978,771	133,153		1.00
0			978,771	133,153		
H - FMLA						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	387		1.00
2.00	ADMINISTRATIVE	5.04	0	2,911		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	6,804		3.00
4.00	OPERATION OF PLANT	7.00	0	1,558		4.00
5.00	HOUSEKEEPING	9.00	0	17,271		5.00
6.00	DIETARY	10.00	0	2,430		6.00
7.00	CAFETERIA	11.00	0	10,012		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,332		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,266		9.00
10.00	PHARMACY	15.00	0	734		10.00
11.00	SOCIAL SERVICE	17.00	0	8,886		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	64,525		12.00
13.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	9,667		13.00
14.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	21,925		14.00
15.00	OPERATING ROOM	50.00	0	13,602		15.00
16.00	RECOVERY ROOM	51.00	0	20,752		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,481		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,265		18.00
19.00	LABORATORY	60.00	0	389		19.00
20.00	RESPIRATORY THERAPY	65.00	0	12,378		20.00
21.00	PHYSICAL THERAPY	66.00	0	24,255		21.00
22.00	EMERGENCY	91.00	0	14,045		22.00
23.00	OTHER NON-REIMBURSABLE	192.01	0	626		23.00
24.00	PHYSICIAN PRACTICE	192.05	0	6,345		24.00
0			0	286,846		
J - BILLABLE SUPPLIES						
1.00	HOUSEKEEPING	9.00	0	2,581		1.00
2.00	NURSING ADMINISTRATION	13.00	0	526		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,492,072		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	0		0	5,495,179	
K - NON-BILLABLE SUPPLIES					
1.00	DATA PROCESSING	5.02		756	1.00
2.00	OPERATION OF PLANT	7.00		734	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		8,161,597	3.00
4.00	OTHER NON-REIMBURSABLE	192.01		209	4.00
5.00	CHILD BIRTH EDUCATION	192.02		28	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	8,163,324	
L - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,123,120	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	4,123,120	
M - NON-BILLABLE DRUGS					
1.00	NURSING ADMINISTRATION	13.00	0	115	1.00
2.00	PHARMACY	15.00		530,436	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	0		0	530,551	

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:29 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
N - IMPLANTS					
1.00	HOUSEKEEPING	9.00	0	320	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,753,889	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	9,754,209	
500.00	Grand Total: Increases		1,280,616	67,946,358	500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:29 am

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - LEASES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,306,360		10	1.00
2.00	OPERATION OF PLANT	7.00	0	7,735		10	2.00
3.00	CAFETERIA	11.00	0	1,241		10	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	77,313		0	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	1,155		0	5.00
6.00	OPERATING ROOM	50.00	0	128,795		0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,652		0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	1,132		0	8.00
9.00	PHYSICAL THERAPY	66.00	0	258,511		0	9.00
10.00	OTHER NON-REIMBURSABLE	192.01	0	97,562		0	10.00
11.00	PHYSICIAN PRACTICE	192.05	0	183,372		0	11.00
	O		0	3,110,828			
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,300		9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	4,169		9	2.00
3.00	DATA PROCESSING	5.02	0	4,653		0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	5,594		0	4.00
5.00	ADMINISTRATIVE	5.04	0	679,173		0	5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	6,508,530		0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	212,289		0	7.00
8.00	OPERATION OF PLANT	7.00	0	19,120		0	8.00
9.00	HOUSEKEEPING	9.00	0	25,029		0	9.00
10.00	DIETARY	10.00	0	142		0	10.00
11.00	CAFETERIA	11.00	0	29,371		0	11.00
12.00	NURSING ADMINISTRATION	13.00	0	16,269		0	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	212,977		0	13.00
14.00	PHARMACY	15.00	0	113,045		0	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	283,203		0	15.00
16.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	24,620		0	16.00
17.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	93,670		0	17.00
18.00	OPERATING ROOM	50.00	0	1,881,144		0	18.00
19.00	RECOVERY ROOM	51.00	0	37,850		0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	133,028		0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,439,744		0	21.00
22.00	LABORATORY	60.00	0	1,587		0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	46,486		0	23.00
24.00	PHYSICAL THERAPY	66.00	0	25,955		0	24.00
25.00	SPEECH PATHOLOGY	68.00	0	1,337		0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	205,288		0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,520		0	27.00
28.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	807,991		0	28.00
29.00	EMERGENCY	91.00	0	45,673		0	29.00
30.00	OTHER NON-REIMBURSABLE	192.01	0	66,673		0	30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	48,347		0	31.00
32.00	PHYSICIAN PRACTICE	192.05	0	43,696		0	32.00
	O		0	13,049,473			
C - EMPLOYEE BENEFITS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	1		0	1.00
2.00	ADMINISTRATIVE	5.04	0	129,298		0	2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	432,478		0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	341,254		0	4.00
5.00	OPERATION OF PLANT	7.00	0	212,855		0	5.00
6.00	HOUSEKEEPING	9.00	0	432,614		0	6.00
7.00	DIETARY	10.00	0	183,759		0	7.00
8.00	CAFETERIA	11.00	0	380,965		0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	443,744		0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	181,176		0	10.00
11.00	PHARMACY	15.00	0	344,771		0	11.00
12.00	SOCIAL SERVICE	17.00	0	76,020		0	12.00
13.00	PATIENT TRANSPORTATION	18.00	0	48,936		0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,385,404		0	14.00
15.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	195,569		0	15.00

RECLASSIFICATIONS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:29 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
16.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	364,552	0	16.00
17.00	OPERATING ROOM	50.00	0	814,851	0	17.00
18.00	RECOVERY ROOM	51.00	0	371,208	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	566,107	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	498,783	0	20.00
21.00	RADIOISOTOPE	56.00	0	30,809	0	21.00
22.00	LABORATORY	60.00	0	122,268	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	413,854	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	514,832	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	36,744	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0	5,014	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	63,152	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,206	0	28.00
29.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	184,454	0	29.00
30.00	EMERGENCY	91.00	0	368,600	0	30.00
31.00	OTHER NON-REIMBURSABLE	192.01	0	64,723	0	31.00
32.00	CHILD BIRTH EDUCATION	192.02	0	5,981	0	32.00
33.00	PHYSICIAN PRACTICE	192.05	0	203,038	0	33.00
	0		0	10,444,020		
D - INTEREST						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05		12,816,024	11	1.00
	0		0	12,816,024		
E - LABOR AND DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	301,845	33,665	0	1.00
2.00		0.00	0	0	0	2.00
	0		301,845	33,665		
F - MARKETING						
1.00	ADMINISTRATIVE	5.04		4	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05		2,706	0	2.00
3.00	CAFETERIA	11.00		529	0	3.00
4.00	ADULTS & PEDIATRICS	30.00		900	0	4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02		46	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00		1,570	0	6.00
7.00	PHYSICAL THERAPY	66.00		121	0	7.00
8.00	PHYSICIAN PRACTICE	192.05		90	0	8.00
	0		0	5,966		
G - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	978,771	133,153	0	1.00
	0		978,771	133,153		
H - FMLA						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	387	0	0	1.00
2.00	ADMINISTRATIVE	5.04	2,911	0	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	6,804	0	0	3.00
4.00	OPERATION OF PLANT	7.00	1,558	0	0	4.00
5.00	HOUSEKEEPING	9.00	17,271	0	0	5.00
6.00	DIETARY	10.00	2,430	0	0	6.00
7.00	CAFETERIA	11.00	10,012	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	3,332	0	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	3,266	0	0	9.00
10.00	PHARMACY	15.00	734	0	0	10.00
11.00	SOCIAL SERVICE	17.00	8,886	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	64,525	0	0	12.00
13.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	9,667	0	0	13.00
14.00	PREMATURE INTENSIVE CARE UNIT	34.02	21,925	0	0	14.00
15.00	OPERATING ROOM	50.00	13,602	0	0	15.00
16.00	RECOVERY ROOM	51.00	20,752	0	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	31,481	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	9,265	0	0	18.00
19.00	LABORATORY	60.00	389	0	0	19.00
20.00	RESPIRATORY THERAPY	65.00	12,378	0	0	20.00
21.00	PHYSICAL THERAPY	66.00	24,255	0	0	21.00
22.00	EMERGENCY	91.00	14,045	0	0	22.00
23.00	OTHER NON-REIMBURSABLE	192.01	626	0	0	23.00
24.00	PHYSICIAN PRACTICE	192.05	6,345	0	0	24.00
	0		286,846	0		

RECLASSIFICATIONS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:29 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
J - BILLABLE SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	20,969	0		1.00
2.00	ADMINISTRATIVE	5.04	0	291	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,323	0		3.00
4.00	PHARMACY	15.00	0	1,788	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	25,319	0		5.00
6.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	4,292	0		6.00
7.00	OPERATING ROOM	50.00	0	4,056,159	0		7.00
8.00	RECOVERY ROOM	51.00	0	7,538	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	314,336	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	183,180	0		10.00
11.00	RADIOISOTOPE	56.00	0	11	0		11.00
12.00	LABORATORY	60.00	0	6	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	24,780	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	63	0		14.00
15.00	SPEECH PATHOLOGY	68.00	0	2,160	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	40	0		16.00
17.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	833,929	0		17.00
18.00	EMERGENCY	91.00	0	18,882	0		18.00
19.00	PHYSICIAN PRACTICE	192.05	0	113	0		19.00
0			0	5,495,179			
K - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		1,163	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03		4,227	0		2.00
3.00	ADMINISTRATIVE	5.04		519	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.05		1,344	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00		91,206	0		5.00
6.00	HOUSEKEEPING	9.00		16,942	0		6.00
7.00	DIETARY	10.00		4,809	0		7.00
8.00	CAFETERIA	11.00		4,734	0		8.00
9.00	NURSING ADMINISTRATION	13.00		142	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00		642,887	0		10.00
11.00	PHARMACY	15.00		172,692	0		11.00
12.00	SOCIAL SERVICE	17.00		985	0		12.00
13.00	ADULTS & PEDIATRICS	30.00		1,101,785	0		13.00
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01		54,572	0		14.00
15.00	PREMATURE INTENSIVE CARE UNIT	34.02		199,175	0		15.00
16.00	OPERATING ROOM	50.00		4,058,594	0		16.00
17.00	RECOVERY ROOM	51.00		227,044	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00		395,310	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00		274,923	0		19.00
20.00	RADIOISOTOPE	56.00		2,915	0		20.00
21.00	LABORATORY	60.00		5,668	0		21.00
22.00	RESPIRATORY THERAPY	65.00		259,394	0		22.00
23.00	PHYSICAL THERAPY	66.00		36,347	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00		9,098	0		24.00
25.00	SPEECH PATHOLOGY	68.00		2,310	0		25.00
26.00	ELECTROCARDIOLOGY	69.00		1,723	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00		8,980	0		27.00
28.00	CARDIAC CATHETERIZATION LABORATORY	75.01		290,536	0		28.00
29.00	EMERGENCY	91.00		291,671	0		29.00
30.00	PHYSICIAN PRACTICE	192.05		1,629	0		30.00
0			0	8,163,324			
L - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,449	0		1.00
2.00	PHARMACY	15.00	0	3,557,834	0		2.00
3.00	SOCIAL SERVICE	17.00	0	10,561	0		3.00
4.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	20	0		4.00
5.00	OPERATING ROOM	50.00	0	140,332	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,195	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	156,551	0		7.00
8.00	RADIOISOTOPE	56.00	0	156,744	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	9,908	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	34,992	0		10.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	13,523	0	11.00
12.00	PHYSICIAN PRACTICE	192.05	0	11	0	12.00
	0		0	4,123,120		
M - NON-BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,560	0	1.00
2.00	HOUSEKEEPING	9.00	0	10	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	646	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	134,937	0	4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	12,073	0	5.00
6.00	OPERATING ROOM	50.00	0	150,703	0	6.00
7.00	RECOVERY ROOM	51.00	0	22,738	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,885	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,424	0	9.00
10.00	LABORATORY	60.00	0	250	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	5,770	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	37	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	5	0	13.00
14.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	21,440	0	14.00
15.00	EMERGENCY	91.00	0	79,073	0	15.00
	0		0	530,551		
N - IMPLANTS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	268	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	950	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,120	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	177	0	4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	3	0	5.00
6.00	OPERATING ROOM	50.00	0	8,984,716	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	23,654	0	8.00
9.00	SPEECH PATHOLOGY	68.00	0	7,714	0	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,023	0	10.00
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	730,239	0	11.00
12.00	EMERGENCY	91.00	0	304	0	12.00
	0		0	9,754,209		
500.00	Grand Total: Decreases		1,567,462	67,659,512		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part I
Date/Time Prepared:
6/29/2020 8:29 am

