

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: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/29/2020 8:35 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

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

Date: 6/29/2020 Time: 8:35 am

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 WEST HOSPITAL (15-0158) 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 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	69,294	-4,365	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	69,294	-4,365	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: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:35 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1111 N. RONALD REAGAN PARKWAY	PO Box:							1.00	
2.00	City: AVON	State: IN	Zip Code: 46123-7085	County: HENDRICKS					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 WEST HOSPITAL	150158	26900	1	12/01/2004	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 - FOHC									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.	986	245	0	27	3,711	15		24.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	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 Criteria 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	

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

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	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

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			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

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		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:	269,395		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	5.04	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: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:35 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: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH ST	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: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:35 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	1,976 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:35 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				
		1.00	2.00				
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				
		1.00	2.00				
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					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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2020	Y	04/01/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:35 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		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:35 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.	DI RECTOR - 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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:35 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	96	35,040	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)		96	35,040	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	11	4,015	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		123	44,895	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)		123				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:35 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,195	492	24,154			1.00
2.00 HMO and other (see instructions)	6,880	3,282				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)	9,195	492	24,154			7.00
8.00 INTENSIVE CARE UNIT	1,973	363	4,942			8.00
9.00 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	36	672			12.00
13.00 NURSERY		796	1,709			13.00
14.00 Total (see instructions)	11,168	1,687	31,477	0.00	803.13	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)			139			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	803.13	27.00
28.00 Observation Bed Days		46	2,515			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	15	425			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:35 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	2,217	169	7,701	1.00
2.00 HMO and other (see instructions)				1,312	802		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 NEONATAL INTENSIVE CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,217	169		7,701	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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:35 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	52,028,026	-270,044	51,757,982	1,633,160.58	31.69
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		183,792	0	183,792	3,120.00	58.91
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)		187,706	0	187,706	16,565.17	11.33
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,548,624	0	2,548,624	35,656.66	71.48
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		529,861	0	529,861	2,677.25	197.91
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		17,027,231	0	17,027,231	443,016.00	38.43
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)		12,937,575	0	12,937,575		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		96,653	0	96,653		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		34,003	0	34,003		
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)		7,829,043	0	7,829,043		
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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:35 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	410,469	0	410,469	1.00	410,469.00	26.00
27.00	Administrative & General	5,295,759	-40,858	5,254,901	95,552.97	54.99	27.00
28.00	Administrative & General under contract (see inst.)	311,107	0	311,107	2,358.32	131.92	28.00
29.00	Maintenance & Repairs	740,052	0	740,052	29,798.84	24.83	29.00
30.00	Operation of Plant	617,311	0	617,311	28,143.76	21.93	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	978,633	-2,128	976,505	70,307.78	13.89	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,086,099	-765,477	320,622	20,017.42	16.02	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	764,799	764,799	47,647.99	16.05	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,410,940	-15,982	2,394,958	57,525.52	41.63	38.00
39.00	Central Services and Supply	363,625	0	363,625	18,733.84	19.41	39.00
40.00	Pharmacy	2,337,191	-5,297	2,331,894	58,992.00	39.53	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	236,880	0	236,880	17,646.03	13.42	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part III
Date/Time Prepared:
6/29/2020 8:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,155,341	-270,044	51,885,297	1,632,398.90	31.78	1.00
2.00	Excluded area salaries (see instructions)	187,706	0	187,706	16,565.17	11.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,967,635	-270,044	51,697,591	1,615,833.73	31.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,105,716	0	20,105,716	481,349.91	41.77	4.00
5.00	Subtotal wage-related costs (see inst.)	20,766,618	0	20,766,618	0.00	40.17	5.00
6.00	Total (sum of lines 3 thru 5)	92,839,969	-270,044	92,569,925	2,097,183.64	44.14	6.00