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	1.00	
2.00	Land Improvements	11,942,223	0	0	0	2.00	
3.00	Buildings and Fixtures	148,779,889	6,815,480	0	6,815,480	3.00	
4.00	Building Improvements	11,298,945	1,004,016	0	1,004,016	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	83,916,286	5,503,878	0	5,503,878	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	255,937,343	13,323,374	0	13,323,374	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	255,937,343	13,323,374	0	13,323,374	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	11,942,223	0			2.00	
3.00	Buildings and Fixtures	155,595,369	0			3.00	
4.00	Building Improvements	12,302,961	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	83,730,531	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	263,571,084	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	263,571,084	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
6/29/2020 8:29 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part III
Date/Time Prepared:
6/29/2020 8:29 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	NEW CAP REL COSTS-BLDG & FIXT	179,804,048	0	179,804,048	0.682279	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	83,730,531	0	83,730,531	0.317721	0	2.00
3.00	Total (sum of lines 1-2)	263,534,579	0	263,534,579	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,620,159	1,779,360	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	10,155,072	0	1.01
1.02	MOB LEASED SPACE	0	0	0	-31,153	322,304	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,258,545	209,636	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,002,623	2,311,300	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,399,519	1.00
1.01	NEW CAP REL COSTS-INTEREST	2,777,824	0	0	0	12,932,896	1.01
1.02	MOB LEASED SPACE	0	0	0	0	291,151	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,468,181	2.00
3.00	Total (sum of lines 1-2)	2,777,824	0	0	0	28,091,747	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	B	-10,038,200	NEW CAP REL COSTS-INTEREST	1.01		11	1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02		0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,270,442				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	24,725,483				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-1,553,666	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employees and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01		0	26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02		0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:29 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 #			
			3.00	4.00	5.00		
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	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		0SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00		0	32.00
33.00 MISCELLANEOUS INCOME	B	-485	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.01 MISCELLANEOUS INCOME	B	-154,886	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.01
33.02 MISCELLANEOUS INCOME	B	-431,105	MAINTENANCE & REPAIRS	6.00		0	33.02
33.03 MISCELLANEOUS INCOME	B	-13,980	OPERATION OF PLANT	7.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-12,889	DIETARY	10.00		0	33.04
33.05 MISCELLANEOUS INCOME	B	-1,955	NURSING ADMINISTRATION	13.00		0	33.05
33.06 MISCELLANEOUS INCOME	B	-17,500	PHARMACY	15.00		0	33.06
33.07 MISCELLANEOUS INCOME	B	-8	OPERATING ROOM	50.00		0	33.07
33.08 MISCELLANEOUS INCOME	B	-3,370	PHYSICAL THERAPY	66.00		0	33.08
33.09 MISCELLANEOUS INCOME	B	-1,108	SPEECH PATHOLOGY	68.00		0	33.09
33.10 LIC LEASE INCOME	B	-63,089	NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.10
33.11 LIC LEASE INCOME	B	-736,439	MOB LEASED SPACE	1.02		10	33.11
33.12 INTERCOMPANY	B	-106,604	ADMINISTRATIVE	5.04		0	33.12
33.13 INTERCOMPANY	B	-1,161,385	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.13
33.14 INTERCOMPANY	B	-987,546	MAINTENANCE & REPAIRS	6.00		0	33.14
33.15 INTERCOMPANY	B	-198,553	OPERATION OF PLANT	7.00		0	33.15
33.16 INTERCOMPANY	B	-65,106	CAFETERIA	11.00		0	33.16
33.17 INTERCOMPANY	B	-324,508	NURSING ADMINISTRATION	13.00		0	33.17
33.18 INTERCOMPANY	B	-111,149	CENTRAL SERVICES & SUPPLY	14.00		0	33.18
33.19 INTERCOMPANY	B	-83,611	PHARMACY	15.00		0	33.19
33.20 INTERCOMPANY	B	-57,397	PATIENT TRANSPORTATION	18.00		0	33.20
33.21 INTERCOMPANY	B	-50,367	OPERATING ROOM	50.00		0	33.21
33.22 INTERCOMPANY	B	-129,379	RADIOLOGY-DIAGNOSTIC	54.00		0	33.22
33.23 INTERCOMPANY	B	-93,066	EMERGENCY	91.00		0	33.23
33.24 INTERCOMPANY	B	-48,939	CHILD BIRTH EDUCATION	192.02		0	33.24
33.25 INTERCOMPANY	B	-574,159	PHYSICIANS' PRIVATE OFFICES	192.04		0	33.25
33.26 INTERCOMPANY	B	0		0.00		0	33.26
33.27 INTERCOMPANY	B	0		0.00		0	33.27
33.28 INTERCOMPANY	B	0		0.00		0	33.28
33.29 RADIOLOGY START-UP	A	1,969	RADIOLOGY-DIAGNOSTIC	54.00		0	33.29
33.30 EMPLOYEE BENEFITS	A	-10,464,344	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.30
33.31 ACCRUED PTO	A	-292,379	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.31
33.32 MEDICAL HOSPITAL ASSESSMENT FEE	A	-12,130,306	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.32
33.33 TELEPHONE EQUIPMENT	A		OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.33
33.34 TELEPHONE EQUIPMENT	A		PHARMACY	15.00		0	33.34
33.35 TELEPHONE EQUIPMENT	A	-4,971	ADULTS & PEDIATRICS	30.00		0	33.35
33.36 TELEPHONE EQUIPMENT	A	-155	PEDIATRIC INTENSIVE CARE UNIT	34.01		0	33.36
33.37 TELEPHONE EQUIPMENT	A	-2,303	PREMATURE INTENSIVE CARE UNIT	34.02		0	33.37
33.38 TELEPHONE EQUIPMENT	A		OPERATING ROOM	50.00		0	33.38
33.39 TELEPHONE EQUIPMENT	A	-78	DELIVERY ROOM & LABOR ROOM	52.00		0	33.39
33.40 TELEPHONE EQUIPMENT	A	-308	RADIOLOGY-DIAGNOSTIC	54.00		0	33.40
33.41 TELEPHONE EQUIPMENT	A		LABORATORY	60.00		0	33.41
33.42 TELEPHONE EQUIPMENT	A		PHYSICAL THERAPY	66.00		0	33.42
33.43 TELEPHONE EQUIPMENT	A		EMERGENCY	91.00		0	33.43
33.44 UNWONTED SITUATIONS	A	-663	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.44

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.45 UNWONTED SITUATIONS	A	-1,748	ADULTS & PEDIATRICS		30.00	0	33.45
33.46 UNWONTED SITUATIONS	A	-198	OPERATING ROOM		50.00	0	33.46
33.47 UNWONTED SITUATIONS	A	-186	RECOVERY ROOM		51.00	0	33.47
33.48 UNWONTED SITUATIONS	A		PHYSICAL THERAPY		66.00	0	33.48
33.49 UNWONTED SITUATIONS	A		DIETARY		10.00	0	33.49
33.50 PHYSICIAN MALPRACTICE INS	A	-2,262	OTHER ADMINISTRATIVE & GENERAL		5.05	0	33.50
33.51 CANCER CENTER PLANNING - SALARY	A	-1,162,833	OTHER ADMINISTRATIVE & GENERAL		5.05	0	33.51
33.52 CANCER CENTER PLANNING - OTHER	A	-1,232,283	OTHER ADMINISTRATIVE & GENERAL		5.05	0	33.52
33.53 CARMEL REHAB START-UP	A	-44,477	PHYSICAL THERAPY		66.00	0	33.53
33.54 CARMEL REHAB START-UP	A	7,444	PHYSICAL THERAPY		66.00	0	33.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,895,489					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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 8:29 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	574,665	1,834,714	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	22,971,096	12,816,024	2.00
3.00	1.02	MOB LEASED SPACE	HOME OFFICE ALLOCATION	0	31,153	3.00
3.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	1,089,280	0	3.01
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	13,505,509	156,117	4.00
4.01	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	7,187,088	0	4.01
4.02	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	918,173	0	4.02
4.03	5.04	ADMINITTING	HOME OFFICE ALLOCATION	1,636,748	0	4.03
4.04	5.05	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	19,901,834	28,220,902	4.04
4.05	6.00	MAINTENANCE & REPAIRS	HOME OFFICE ALLOCATION	172,143	172,143	4.05
4.06	13.00	NURSING ADMINISTRATION	INTERCOMPANY	95,143	95,143	4.06
4.07	17.00	SOCIAL SERVICE	INTERCOMPANY	132,514	132,514	4.07
4.08	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	4,562,507	4,562,507	4.08
4.09	34.01	PEDIATRIC INTENSIVE CARE UNI	INTERCOMPANY	589,254	589,254	4.09
4.10	34.02	PREMATURE INTENSIVE CARE UNI	INTERCOMPANY	662,092	662,092	4.10
4.11	50.00	OPERATING ROOM	INTERCOMPANY	546,244	546,244	4.11
4.12	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY	1,112,562	1,112,562	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	635,961	635,961	4.13
4.14	60.00	LABORATORY	INTERCOMPANY	6,467,795	6,467,795	4.14
4.15	66.00	PHYSICAL THERAPY	INTERCOMPANY	11,980	11,980	4.15
4.16	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	160,435	160,435	4.16
4.17	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY	259,351	259,351	4.17
4.18	75.01	CARDIAC CATHETERIZATION LABORA	INTERCOMPANY	201,312	201,312	4.18
4.19	91.00	EMERGENCY	INTERCOMPANY	705,565	705,565	4.19
4.20	192.01	OTHER NON-REIMBURSABLE	INTERCOMPANY	125,980	125,980	4.20
4.21	192.02	CHILD BIRTH EDUCATION	INTERCOMPANY	27,400	27,400	4.21
4.22	192.05	PHYSICIAN PRACTICE	INTERCOMPANY	291,697	291,697	4.22
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			84,544,328	59,818,845	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 8:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,260,049	9		1.00
2.00	10,155,072	9		2.00
3.00	-31,153	9		3.00
3.01	1,089,280	9		3.01
4.00	13,349,392	0		4.00
4.01	7,187,088	0		4.01
4.02	918,173	0		4.02
4.03	1,636,748	0		4.03
4.04	-8,319,068	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
5.00	24,725,483			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 8:29 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	5.05	OTHER ADMINISTRATIVE & GENERAL	1,454,377	1,454,377	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	4,540,824	4,540,824	0	179,000	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	568,188	568,188	0	169,700	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	637,092	637,092	0	169,700	0	4.00
5.00	50.00	OPERATING ROOM	759,934	759,934	0	246,400	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,216,645	1,216,645	0	237,100	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	523,392	523,392	0	271,900	0	7.00
8.00	91.00	EMERGENCY	569,990	569,990	0	211,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			10,270,442	10,270,442	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,454,377	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,540,824	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	568,188	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	637,092	4.00
5.00	50.00	OPERATING ROOM	0	0	0	759,934	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,216,645	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	523,392	7.00
8.00	91.00	EMERGENCY	0	0	0	569,990	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	10,270,442	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:29 am
---	--	-----------------------	---	---

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,399,519	8,399,519			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	12,932,896	0	12,932,896		1.01
1.02 00102	MOB LEASED SPACE	291,151	0	0	291,151	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	6,468,181				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,165,236	13,826	21,289	2,187	4.00
5.01 00540	NONPATIENT TELEPHONES	8,415	0	0	0	5.01
5.02 00550	DATA PROCESSING	7,187,088	118,243	182,061	826	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,021,352	219,708	338,288	421	5.03
5.04 00570	ADMINISTRATIVE	2,680,866	67,035	103,215	0	5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	23,487,887	92,066	141,756	37,784	5.05
6.00 00600	MAINTENANCE & REPAIRS	5,252,351	122,263	188,250	0	6.00
7.00 00700	OPERATION OF PLANT	3,298,870	1,359,920	2,093,894	3,671	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	132,725	0	0	0	8.00
9.00 00900	HOUSEKEEPING	5,315,055	112,087	172,583	507	9.00
10.00 01000	DIETARY	1,083,626	50,062	77,082	0	10.00
11.00 01100	CAFETERIA	1,245,172	327,600	504,412	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,973,389	55,908	86,082	8,306	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	9,935,032	335,523	516,611	0	14.00
15.00 01500	PHARMACY	3,136,963	121,738	187,443	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,754	21,264	32,740	509	16.00
17.00 01700	SOCIAL SERVICE	618,012	12,176	18,747	0	17.00
18.00 01850	PATIENT TRANSPORTATION	131,538	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,515,023	1,614,174	2,485,373	0	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	1,115,945	150,226	231,306	0	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	3,134,095	414,442	638,125	1,059	34.02
43.00 04300	NURSERY	1,134,711	195,609	301,182	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,672,129	890,385	1,370,943	0	50.00
51.00 05100	RECOVERY ROOM	2,224,520	173,723	267,485	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,046,681	548,531	844,584	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,306,009	355,059	546,691	48,828	54.00
56.00 05600	RADIOISOTOPE	282,817	24,235	37,315	0	56.00
60.00 06000	LABORATORY	7,632,708	177,491	273,286	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,967,180	34,799	53,581	0	65.00
66.00 06600	PHYSICAL THERAPY	3,245,948	6,486	9,987	83,601	66.00
67.00 06700	OCCUPATIONAL THERAPY	320,571	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	83,022	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	616,590	48,839	75,198	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	503,640	16,429	25,295	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,492,072	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,753,889	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,123,120	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,545,682	300,336	462,433	0	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,561,595	264,702	407,566	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	181,051,025	8,244,885	12,694,803	187,699	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	OTHER NON-REIMBURSABLE	1,487,547	51,655	79,534	4,984	192.01
192.02 19202	CHILD BIRTH EDUCATION	112,080	0	0	0	192.02
192.04 19204	PHYSICIANS' PRIVATE OFFICES	-574,159	102,979	158,559	0	192.04
192.05 19205	PHYSICIAN PRACTICE	1,783,959	0	0	98,468	192.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	183,860,452	8,399,519	12,932,896	291,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,204,229					4.00
5.01	00540	NONPATIENT TELEPHONES	0	13,837				5.01
5.02	00550	DATA PROCESSING	0	0	7,494,269			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,587,044		5.03
5.04	00570	ADMINISTRATIVE	146,120	140	75,694	91	3,553,260	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	984,859	521	282,402	130	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	506,672	489	264,757	6,343	0	6.00
7.00	00700	OPERATION OF PLANT	261,777	300	162,213	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	329,665	662	358,692	1,257	0	9.00
10.00	01000	DIETARY	178,402	331	179,005	329	0	10.00
11.00	01100	CAFETERIA	290,967	484	262,030	355	0	11.00
13.00	01300	NURSING ADMINISTRATION	717,273	542	293,569	55	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	216,117	320	173,550	44,325	0	14.00
15.00	01500	PHARMACY	631,611	428	231,684	12,001	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	100,849	84	45,689	67	0	17.00
18.00	01850	PATIENT TRANSPORTATION	42,299	90	48,758	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,760,927	2,977	1,612,578	74,919	366,681	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	244,416	216	116,865	3,616	21,726	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	686,325	590	319,397	13,536	103,830	34.02
43.00	04300	NURSERY	244,530	236	127,605	0	34,249	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,003,656	1,006	545,114	291,275	862,294	50.00
51.00	05100	RECOVERY ROOM	491,089	430	232,622	15,442	115,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	799,600	582	315,135	28,893	168,694	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	839,963	733	397,136	18,849	248,794	54.00
56.00	05600	RADIO SOTOPE	62,996	48	26,169	197	36,584	56.00
60.00	06000	LABORATORY	166,791	498	269,787	397	181,202	60.00
65.00	06500	RESPIRATORY THERAPY	441,256	238	129,140	17,834	51,555	65.00
66.00	06600	PHYSICAL THERAPY	675,522	554	300,047	2,513	55,203	66.00
67.00	06700	OCCUPATIONAL THERAPY	72,691	57	30,772	601	9,623	67.00
68.00	06800	SPEECH PATHOLOGY	18,960	15	8,183	183	3,329	68.00
69.00	06900	ELECTROCARDIOLOGY	85,916	72	39,040	162	50,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,468	32	17,389	646	13,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	362,960	162,489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	644,612	358,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	217,788	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	278,696	247	133,828	25,390	159,854	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	553,196	540	292,461	19,943	331,471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,867,609	13,462	7,291,311	1,586,921	3,553,260	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	77,915	84	45,348	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	23,477	35	18,753	0	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	235,228	256	138,857	123	0	192.05
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)	14,204,229	13,837	7,494,269	1,587,044	3,553,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5A.04	5.05	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	25,226,477	25,226,477			5.05	
6.00	00600	MAINTENANCE & REPAIRS	6,469,686	1,026,810	7,496,496		6.00	
7.00	00700	OPERATION OF PLANT	7,203,094	1,143,210	1,312,662	9,658,966	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	132,725	21,065	0	153,790	8.00	
9.00	00900	HOUSEKEEPING	6,323,057	1,003,539	108,192	168,993	9.00	
10.00	01000	DIETARY	1,576,904	250,272	48,323	75,479	10.00	
11.00	01100	CAFETERIA	2,668,199	423,473	316,216	493,920	11.00	
13.00	01300	NURSING ADMINISTRATION	4,144,508	657,779	53,965	84,291	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	11,419,793	1,812,447	323,864	505,866	14.00	
15.00	01500	PHARMACY	4,469,429	709,348	117,508	183,544	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	62,267	9,882	20,525	32,059	16.00	
17.00	01700	SOCIAL SERVICE	795,624	126,274	11,753	18,357	17.00	
18.00	01850	PATIENT TRANSPORTATION	222,685	35,343	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,766,222	3,613,325	1,558,079	2,433,677	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,912,810	303,584	145,006	226,495	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,390,277	855,496	400,041	624,852	34.02	
43.00	04300	NURSERY	2,052,112	325,693	188,811	294,918	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,368,185	1,804,256	859,444	1,342,427	50.00	
51.00	05100	RECOVERY ROOM	3,571,730	566,873	167,686	261,921	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,910,306	938,031	529,470	827,016	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,641,066	1,371,432	342,721	535,319	54.00	
56.00	05600	RADIOISOTOPE	470,361	74,651	23,393	36,539	56.00	
60.00	06000	LABORATORY	8,704,224	1,381,456	171,323	267,601	60.00	
65.00	06500	RESPIRATORY THERAPY	2,756,036	437,413	33,590	52,466	65.00	
66.00	06600	PHYSICAL THERAPY	4,401,036	698,493	6,261	9,779	66.00	
67.00	06700	OCCUPATIONAL THERAPY	434,315	68,931	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	115,431	18,320	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,196,842	189,952	47,142	73,634	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	651,228	103,357	15,858	24,769	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,017,521	955,047	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,757,031	1,707,259	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,340,908	688,950	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,322,233	527,275	289,899	452,814	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,491,176	712,799	255,503	399,089	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,985,498	24,562,035	7,347,235	9,425,825	153,790	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	OTHER NON-REIMBURSABLE	1,753,757	278,341	49,860	77,880	192.01	
192.02	19202	CHILD BIRTH EDUCATION	154,345	24,496	0	0	192.02	
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-311,533	0	99,401	155,261	192.04	
192.05	19205	PHYSICIAN PRACTICE	2,278,385	361,605	0	0	192.05	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	183,860,452	25,226,477	7,496,496	9,658,966	153,790	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	7,603,781				9.00
10.00	01000	DIETARY	60,477	2,011,455			10.00
11.00	01100	CAFETERIA	395,750	0	4,297,558		11.00
13.00	01300	NURSING ADMINISTRATION	67,538	0	213,492	5,221,573	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	405,322	0	126,211	166	14,593,669
15.00	01500	PHARMACY	147,063	0	168,488	0	114,161
16.00	01600	MEDICAL RECORDS & LIBRARY	25,687	0	0	0	0
17.00	01700	SOCIAL SERVICE	14,709	0	33,226	0	636
18.00	01850	PATIENT TRANSPORTATION	0	0	35,458	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,949,969	1,825,694	1,172,720	2,025,304	712,663
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	181,478	51,371	84,988	205,760	34,396
34.02	03402	PREMATURE INTENSIVE CARE UNIT	500,658	0	232,275	535,375	128,765
43.00	04300	NURSERY	236,301	0	92,799	190,777	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,075,611	0	396,424	589,812	2,770,735
51.00	05100	RECOVERY ROOM	209,863	5,108	169,170	391,377	146,889
52.00	05200	DELIVERY ROOM & LABOR ROOM	662,642	90,866	229,176	467,621	274,843
54.00	05400	RADIOLOGY-DIAGNOSTIC	428,921	0	288,810	88,064	179,304
56.00	05600	RADIOISOTOPE	29,277	0	19,031	0	1,877
60.00	06000	LABORATORY	214,414	0	196,197	120,526	3,778
65.00	06500	RESPIRATORY THERAPY	42,038	0	93,914	0	169,643
66.00	06600	PHYSICAL THERAPY	7,835	0	218,204	0	23,907
67.00	06700	OCCUPATIONAL THERAPY	0	0	22,378	0	5,721
68.00	06800	SPEECH PATHOLOGY	0	0	5,951	0	1,745
69.00	06900	ELECTROCARDIOLOGY	58,999	0	28,391	0	1,541
70.00	07000	ELECTROENCEPHALOGRAPHY	19,846	0	12,646	0	6,148
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,452,640
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,131,879
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	362,814	21,670	97,324	143,499	241,519
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	319,767	16,746	212,687	407,358	189,709
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,416,979	2,011,455	4,149,960	5,165,639	14,592,499
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	62,400	0	32,979	0	0
192.02	19202	CHILD BIRTH EDUCATION	0	0	13,638	15,315	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	124,402	0	0	0	0
192.05	19205	PHYSICIAN PRACTICE	0	0	100,981	40,619	1,170
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,603,781	2,011,455	4,297,558	5,221,573	14,593,669

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal		
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	5,909,541					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	150,420				16.00	
17.00 01700 SOCIAL SERVICE	0	0	1,000,579			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	293,486		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	175,019	15,482	682,473	30,290	39,065,814	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	917	28,798	1,795	3,181,824	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	15,659	4,384	153,015	8,577	8,872,893	34.02	
43.00 04300 NURSERY	0	1,446	136,293	2,829	3,542,927	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	196,249	36,804	0	71,193	20,511,140	50.00	
51.00 05100 RECOVERY ROOM	29,492	4,862	0	9,513	5,534,484	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	42,653	7,122	0	13,935	9,993,681	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	67,996	10,504	0	20,552	11,974,689	54.00	
56.00 05600 RADIOISOTOPE	0	1,545	0	3,022	659,696	56.00	
60.00 06000 LABORATORY	324	7,651	0	14,969	11,082,463	60.00	
65.00 06500 RESPIRATORY THERAPY	7,484	2,177	0	4,259	3,599,020	65.00	
66.00 06600 PHYSICAL THERAPY	48	2,331	0	4,560	5,372,454	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	406	0	795	532,546	67.00	
68.00 06800 SPEECH PATHOLOGY	0	141	0	275	141,863	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	2,146	0	4,198	1,602,845	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	565	0	1,106	835,523	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,860	0	13,423	10,445,491	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	15,138	0	29,617	18,640,924	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	5,244,247	9,195	0	17,991	10,301,291	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	27,809	6,749	0	13,205	5,506,810	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	102,561	13,995	0	27,382	7,148,772	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,909,541	150,420	1,000,579	293,486	178,547,150	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	2,255,217	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	207,794	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	67,531	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	2,782,760	192.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,909,541	150,420	1,000,579	293,486	183,860,452	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 39,065,814	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0 3,181,824	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0 8,872,893	34.02
43.00	04300	NURSERY	0 3,542,927	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 20,511,140	50.00
51.00	05100	RECOVERY ROOM	0 5,534,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 9,993,681	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 11,974,689	54.00
56.00	05600	RADIOISOTOPE	0 659,696	56.00
60.00	06000	LABORATORY	0 11,082,463	60.00
65.00	06500	RESPIRATORY THERAPY	0 3,599,020	65.00
66.00	06600	PHYSICAL THERAPY	0 5,372,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 532,546	67.00
68.00	06800	SPEECH PATHOLOGY	0 141,863	68.00
69.00	06900	ELECTROCARDIOLOGY	0 1,602,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 835,523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 10,445,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 18,640,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 10,301,291	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0 5,506,810	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0 7,148,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 178,547,150	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0 2,255,217	192.01
192.02	19202	CHILD BIRTH EDUCATION	0 207,794	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0 67,531	192.04
192.05	19205	PHYSICIAN PRACTICE	0 2,782,760	192.05
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118 through 201)	0 183,860,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:29 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,826	21,289	2,187	1,691	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5,422	5.01
5.02	00550	DATA PROCESSING	0	118,243	182,061	826	6,051	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	219,708	338,288	421	7,275	5.03
5.04	00570	ADMINISTRATIVE	0	67,035	103,215	0	480,099	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	92,066	141,756	37,784	199,072	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	122,263	188,250	0	128,561	6.00
7.00	00700	OPERATION OF PLANT	0	1,359,920	2,093,894	3,671	22,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	112,087	172,583	507	32,549	9.00
10.00	01000	DIETARY	0	50,062	77,082	0	8,067	10.00
11.00	01100	CAFETERIA	0	327,600	504,412	0	37,179	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,908	86,082	8,306	9,384	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	335,523	516,611	0	198,315	14.00
15.00	01500	PHARMACY	0	121,738	187,443	0	147,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,264	32,740	509	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,176	18,747	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,614,174	2,485,373	0	333,570	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	150,226	231,306	0	28,494	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	414,442	638,125	1,059	78,878	34.02
43.00	04300	NURSERY	0	195,609	301,182	0	13,990	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	890,385	1,370,943	0	1,731,383	50.00
51.00	05100	RECOVERY ROOM	0	173,723	267,485	0	51,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	548,531	844,584	0	157,606	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	355,059	546,691	48,828	1,879,004	54.00
56.00	05600	RADIOISOTOPE	0	24,235	37,315	0	0	56.00
60.00	06000	LABORATORY	0	177,491	273,286	0	2,064	60.00
65.00	06500	RESPIRATORY THERAPY	0	34,799	53,581	0	60,453	65.00
66.00	06600	PHYSICAL THERAPY	0	6,486	9,987	83,601	21,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,739	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,839	75,198	0	280,209	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,429	25,295	0	39,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	300,336	462,433	0	415,767	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	264,702	407,566	0	59,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,244,885	12,694,803	187,699	6,438,909	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	51,655	79,534	4,984	6,690	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	102,979	158,559	0	1,088	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	0	98,468	21,494	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,399,519	12,932,896	291,151	6,468,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:29 am	
Cost Center	Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES		
		2A	4.00	5.01	5.02	5.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	38,993	38,993				4.00
5.01	00540	NONPATIENT TELEPHONES	5,422	0	5,422			5.01
5.02	00550	DATA PROCESSING	307,181	0	0	307,181		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	565,692	0	0	0	565,692	5.03
5.04	00570	ADMITTING	650,349	401	55	3,103	32	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	470,678	2,705	204	11,575	46	5.05
6.00	00600	MAINTENANCE & REPAIRS	439,074	1,391	192	10,852	2,261	6.00
7.00	00700	OPERATION OF PLANT	3,479,934	719	117	6,649	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	317,726	905	260	14,702	448	9.00
10.00	01000	DIETARY	135,211	490	130	7,337	117	10.00
11.00	01100	CAFETERIA	869,191	799	190	10,740	127	11.00
13.00	01300	NURSING ADMINISTRATION	159,680	1,970	212	12,033	20	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,050,449	593	126	7,114	15,800	14.00
15.00	01500	PHARMACY	456,742	1,734	168	9,496	4,278	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,513	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	30,923	277	33	1,873	24	17.00
18.00	01850	PATIENT TRANSPORTATION	0	116	35	1,999	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,433,117	7,568	1,166	66,097	26,705	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	410,026	671	85	4,790	1,289	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,132,504	1,885	231	13,092	4,825	34.02
43.00	04300	NURSERY	510,781	672	92	5,230	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,992,711	2,756	394	22,344	103,825	50.00
51.00	05100	RECOVERY ROOM	492,471	1,349	168	9,535	5,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,550,721	2,196	228	12,917	10,299	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,829,582	2,307	287	16,278	6,719	54.00
56.00	05600	RADIOISOTOPE	61,550	173	19	1,073	70	56.00
60.00	06000	LABORATORY	452,841	458	195	11,058	142	60.00
65.00	06500	RESPIRATORY THERAPY	148,833	1,212	93	5,293	6,357	65.00
66.00	06600	PHYSICAL THERAPY	121,249	1,855	217	12,299	896	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	200	22	1,261	214	67.00
68.00	06800	SPEECH PATHOLOGY	1,739	52	6	335	65	68.00
69.00	06900	ELECTROCARDIOLOGY	404,246	236	28	1,600	58	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,661	95	13	713	230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	129,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	229,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,178,536	765	97	5,485	9,050	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	731,970	1,519	212	11,988	7,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,566,296	38,069	5,275	298,861	565,648	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	142,863	214	33	1,859	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	64	14	769	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	262,626	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	119,962	646	100	5,692	44	192.05
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,091,747	38,993	5,422	307,181	565,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:29 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING	653,940				5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	485,208			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	19,752	473,522		6.00
7.00	00700	OPERATION OF PLANT	0	21,991	82,915	3,592,325	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	405	0	0	8.00
9.00	00900	HOUSEKEEPING	0	19,304	6,834	62,851	9.00
10.00	01000	DIETARY	0	4,814	3,052	28,072	10.00
11.00	01100	CAFETERIA	0	8,146	19,974	183,697	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,653	3,409	31,349	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,865	20,457	188,140	14.00
15.00	01500	PHARMACY	0	13,645	7,422	68,263	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	190	1,296	11,923	16.00
17.00	01700	SOCIAL SERVICE	0	2,429	742	6,827	17.00
18.00	01850	PATIENT TRANSPORTATION	0	680	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,480	69,455	98,420	905,123	276
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,998	5,840	9,159	84,237	12
34.02	03402	PREMATURE INTENSIVE CARE UNIT	19,108	16,457	25,269	232,392	62
43.00	04300	NURSERY	6,303	6,265	11,926	109,685	55
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	158,721	34,707	54,287	499,270	0
51.00	05100	RECOVERY ROOM	21,192	10,904	10,592	97,413	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,045	18,044	33,444	307,581	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,785	26,381	21,648	199,094	0
56.00	05600	RADIO SOTOPE	6,733	1,436	1,478	13,589	0
60.00	06000	LABORATORY	33,347	26,574	10,822	99,525	0
65.00	06500	RESPIRATORY THERAPY	9,488	8,414	2,122	19,513	0
66.00	06600	PHYSICAL THERAPY	10,159	13,436	395	3,637	0
67.00	06700	OCCUPATIONAL THERAPY	1,771	1,326	0	0	0
68.00	06800	SPEECH PATHOLOGY	613	352	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,352	3,654	2,978	27,386	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,465	1,988	1,002	9,212	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,903	18,371	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,980	32,841	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	40,079	13,253	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	29,418	10,143	18,312	168,409	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	61,000	13,712	16,139	148,428	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	653,940	472,427	464,094	3,505,616	405
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	5,354	3,149	28,965	0
192.02	19202	CHILD BIRTH EDUCATION	0	471	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	6,279	57,744	0
192.05	19205	PHYSICIAN PRACTICE	0	6,956	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	653,940	485,208	473,522	3,592,325	405

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:29 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	423,030					9.00
10.00	01000	DIETARY	3,365	182,588				10.00
11.00	01100	CAFETERIA	22,017	0	1,114,881			11.00
13.00	01300	NURSING ADMINISTRATION	3,757	0	55,385	280,468		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,550	0	32,742	9	1,372,845	14.00
15.00	01500	PHARMACY	8,182	0	43,709	0	10,739	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,429	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	818	0	8,620	0	60	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	9,199	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,484	165,726	304,229	108,785	67,041	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	10,096	4,663	22,048	11,052	3,236	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	27,854	0	60,257	28,757	12,113	34.02
43.00	04300	NURSERY	13,146	0	24,074	10,247	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,841	0	102,841	31,681	260,648	50.00
51.00	05100	RECOVERY ROOM	11,676	464	43,886	21,022	13,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,865	8,248	59,453	25,117	25,855	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,863	0	74,924	4,730	16,867	54.00
56.00	05600	RADIOISOTOPE	1,629	0	4,937	0	177	56.00
60.00	06000	LABORATORY	11,929	0	50,898	6,474	355	60.00
65.00	06500	RESPIRATORY THERAPY	2,339	0	24,363	0	15,959	65.00
66.00	06600	PHYSICAL THERAPY	436	0	56,607	0	2,249	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,805	0	538	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,544	0	164	68.00
69.00	06900	ELECTROCARDIOLOGY	3,282	0	7,365	0	145	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,104	0	3,281	0	578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	324,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	576,831	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	20,185	1,967	25,248	7,708	22,720	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,790	1,520	55,176	21,881	17,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	412,637	182,588	1,076,591	277,463	1,372,735	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,472	0	8,555	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	3,538	823	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	6,921	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	26,197	2,182	110	192.05
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)	423,030	182,588	1,114,881	280,468	1,372,845	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal		
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	624,378					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	69,351				16.00	
17.00 01700 SOCIAL SERVICE	0	0	52,626			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	12,029		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	18,492	7,152	35,895	1,262	6,492,473	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	424	1,515	75	573,216	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,654	2,025	8,048	357	1,586,890	34.02	
43.00 04300 NURSERY	0	668	7,168	118	706,430	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	20,735	16,864	0	2,768	5,364,393	50.00	
51.00 05100 RECOVERY ROOM	3,116	2,246	0	396	745,752	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,507	3,290	0	581	2,130,391	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,184	4,853	0	856	3,281,358	54.00	
56.00 05600 RADIOISOTOPE	0	714	0	126	93,704	56.00	
60.00 06000 LABORATORY	34	3,534	0	624	708,810	60.00	
65.00 06500 RESPIRATORY THERAPY	791	1,006	0	177	245,960	65.00	
66.00 06600 PHYSICAL THERAPY	5	1,077	0	190	224,707	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	188	0	33	11,358	67.00	
68.00 06800 SPEECH PATHOLOGY	0	65	0	11	4,946	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	991	0	175	461,496	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	261	0	46	102,649	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,169	0	559	506,175	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	6,993	0	1,234	913,640	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	554,086	4,248	0	750	612,416	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	2,938	3,118	0	550	1,504,649	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	10,836	6,465	0	1,141	1,124,732	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	624,378	69,351	52,626	12,029	27,396,145	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	194,464	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	5,679	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	333,570	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	161,889	192.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	624,378	69,351	52,626	12,029	28,091,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01	
1.02	00102	MOB LEASED SPACE		1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NONPATIENT TELEPHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
18.00	01850	PATIENT TRANSPORTATION		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,492,473	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	573,216	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,586,890	34.02
43.00	04300	NURSERY	0	706,430	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,364,393	50.00
51.00	05100	RECOVERY ROOM	0	745,752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,130,391	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,281,358	54.00
56.00	05600	RADIOISOTOPE	0	93,704	56.00
60.00	06000	LABORATORY	0	708,810	60.00
65.00	06500	RESPIRATORY THERAPY	0	245,960	65.00
66.00	06600	PHYSICAL THERAPY	0	224,707	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,358	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0	461,496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	102,649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	506,175	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	913,640	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	612,416	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,504,649	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	1,124,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,396,145	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	194,464	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	5,679	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	333,570	192.04
192.05	19205	PHYSICIAN PRACTICE	0	161,889	192.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	28,091,747	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	432,539				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	432,539			1.01
1.02	00102	MOB LEASED SPACE	0	0	134,997		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				4,973,756	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	712	712	1,014	1,300	58,045,509
5.01	00540	NONPATIENT TELEPHONES	0	0	0	4,169	0
5.02	00550	DATA PROCESSING	6,089	6,089	383	4,653	0
5.03	00560	PURCHASING RECEIVING AND STORES	11,314	11,314	195	5,594	0
5.04	00570	ADMINISTRATIVE	3,452	3,452	0	369,176	597,120
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	4,741	4,741	17,519	153,078	4,024,631
6.00	00600	MAINTENANCE & REPAIRS	6,296	6,296	0	98,858	2,070,516
7.00	00700	OPERATION OF PLANT	70,030	70,030	1,702	17,262	1,069,752
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	5,772	5,772	235	25,029	1,347,176
10.00	01000	DIETARY	2,578	2,578	0	6,203	729,042
11.00	01100	CAFETERIA	16,870	16,870	0	28,589	1,189,039
13.00	01300	NURSING ADMINISTRATION	2,879	2,879	3,851	7,216	2,931,140
14.00	01400	CENTRAL SERVICES & SUPPLY	17,278	17,278	0	152,496	883,163
15.00	01500	PHARMACY	6,269	6,269	0	113,468	2,581,081
16.00	01600	MEDICAL RECORDS & LIBRARY	1,095	1,095	236	0	0
17.00	01700	SOCIAL SERVICE	627	627	0	0	412,120
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	172,853
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	83,123	83,123	0	256,501	11,282,412
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	7,736	7,736	0	21,911	998,807
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,342	21,342	491	60,654	2,804,669
43.00	04300	NURSERY	10,073	10,073	0	10,758	999,272
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,851	45,851	0	1,331,360	4,101,445
51.00	05100	RECOVERY ROOM	8,946	8,946	0	39,419	2,006,838
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,247	28,247	0	121,192	3,267,568
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,284	18,284	22,640	1,444,874	3,432,512
56.00	05600	RADIOISOTOPE	1,248	1,248	0	0	257,432
60.00	06000	LABORATORY	9,140	9,140	0	1,587	681,593
65.00	06500	RESPIRATORY THERAPY	1,792	1,792	0	46,486	1,803,193
66.00	06600	PHYSICAL THERAPY	334	334	38,763	16,283	2,760,524
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	297,054
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,337	77,481
69.00	06900	ELECTROCARDIOLOGY	2,515	2,515	0	215,469	351,096
70.00	07000	ELECTROENCEPHALOGRAPHY	846	846	0	30,710	140,853
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	15,466	15,466	0	319,707	1,138,891
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,631	13,631	0	45,908	2,260,637
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	424,576	424,576	87,029	4,951,247	56,669,910
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	2,660	2,660	2,311	5,144	318,400
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	95,939
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,303	5,303	0	837	0
192.05	19205	PHYSICIAN PRACTICE	0	0	45,657	16,528	961,260
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	8,399,519	12,932,896	291,151	6,468,181	14,204,229
203.00		Unit cost multiplier (Wkst. B, Part I)	19.419102	29.899954	2.156722	1.300462	0.244708
204.00		Cost to be allocated (per Wkst. B, Part II)					38,993
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000672
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					4.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	87,919					5.01
5.02	00550	0	87,919				5.02
5.03	00560	0	0	24,014,170			5.03
5.04	00570	888	888	1,372	815,358,646		5.04
5.05	00590	3,313	3,313	1,967	0	-25,226,477	5.05
6.00	00600	3,106	3,106	95,975	0	0	6.00
7.00	00700	1,903	1,903	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,208	4,208	19,017	0	0	9.00
10.00	01000	2,100	2,100	4,980	0	0	10.00
11.00	01100	3,074	3,074	5,375	0	0	11.00
13.00	01300	3,444	3,444	835	0	0	13.00
14.00	01400	2,036	2,036	670,699	0	0	14.00
15.00	01500	2,718	2,718	181,594	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	536	536	1,011	0	0	17.00
18.00	01850	572	572	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,918	18,918	1,133,624	84,139,794	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,371	1,371	54,713	4,985,374	0	34.01
34.02	03402	3,747	3,747	204,825	23,825,206	0	34.02
43.00	04300	1,497	1,497	0	7,858,872	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,395	6,395	4,407,374	197,881,350	0	50.00
51.00	05100	2,729	2,729	233,655	26,424,050	0	51.00
52.00	05200	3,697	3,697	437,190	38,708,940	0	52.00
54.00	05400	4,659	4,659	285,216	57,088,970	0	54.00
56.00	05600	307	307	2,985	8,394,700	0	56.00
60.00	06000	3,165	3,165	6,010	41,579,196	0	60.00
65.00	06500	1,515	1,515	269,849	11,830,036	0	65.00
66.00	06600	3,520	3,520	38,029	12,667,080	0	66.00
67.00	06700	361	361	9,101	2,208,072	0	67.00
68.00	06800	96	96	2,775	763,820	0	68.00
69.00	06900	458	458	2,451	11,660,362	0	69.00
70.00	07000	204	204	9,779	3,073,056	0	70.00
71.00	07100	0	0	5,492,071	37,285,112	0	71.00
72.00	07200	0	0	9,753,888	82,269,504	0	72.00
73.00	07300	0	0	0	49,974,199	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,570	1,570	384,182	36,680,591	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,431	3,431	301,767	76,060,362	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		85,538	85,538	24,012,309	815,358,646	-25,226,477	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	532	532	0	0	0	192.01
192.02	19202	220	220	0	0	0	192.02
192.04	19204	0	0	0	0	311,533	192.04
192.05	19205	1,629	1,629	1,861	0	0	192.05
200.00							200.00
201.00							201.00
202.00		13,837	7,494,269	1,587,044	3,553,260		202.00
203.00		0.157384	85.240608	0.066088	0.004358		203.00
204.00		5,422	307,181	565,692	653,940		204.00
205.00		0.061670	3.493909	0.023557	0.000802		205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590	158,945,508					5.05
6.00	00600	6,469,686	399,935				6.00
7.00	00700	7,203,094	70,030	329,905			7.00
8.00	00800	132,725	0	0	33,807		8.00
9.00	00900	6,323,057	5,772	5,772	0	324,133	9.00
10.00	01000	1,576,904	2,578	2,578	0	2,578	10.00
11.00	01100	2,668,199	16,870	16,870	0	16,870	11.00
13.00	01300	4,144,508	2,879	2,879	0	2,879	13.00
14.00	01400	11,419,793	17,278	17,278	0	17,278	14.00
15.00	01500	4,469,429	6,269	6,269	0	6,269	15.00
16.00	01600	62,267	1,095	1,095	0	1,095	16.00
17.00	01700	795,624	627	627	0	627	17.00
18.00	01850	222,685	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,766,222	83,123	83,123	23,059	83,123	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,912,810	7,736	7,736	973	7,736	34.01
34.02	03402	5,390,277	21,342	21,342	5,170	21,342	34.02
43.00	04300	2,052,112	10,073	10,073	4,605	10,073	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,368,185	45,851	45,851	0	45,851	50.00
51.00	05100	3,571,730	8,946	8,946	0	8,946	51.00
52.00	05200	5,910,306	28,247	28,247	0	28,247	52.00
54.00	05400	8,641,066	18,284	18,284	0	18,284	54.00
56.00	05600	470,361	1,248	1,248	0	1,248	56.00
60.00	06000	8,704,224	9,140	9,140	0	9,140	60.00
65.00	06500	2,756,036	1,792	1,792	0	1,792	65.00
66.00	06600	4,401,036	334	334	0	334	66.00
67.00	06700	434,315	0	0	0	0	67.00
68.00	06800	115,431	0	0	0	0	68.00
69.00	06900	1,196,842	2,515	2,515	0	2,515	69.00
70.00	07000	651,228	846	846	0	846	70.00
71.00	07100	6,017,521	0	0	0	0	71.00
72.00	07200	10,757,031	0	0	0	0	72.00
73.00	07300	4,340,908	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,322,233	15,466	15,466	0	15,466	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,491,176	13,631	13,631	0	13,631	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		154,759,021	391,972	321,942	33,807	316,170	
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	1,753,757	2,660	2,660	0	2,660	192.01
192.02	19202	154,345	0	0	0	0	192.02
192.04	19204	0	5,303	5,303	0	5,303	192.04
192.05	19205	2,278,385	0	0	0	0	192.05
200.00							200.00
201.00							201.00
202.00		25,226,477	7,496,496	9,658,966	153,790	7,603,781	202.00
203.00		0.158711	18.744286	29.278022	4.549058	23.458830	203.00
204.00		485,208	473,522	3,592,325	405	423,030	204.00
205.00		0.003053	1.183997	10.888968	0.011980	1.305112	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATIVE (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	76,393					10.00
11.00	01100	0	69,327				11.00
13.00	01300	0	3,444	31,366			13.00
14.00	01400	0	2,036	1	23,213,950		14.00
15.00	01500	0	2,718	0	181,594	4,556,175	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	536	0	1,011	0	17.00
18.00	01850	0	572	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,338	18,918	12,166	1,133,624	134,937	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,951	1,371	1,236	54,713	0	34.01
34.02	03402	0	3,747	3,216	204,825	12,073	34.02
43.00	04300	0	1,497	1,146	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,395	3,543	4,407,374	151,305	50.00
51.00	05100	194	2,729	2,351	233,655	22,738	51.00
52.00	05200	3,451	3,697	2,809	437,190	32,885	52.00
54.00	05400	0	4,659	529	285,216	52,424	54.00
56.00	05600	0	307	0	2,985	0	56.00
60.00	06000	0	3,165	724	6,010	250	60.00
65.00	06500	0	1,515	0	269,849	5,770	65.00
66.00	06600	0	3,520	0	38,029	37	66.00
67.00	06700	0	361	0	9,101	0	67.00
68.00	06800	0	96	0	2,775	0	68.00
69.00	06900	0	458	0	2,451	0	69.00
70.00	07000	0	204	0	9,779	0	70.00
71.00	07100	0	0	0	5,492,071	0	71.00
72.00	07200	0	0	0	9,753,888	0	72.00
73.00	07300	0	0	0	0	4,043,243	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	823	1,570	862	384,182	21,440	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	636	3,431	2,447	301,767	79,073	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		76,393	66,946	31,030	23,212,089	4,556,175	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	532	0	0	0	192.01
192.02	19202	0	220	92	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	1,629	244	1,861	0	192.05
200.00							200.00
201.00							201.00
202.00		2,011,455	4,297,558	5,221,573	14,593,669	5,909,541	202.00
203.00		26.330357	61.989672	166.472390	0.628659	1.297040	203.00
204.00		182,588	1,114,881	280,468	1,372,845	624,378	204.00
205.00		2.390114	16.081483	8.941784	0.059139	0.137040	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	
	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101 NEW CAP REL COSTS-INTEREST				1.01
1.02 00102 MOB LEASED SPACE				1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00550 DATA PROCESSING				5.02
5.03 00560 PURCHASING RECEIVING AND STORES				5.03
5.04 00570 ADMITTING				5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL				5.05
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	815,358,646			16.00
17.00 01700 SOCIAL SERVICE	0	33,807		17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	815,358,646	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	84,139,794	23,059	84,139,794	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	4,985,374	973	4,985,374	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	23,825,206	5,170	23,825,206	34.02
43.00 04300 NURSERY	7,858,872	4,605	7,858,872	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	197,881,350	0	197,881,350	50.00
51.00 05100 RECOVERY ROOM	26,424,050	0	26,424,050	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	38,708,940	0	38,708,940	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	57,088,970	0	57,088,970	54.00
56.00 05600 RADIOISOTOPE	8,394,700	0	8,394,700	56.00
60.00 06000 LABORATORY	41,579,196	0	41,579,196	60.00
65.00 06500 RESPIRATORY THERAPY	11,830,036	0	11,830,036	65.00
66.00 06600 PHYSICAL THERAPY	12,667,080	0	12,667,080	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,208,072	0	2,208,072	67.00
68.00 06800 SPEECH PATHOLOGY	763,820	0	763,820	68.00
69.00 06900 ELECTROCARDIOLOGY	11,660,362	0	11,660,362	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,073,056	0	3,073,056	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,285,112	0	37,285,112	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	82,269,504	0	82,269,504	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	49,974,199	0	49,974,199	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	36,680,591	0	36,680,591	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	76,060,362	0	76,060,362	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	815,358,646	33,807	815,358,646	118.00
NONREIMBURSABLE COST CENTERS				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	192.01
192.02 19202 CHILDBIRTH EDUCATION	0	0	0	192.02
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0	192.05
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)	150,420	1,000,579	293,486	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000184	29.596799	0.000360	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	69,351	52,626	12,029	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000085	1.556660	0.000015	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:29 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		39,065,814	0	39,065,814	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		3,181,824	0	3,181,824	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		8,872,893	0	8,872,893	34.02
43.00	04300	NURSERY		3,542,927	0	3,542,927	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		20,511,140	0	20,511,140	50.00
51.00	05100	RECOVERY ROOM		5,534,484	0	5,534,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,993,681	0	9,993,681	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		11,974,689	0	11,974,689	54.00
56.00	05600	RADIOISOTOPE		659,696	0	659,696	56.00
60.00	06000	LABORATORY		11,082,463	0	11,082,463	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,599,020	0	3,599,020	65.00
66.00	06600	PHYSICAL THERAPY	0	5,372,454	0	5,372,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	532,546	0	532,546	67.00
68.00	06800	SPEECH PATHOLOGY	0	141,863	0	141,863	68.00
69.00	06900	ELECTROCARDIOLOGY		1,602,845	0	1,602,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		835,523	0	835,523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,445,491	0	10,445,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		18,640,924	0	18,640,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		10,301,291	0	10,301,291	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		5,506,810	0	5,506,810	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		7,148,772	0	7,148,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,115,042	0	3,115,042	92.00
200.00		Subtotal (see instructions)	0	181,662,192	0	181,662,192	200.00
201.00		Less Observation Beds		3,115,042		3,115,042	201.00
202.00		Total (see instructions)	0	178,547,150	0	178,547,150	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,120,354		70,120,354		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	4,985,374		4,985,374		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	23,825,206		23,825,206		34.02
43.00	04300	NURSERY	7,858,872		7,858,872		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	67,214,213	130,667,137	197,881,350	0.103654	50.00
51.00	05100	RECOVERY ROOM	6,120,965	20,303,085	26,424,050	0.209449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,836,298	7,872,642	38,708,940	0.258175	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,940,552	47,148,418	57,088,970	0.209755	54.00
56.00	05600	RADIOISOTOPE	926,066	7,468,634	8,394,700	0.078585	56.00
60.00	06000	LABORATORY	18,840,051	22,739,145	41,579,196	0.266539	60.00
65.00	06500	RESPIRATORY THERAPY	8,496,977	3,333,059	11,830,036	0.304227	65.00
66.00	06600	PHYSICAL THERAPY	3,900,077	8,767,003	12,667,080	0.424127	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,952,656	255,416	2,208,072	0.241181	67.00
68.00	06800	SPEECH PATHOLOGY	514,845	248,975	763,820	0.185728	68.00
69.00	06900	ELECTROCARDIOLOGY	4,120,934	7,539,428	11,660,362	0.137461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,408,549	1,664,507	3,073,056	0.271887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,555,064	21,730,048	37,285,112	0.280152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,265,167	36,004,337	82,269,504	0.226584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,865,461	20,108,738	49,974,199	0.206132	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	17,921,798	18,758,793	36,680,591	0.150129	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	15,349,842	60,710,520	76,060,362	0.093988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	293,371	13,726,069	14,019,440	0.222194	92.00
200.00		Subtotal (see instructions)	386,312,692	429,045,954	815,358,646		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	386,312,692	429,045,954	815,358,646		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:29 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.103654	50.00
51.00	05100	RECOVERY ROOM	0.209449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258175	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209755	54.00
56.00	05600	RADIOISOTOPE	0.078585	56.00
60.00	06000	LABORATORY	0.266539	60.00
65.00	06500	RESPIRATORY THERAPY	0.304227	65.00
66.00	06600	PHYSICAL THERAPY	0.424127	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241181	67.00
68.00	06800	SPEECH PATHOLOGY	0.185728	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.271887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206132	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.150129	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.093988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222194	92.00
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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:29 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		39,065,814	0	39,065,814	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		3,181,824	0	3,181,824	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		8,872,893	0	8,872,893	34.02
43.00	04300	NURSERY		3,542,927	0	3,542,927	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		20,511,140	0	20,511,140	50.00
51.00	05100	RECOVERY ROOM		5,534,484	0	5,534,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,993,681	0	9,993,681	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		11,974,689	0	11,974,689	54.00
56.00	05600	RADIOISOTOPE		659,696	0	659,696	56.00
60.00	06000	LABORATORY		11,082,463	0	11,082,463	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,599,020	0	3,599,020	65.00
66.00	06600	PHYSICAL THERAPY	0	5,372,454	0	5,372,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	532,546	0	532,546	67.00
68.00	06800	SPEECH PATHOLOGY	0	141,863	0	141,863	68.00
69.00	06900	ELECTROCARDIOLOGY		1,602,845	0	1,602,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		835,523	0	835,523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,445,491	0	10,445,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		18,640,924	0	18,640,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		10,301,291	0	10,301,291	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		5,506,810	0	5,506,810	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		7,148,772	0	7,148,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,115,042	0	3,115,042	92.00
200.00		Subtotal (see instructions)	0	181,662,192	0	181,662,192	200.00
201.00		Less Observation Beds		3,115,042		3,115,042	201.00
202.00		Total (see instructions)	0	178,547,150	0	178,547,150	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 6/29/2020 8:29 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,120,354		70,120,354			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	4,985,374		4,985,374			34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	23,825,206		23,825,206			34.02
43.00	04300	NURSERY	7,858,872		7,858,872			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,214,213	130,667,137	197,881,350	0.103654	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,120,965	20,303,085	26,424,050	0.209449	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,836,298	7,872,642	38,708,940	0.258175	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,940,552	47,148,418	57,088,970	0.209755	0.000000	54.00
56.00	05600	RADIOISOTOPE	926,066	7,468,634	8,394,700	0.078585	0.000000	56.00
60.00	06000	LABORATORY	18,840,051	22,739,145	41,579,196	0.266539	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	8,496,977	3,333,059	11,830,036	0.304227	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,900,077	8,767,003	12,667,080	0.424127	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,952,656	255,416	2,208,072	0.241181	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	514,845	248,975	763,820	0.185728	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,120,934	7,539,428	11,660,362	0.137461	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,408,549	1,664,507	3,073,056	0.271887	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,555,064	21,730,048	37,285,112	0.280152	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,265,167	36,004,337	82,269,504	0.226584	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,865,461	20,108,738	49,974,199	0.206132	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	17,921,798	18,758,793	36,680,591	0.150129	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,349,842	60,710,520	76,060,362	0.093988	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	293,371	13,726,069	14,019,440	0.222194	0.000000	92.00
200.00		Subtotal (see instructions)	386,312,692	429,045,954	815,358,646			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	386,312,692	429,045,954	815,358,646			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:29 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.103654	50.00
51.00	05100	RECOVERY ROOM	0.209449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258175	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209755	54.00
56.00	05600	RADIOISOTOPE	0.078585	56.00
60.00	06000	LABORATORY	0.266539	60.00
65.00	06500	RESPIRATORY THERAPY	0.304227	65.00
66.00	06600	PHYSICAL THERAPY	0.424127	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241181	67.00
68.00	06800	SPEECH PATHOLOGY	0.185728	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.271887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206132	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.150129	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.093988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222194	92.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part II
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,511,140	5,364,393	15,146,747	0	0 50.00
51.00	05100	RECOVERY ROOM	5,534,484	745,752	4,788,732	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,993,681	2,130,391	7,863,290	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,974,689	3,281,358	8,693,331	0	0 54.00
56.00	05600	RADIOISOTOPE	659,696	93,704	565,992	0	0 56.00
60.00	06000	LABORATORY	11,082,463	708,810	10,373,653	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	3,599,020	245,960	3,353,060	0	0 65.00
66.00	06600	PHYSICAL THERAPY	5,372,454	224,707	5,147,747	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	532,546	11,358	521,188	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	141,863	4,946	136,917	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,602,845	461,496	1,141,349	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	835,523	102,649	732,874	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,445,491	506,175	9,939,316	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,640,924	913,640	17,727,284	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,301,291	612,416	9,688,875	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,506,810	1,504,649	4,002,161	0	0 75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,148,772	1,124,732	6,024,040	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,115,042	517,698	2,597,344	0	0 92.00
200.00		Subtotal (sum of lines 50 thru 199)	126,998,734	18,554,834	108,443,900	0	0 200.00
201.00		Less Observation Beds	3,115,042	517,698	2,597,344	0	0 201.00
202.00		Total (line 200 minus line 201)	123,883,692	18,037,136	105,846,556	0	0 202.00

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

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part II
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,511,140	197,881,350	0.103654		50.00
51.00	05100 RECOVERY ROOM	5,534,484	26,424,050	0.209449		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,993,681	38,708,940	0.258175		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,974,689	57,088,970	0.209755		54.00
56.00	05600 RADIOISOTOPE	659,696	8,394,700	0.078585		56.00
60.00	06000 LABORATORY	11,082,463	41,579,196	0.266539		60.00
65.00	06500 RESPIRATORY THERAPY	3,599,020	11,830,036	0.304227		65.00
66.00	06600 PHYSICAL THERAPY	5,372,454	12,667,080	0.424127		66.00
67.00	06700 OCCUPATIONAL THERAPY	532,546	2,208,072	0.241181		67.00
68.00	06800 SPEECH PATHOLOGY	141,863	763,820	0.185728		68.00
69.00	06900 ELECTROCARDIOLOGY	1,602,845	11,660,362	0.137461		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	835,523	3,073,056	0.271887		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,445,491	37,285,112	0.280152		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,640,924	82,269,504	0.226584		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,301,291	49,974,199	0.206132		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,506,810	36,680,591	0.150129		75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	7,148,772	76,060,362	0.093988		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,115,042	14,019,440	0.222194		92.00
200.00	Subtotal (sum of lines 50 thru 199)	126,998,734	708,568,840			200.00
201.00	Less Observation Beds	3,115,042	0			201.00
202.00	Total (line 200 minus line 201)	123,883,692	708,568,840			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:29 am
--	--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,492,473	0	6,492,473	25,057	259.11	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	573,216		573,216	973	589.12	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,586,890		1,586,890	5,170	306.94	34.02
43.00	NURSERY	706,430		706,430	4,605	153.40	43.00
200.00	Total (lines 30 through 199)	9,359,009		9,359,009	35,805		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	7,390	1,914,823				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,390	1,914,823				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:29 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	5,364,393	197,881,350	0.027109	23,061,682	625,179	50.00
51.00	05100 RECOVERY ROOM	745,752	26,424,050	0.028222	2,124,395	59,955	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,130,391	38,708,940	0.055036	72,522	3,991	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,281,358	57,088,970	0.057478	3,753,412	215,739	54.00
56.00	05600 RADIOISOTOPE	93,704	8,394,700	0.011162	403,424	4,503	56.00
60.00	06000 LABORATORY	708,810	41,579,196	0.017047	5,331,795	90,891	60.00
65.00	06500 RESPIRATORY THERAPY	245,960	11,830,036	0.020791	1,386,028	28,817	65.00
66.00	06600 PHYSICAL THERAPY	224,707	12,667,080	0.017739	1,473,963	26,147	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,358	2,208,072	0.005144	810,790	4,171	67.00
68.00	06800 SPEECH PATHOLOGY	4,946	763,820	0.006475	233,879	1,514	68.00
69.00	06900 ELECTROCARDIOLOGY	461,496	11,660,362	0.039578	1,642,520	65,008	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,649	3,073,056	0.033403	305,658	10,210	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	506,175	37,285,112	0.013576	4,984,571	67,671	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	913,640	82,269,504	0.011105	18,964,778	210,604	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	612,416	49,974,199	0.012255	8,405,128	103,005	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,504,649	36,680,591	0.041020	6,732,545	276,169	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,124,732	76,060,362	0.014787	6,374,260	94,256	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	517,698	14,019,440	0.036927	147,581	5,450	92.00
200.00	Total (lines 50 through 199)	18,554,834	708,568,840		86,208,931	1,893,280	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:29 am
---	-----------------------	---	---

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	25,057	0.00	7,390	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	973	0.00	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	5,170	0.00	0	34.02	
43.00	04300	NURSERY		0	4,605	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	35,805		7,390	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	--

Cost Center Description		Title XVIII					Allied Health Post-Stepdown Adjustments	Allied Health	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Hospital				
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	--

Cost Center Description	Title XVIII		Hospital		PPS			
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	197,881,350	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,424,050	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,708,940	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	57,088,970	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	8,394,700	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	41,579,196	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,830,036	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,667,080	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,208,072	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	763,820	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,660,362	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,073,056	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,285,112	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	82,269,504	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	49,974,199	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	36,680,591	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	76,060,362	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,019,440	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	708,568,840		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:29 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	23,061,682	0	23,680,385	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,124,395	0	3,491,453	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	72,522	0	124,132	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,753,412	0	8,046,256	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	403,424	0	2,602,296	0	56.00
60.00	06000 LABORATORY	0.000000	5,331,795	0	2,594,222	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,386,028	0	920,497	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,473,963	0	110,350	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	810,790	0	10,384	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	233,879	0	769	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,642,520	0	2,142,623	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	305,658	0	167,906	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,984,571	0	4,742,494	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	18,964,778	0	8,720,288	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,405,128	0	3,619,813	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	6,732,545	0	5,860,939	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	6,374,260	0	9,597,600	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	147,581	0	2,391,363	0	92.00
200.00	Total (lines 50 through 199)		86,208,931	0	78,823,770	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:29 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	0.103654	23,680,385	0	0	2,454,567	50.00
51.00	05100	RECOVERY ROOM	0.209449	3,491,453	0	0	731,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258175	124,132	0	0	32,048	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209755	8,046,256	0	0	1,687,742	54.00
56.00	05600	RADIOISOTOPE	0.078585	2,602,296	0	0	204,501	56.00
60.00	06000	LABORATORY	0.266539	2,594,222	1,550	0	691,461	60.00
65.00	06500	RESPIRATORY THERAPY	0.304227	920,497	0	0	280,040	65.00
66.00	06600	PHYSICAL THERAPY	0.424127	110,350	0	0	46,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241181	10,384	0	0	2,504	67.00
68.00	06800	SPEECH PATHOLOGY	0.185728	769	0	0	143	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137461	2,142,623	0	0	294,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.271887	167,906	0	0	45,651	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280152	4,742,494	0	0	1,328,619	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226584	8,720,288	0	0	1,975,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206132	3,619,813	0	43,693	746,159	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.150129	5,860,939	0	0	879,897	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.093988	9,597,600	0	0	902,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222194	2,391,363	0	0	531,347	92.00
200.00		Subtotal (see instructions)		78,823,770	1,550	43,693	12,835,226	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		78,823,770	1,550	43,693	12,835,226	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:29 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	413	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,007	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	413	9,007	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	413	9,007	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:29 am
--	--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,492,473	0	6,492,473	25,057	259.11	30.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	PEDIATRIC INTENSIVE CARE UNIT	573,216		573,216	973	589.12	34.01	
34.02	PREMATURE INTENSIVE CARE UNIT	1,586,890		1,586,890	5,170	306.94	34.02	
43.00	NURSERY	706,430		706,430	4,605	153.40	43.00	
200.00	Total (lines 30 through 199)	9,359,009		9,359,009	35,805		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	1,266	328,033					30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	103	60,679					34.01
34.02	PREMATURE INTENSIVE CARE UNIT	0	0					34.02
43.00	NURSERY	981	150,485					43.00
200.00	Total (lines 30 through 199)	2,350	539,197					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:29 am
--	--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital	PPS	
		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	5,364,393	197,881,350	0.027109	210,114	5,696	50.00
51.00	05100 RECOVERY ROOM	745,752	26,424,050	0.028222	11,562	326	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,130,391	38,708,940	0.055036	207,330	11,411	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,281,358	57,088,970	0.057478	176,758	10,160	54.00
56.00	05600 RADIOISOTOPE	93,704	8,394,700	0.011162	0	0	56.00
60.00	06000 LABORATORY	708,810	41,579,196	0.017047	411,169	7,009	60.00
65.00	06500 RESPIRATORY THERAPY	245,960	11,830,036	0.020791	820,809	17,065	65.00
66.00	06600 PHYSICAL THERAPY	224,707	12,667,080	0.017739	90,466	1,605	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,358	2,208,072	0.005144	59,529	306	67.00
68.00	06800 SPEECH PATHOLOGY	4,946	763,820	0.006475	23,226	150	68.00
69.00	06900 ELECTROCARDIOLOGY	461,496	11,660,362	0.039578	68,119	2,696	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,649	3,073,056	0.033403	2,249	75	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	506,175	37,285,112	0.013576	193,418	2,626	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	913,640	82,269,504	0.011105	152,741	1,696	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	612,416	49,974,199	0.012255	630,270	7,724	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,504,649	36,680,591	0.041020	393,849	16,156	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,124,732	76,060,362	0.014787	200,154	2,960	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	517,698	14,019,440	0.036927	0	0	92.00
200.00	Total (lines 50 through 199)	18,554,834	708,568,840		3,651,763	87,661	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:29 am
---	-----------------------	---	---

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	25,057	0.00	1,266	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	973	0.00	103	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	5,170	0.00	0	34.02	
43.00	04300	NURSERY		0	4,605	0.00	981	43.00	
200.00		Total (lines 30 through 199)		0	35,805		2,350	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	--

Cost Center Description	Title XIX				Hospital		Total
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	197,881,350	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,424,050	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	38,708,940	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	57,088,970	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	8,394,700	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	41,579,196	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,830,036	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,667,080	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,208,072	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	763,820	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,660,362	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,073,056	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,285,112	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	82,269,504	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	49,974,199	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	36,680,591	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	76,060,362	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,019,440	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	708,568,840		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	210,114	0	916,233	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	11,562	0	190,424	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	207,330	0	81,920	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	176,758	0	249,089	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	35,544	0	56.00
60.00	06000 LABORATORY	0.000000	411,169	0	206,084	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	820,809	0	34,657	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	90,466	0	158,769	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	59,529	0	1,142	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	23,226	0	10,862	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	68,119	0	34,950	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,249	0	48,725	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	193,418	0	144,726	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	152,741	0	156,761	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	630,270	0	111,271	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	393,849	0	163,332	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	200,154	0	809,752	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	249,761	0	92.00
200.00	Total (lines 50 through 199)		3,651,763	0	3,604,002	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:29 am
--	-----------------------	---	---

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
			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		
			1.00	2.00	3.00	4.00		5.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.103654	916,233	0	0	94,971	50.00
51.00	05100	RECOVERY ROOM	0.209449	190,424	0	0	39,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258175	81,920	0	0	21,150	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209755	249,089	0	0	52,248	54.00
56.00	05600	RADIOISOTOPE	0.078585	35,544	0	0	2,793	56.00
60.00	06000	LABORATORY	0.266539	206,084	0	0	54,929	60.00
65.00	06500	RESPIRATORY THERAPY	0.304227	34,657	0	0	10,544	65.00
66.00	06600	PHYSICAL THERAPY	0.424127	158,769	0	0	67,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241181	1,142	0	0	275	67.00
68.00	06800	SPEECH PATHOLOGY	0.185728	10,862	0	0	2,017	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137461	34,950	0	0	4,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.271887	48,725	0	0	13,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280152	144,726	0	0	40,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226584	156,761	0	0	35,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206132	111,271	0	0	22,937	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.150129	163,332	0	0	24,521	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.093988	809,752	0	0	76,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222194	249,761	0	0	55,495	92.00
200.00		Subtotal (see instructions)		3,604,002	0	0	619,326	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		3,604,002	0	0	619,326	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:29 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:29 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,057	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,057	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)		23,059	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)		7,390	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)		39,065,814	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)		39,065,814	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)		39,065,814	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,559.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,521,601	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,521,601	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:29 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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	3,181,824	973	3,270.12	0	0	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,872,893	5,170	1,716.23	0	0	46.02
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)					15,757,693	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,279,294	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,914,823	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,893,280	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,808,103	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,471,191	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)					1,998	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,559.08	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,115,042	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:29 am	
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	6,492,473	39,065,814	0.166193	3,115,042	517,698	90.00
91.00	Nursing School cost	0	39,065,814	0.000000	3,115,042	0	91.00
92.00	Allied health cost	0	39,065,814	0.000000	3,115,042	0	92.00
93.00	All other Medical Education	0	39,065,814	0.000000	3,115,042	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:29 am
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			25,057 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			25,057 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)			23,059 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,266 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)			4,605 15.00
16.00	Nursery days (title V or XIX only)			981 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)			39,065,814 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)			39,065,814 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)			39,065,814 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,559.08 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,973,795 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,973,795 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:29 am	
			Title XIX	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)	3,542,927	4,605	769.37	981	754,752	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	3,181,824	973	3,270.12	103	336,822	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,872,893	5,170	1,716.23	0	0	46.02
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)					837,778	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,903,147	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)					539,197	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					87,661	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					626,858	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,276,289	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)					1,998	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,559.08	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,115,042	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:29 am	
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	6,492,473	39,065,814	0.166193	3,115,042	517,698	90.00
91.00	Nursing School cost	0	39,065,814	0.000000	3,115,042	0	91.00
92.00	Allied health cost	0	39,065,814	0.000000	3,115,042	0	92.00
93.00	All other Medical Education	0	39,065,814	0.000000	3,115,042	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:29 am	
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		22,059,820	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	34.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.103654	23,061,682	50.00
51.00	05100	RECOVERY ROOM	0.209449	2,124,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258175	72,522	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209755	3,753,412	54.00
56.00	05600	RADIOISOTOPE	0.078585	403,424	56.00
60.00	06000	LABORATORY	0.266539	5,331,795	60.00
65.00	06500	RESPIRATORY THERAPY	0.304227	1,386,028	65.00
66.00	06600	PHYSICAL THERAPY	0.424127	1,473,963	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241181	810,790	67.00
68.00	06800	SPEECH PATHOLOGY	0.185728	233,879	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137461	1,642,520	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.271887	305,658	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280152	4,984,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226584	18,964,778	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206132	8,405,128	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.150129	6,732,545	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.093988	6,374,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222194	147,581	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		86,208,931	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)		86,208,931	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:29 am	
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		1,056,489	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		933,229	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		2,620,064	34.02
43.00	04300	NURSERY		171,582	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.103654	210,114	50.00
51.00	05100	RECOVERY ROOM	0.209449	11,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258175	207,330	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209755	176,758	54.00
56.00	05600	RADIOISOTOPE	0.078585	0	56.00
60.00	06000	LABORATORY	0.266539	411,169	60.00
65.00	06500	RESPIRATORY THERAPY	0.304227	820,809	65.00
66.00	06600	PHYSICAL THERAPY	0.424127	90,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241181	59,529	67.00
68.00	06800	SPEECH PATHOLOGY	0.185728	23,226	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137461	68,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.271887	2,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280152	193,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226584	152,741	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206132	630,270	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.150129	393,849	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.093988	200,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222194	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			3,651,763	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)			3,651,763	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:29 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)		12,261,798	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,212,296	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)		300,269	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		86,356	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		155.16	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.86	31.00
32.00	Sum of lines 30 and 31		23.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.87	33.00
34.00	Disproportionate share adjustment (see instructions)		365,313	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:29 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)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000239225	0.000113212	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,979,076	945,388	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,480,240	237,638	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,717,878		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	18,943,910		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)		18,943,910	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,535,860	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,479,770	59.00
60.00	Primary payer payments		5,669	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,474,101	61.00
62.00	Deductibles billed to program beneficiaries		1,894,332	62.00
63.00	Coinurance billed to program beneficiaries		25,916	63.00
64.00	Allowable bad debts (see instructions)		80,987	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		52,642	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,923	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,606,495	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		134,994	70.93
70.94	HRR adjustment amount (see instructions)		-6,206	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:29 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			18,735,283	71.00
71.01	Sequestration adjustment (see instructions)			374,706	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			18,542,328	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-181,751	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			319,114	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:29 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,261,798	0	12,261,798		12,261,798	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,212,296	0		4,212,296	4,212,296	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	300,269	0	300,269		300,269	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	86,356	0		86,356	86,356	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0887	0.0887	0.0887	0.0887		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	365,313	0	271,905	93,408	365,313	11.00
11.01	Uncompensated care payments	36.00	1,717,878	0	1,480,240	237,638	1,717,878	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,943,910	0	14,314,212	4,629,698	18,943,910	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,943,910	0	14,314,212	4,629,698	18,943,910	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:29 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,535,860	0	1,152,952	382,908	1,535,860	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,467,164	5,012,606	20,479,770	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,333,614	0	997,660	335,954	1,333,614	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	136,365	0	106,007	30,358	136,365	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0494	0.0494	0.0494	0.0494		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	65,881	0	49,285	16,596	65,881	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,535,860	0	1,152,952	382,908	1,535,860	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:29 am
---	--	-----------------------	---	---

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,261,798	12,261,798		12,261,798	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,212,296		4,212,296	4,212,296	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	300,269	300,269		300,269	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	86,356		86,356	86,356	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0887	0.0887	0.0887		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	365,313	271,905	93,408	365,313	11.00
11.01	Uncompensated care payments	36.00	1,717,878	1,480,240	237,638	1,717,878	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,943,910	14,314,212	4,629,698	18,943,910	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,943,910	14,314,212	4,629,698	18,943,910	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,535,860	1,152,952	382,908	1,535,860	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,467,164	5,012,606	20,479,770	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:29 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,333,614	997,660	335,954	1,333,614	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	136,365	106,007	30,358	136,365	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0494	0.0494	0.0494		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	65,881	49,285	16,596	65,881	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,535,860	1,152,952	382,908	1,535,860	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	134,994	110,499	24,495	134,994	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-6,206	-3,678	-2,528	-6,206	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:29 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,420	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,835,226	2.00
3.00	OPPS payments		10,388,394	3.00
4.00	Outlier payment (see instructions)		157,124	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)		9,420	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,243	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)		45,243	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)		45,243	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,823	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)		9,420	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)		10,545,518	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		310	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,828,730	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)		8,725,898	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)		8,725,898	30.00
31.00	Primary payer payments		209	31.00
32.00	Subtotal (line 30 minus line 31)		8,725,689	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)		179,996	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		116,997	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		120,512	36.00
37.00	Subtotal (see instructions)		8,842,686	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)		2,100	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,842,686	40.00
40.01	Sequestration adjustment (see instructions)		176,854	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		8,660,194	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		5,638	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		2,660	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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2020 8:29 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		18,542,328		8,660,194	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)		18,542,328		8,660,194	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		5,638	6.01	
6.02	SETTLEMENT TO PROGRAM		181,751		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,360,577		8,665,832	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: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/29/2020 8:29 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 IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared: 6/29/2020 8:29 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	-807,494	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	171,399	0	0	0	3.00
4.00	Accounts receivable	420,088,993	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,816,169	0	0	0	6.00
7.00	Inventory	2,597,290	0	0	0	7.00
8.00	Prepaid expenses	1,524,064	0	0	0	8.00
9.00	Other current assets	45,459,950	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)	457,218,033	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,223	0	0	0	13.00
14.00	Accumulated depreciation	-11,210,344	0	0	0	14.00
15.00	Buildings	166,811,493	0	0	0	15.00
16.00	Accumulated depreciation	-57,914,732	0	0	0	16.00
17.00	Leasehold improvements	1,086,838	0	0	0	17.00
18.00	Accumulated depreciation	-384,649	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	138,887	0	0	0	21.00
22.00	Accumulated depreciation	-138,887	0	0	0	22.00
23.00	Major movable equipment	83,591,644	0	0	0	23.00
24.00	Accumulated depreciation	-65,237,452	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)	128,685,021	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	22,436,223	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,436,223	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	608,339,277	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,799,286	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,539,355	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,696,751	0	0	0	40.00
41.00	Deferred income	118,835	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,879,775	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,034,002	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	185,981,574	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	853,987	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	186,835,561	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	228,869,563	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	379,469,714	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	379,469,714	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	608,339,277	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
6/29/2020 8:29 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		307,554,754		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		71,863,405				2.00
3.00	Total (sum of line 1 and line 2)		379,418,159		0		3.00
4.00	UNRESTRICTED FUND BALANCE	72,500		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)		72,500		0		10.00
11.00	Subtotal (line 3 plus line 10)		379,490,659		0		11.00
12.00	DONATED PPE	20,942		0		0	12.00
13.00	ROUNDING	3		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		20,945		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		379,469,714		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	UNRESTRICTED FUND BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DONATED PPE		0				12.00
13.00	ROUNDING		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: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2020 8:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,979,226		77,979,226	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	77,979,226		77,979,226	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	4,985,374		4,985,374	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	23,825,206		23,825,206	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,810,580		28,810,580	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	106,789,806		106,789,806	17.00
18.00	Ancillary services	263,879,674	354,609,368	618,489,042	18.00
19.00	Outpatient services	15,643,213	74,436,589	90,079,802	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NONALLOWABLE REVENUE	0	151,194	151,194	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	386,312,693	429,197,151	815,509,844	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		211,755,941		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)		211,755,941		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
6/29/2020 8:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	815,509,844	1.00
2.00	Less contractual allowances and discounts on patients' accounts	550,583,311	2.00
3.00	Net patient revenues (line 1 minus line 2)	264,926,533	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	211,755,941	4.00
5.00	Net income from service to patients (line 3 minus line 4)	53,170,592	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	18,692,813	24.00
25.00	Total other income (sum of lines 6-24)	18,692,813	25.00
26.00	Total (line 5 plus line 25)	71,863,405	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	71,863,405	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 8:29 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,333,614	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		136,365	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)		84.99	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.96	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.86	8.00
9.00	Sum of lines 7 and 8		23.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.94	10.00
11.00	Disproportionate share adjustment (see instructions)		65,881	11.00
12.00	Total prospective capital payments (see instructions)		1,535,860	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