7.00	Total overhead cost (see instructions)	14,788,066	-64,943	14,723,123	446,725.47	32.96	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2020 8:35 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,824,024	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)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,678,476	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	224,614	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	23,065	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)	334,576	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	293,755	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	3,684,813	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	4,909	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)	13,068,232	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 6/29/2020 8:35 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	2,548,624	13,068,232	1.00
2.00	Hospital	2,548,624	13,068,232	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: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/29/2020 8:35 am
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				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)			0.167134	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			7,779,113	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			118,916,483	6.00	
7.00	Medicaid cost (line 1 times line 6)			19,874,987	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)			12,095,874	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)			631	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			9,498	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			1,587	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)			956	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)			12,096,830	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)	18,839,738	906,281	19,746,019	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,148,761	906,281	4,055,042	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	62,868	0	62,868	22.00	
23.00	Cost of charity care (line 21 minus line 22)	3,085,893	906,281	3,992,174	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)			16,747,519	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			384,876	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			592,116	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			16,155,403	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,907,357	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,899,531	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,996,361	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
6/29/2020 8:35 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	4,857,587	4,857,587	1.00
1.01	00101	MOB		636,560	636,560	195,958	832,518	1.01
1.02	00102	INTEREST		0	0	5,334,634	5,334,634	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,471,799	4,471,799	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	410,469	354,464	764,933	8,633,239	9,398,172	4.00
5.01	00540	NONPATIENT TELEPHONES	0	69,958	69,958	-40,787	29,171	5.01
5.02	00550	DATA PROCESSING	0	26,095	26,095	-4,378	21,717	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	275,298	275,298	-16,236	259,062	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	5,295,759	58,355,002	63,650,761	-6,925,402	56,725,359	5.04
6.00	00600	MAINTENANCE & REPAIRS	740,052	6,503,417	7,243,469	-4,312,148	2,931,321	6.00
7.00	00700	OPERATION OF PLANT	617,311	3,756,691	4,374,002	616,054	4,990,056	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	88,169	88,169	-804	87,365	8.00
9.00	00900	HOUSEKEEPING	978,633	1,100,591	2,079,224	-357,450	1,721,774	9.00
10.00	01000	DIETARY	1,086,099	1,654,519	2,740,618	-2,029,155	711,463	10.00
11.00	01100	CAFETERIA	0	0	0	1,693,517	1,693,517	11.00
13.00	01300	NURSING ADMINISTRATION	2,410,940	1,409,233	3,820,173	-464,328	3,355,845	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	363,625	191,746	555,371	6,483,053	7,038,424	14.00
15.00	01500	PHARMACY	2,337,191	4,617,122	6,954,313	-3,944,455	3,009,858	15.00
17.00	01700	SOCIAL SERVICE	0	25	25	0	25	17.00
18.00	01080	TRANSPORTATION	236,880	134,532	371,412	-55,946	315,466	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,165,720	7,442,295	19,608,015	-6,500,637	13,107,378	30.00
31.00	03100	INTENSIVE CARE UNIT	3,101,751	2,722,962	5,824,713	-1,002,742	4,821,971	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	881,776	200,412	1,082,188	-133,442	948,746	35.00
43.00	04300	NURSERY	0	0	0	407,569	407,569	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,718,246	14,258,029	16,976,275	-12,947,398	4,028,877	50.00
51.00	05100	RECOVERY ROOM	2,462,395	814,544	3,276,939	-554,174	2,722,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,174,843	2,174,843	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,121,881	4,702,397	8,824,278	-3,683,593	5,140,685	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	782,330	1,978,120	2,760,450	-322,097	2,438,353	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,067,263	5,138,427	6,205,690	-3,776,295	2,429,395	59.00
60.00	06000	LABORATORY	0	6,446,988	6,446,988	0	6,446,988	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	362,909	362,909	0	362,909	63.00
65.00	06500	RESPIRATORY THERAPY	1,471,575	712,704	2,184,279	-575,429	1,608,850	65.00
66.00	06600	PHYSICAL THERAPY	1,644,640	583,690	2,228,330	-395,826	1,832,504	66.00
67.00	06700	OCCUPATIONAL THERAPY	552,858	129,743	682,601	-88,519	594,082	67.00
68.00	06800	SPEECH PATHOLOGY	181,238	45,537	226,775	-31,380	195,395	68.00
69.00	06900	ELECTROCARDIOLOGY	830,643	738,434	1,569,077	-283,356	1,285,721	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,432,794	3,432,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,302,373	8,302,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,322,388	4,322,388	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	222,896	162,046	384,942	-86,456	298,486	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	144,136	144,136	-123,237	20,899	90.01
90.02	09002	SLEEP LAB	0	714,647	714,647	-14,343	700,304	90.02
91.00	09100	EMERGENCY	4,745,062	2,763,403	7,508,465	-1,953,015	5,555,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	413,087	95,799	508,886	-29,361	479,525	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,840,320	129,330,644	181,170,964	273,419	181,444,383	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,649	251,755	346,404	-48,797	297,607	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,921	23,921	88,123	112,044	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	388,284	388,284	19,743	408,027	192.02
192.03	19203	BACK AND NECK	93,057	320,499	413,556	-332,488	81,068	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	52,028,026	130,315,103	182,343,129	0	182,343,129	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
6/29/2020 8:35 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	19,022	4,876,609	1.00
1.01	00101 MOB	0	832,518	1.01
1.02	00102 INTEREST	5,413,843	10,748,477	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	931,109	5,402,908	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	2,432,924	11,831,096	4.00
5.01	00540 NONPATIENT TELEPHONES	0	29,171	5.01
5.02	00550 DATA PROCESSING	7,011,531	7,033,248	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	708,223	967,285	5.03
5.04	00590 ADMINISTRATIVE AND GENERAL	-37,914,902	18,810,457	5.04
6.00	00600 MAINTENANCE & REPAIRS	-542,780	2,388,541	6.00
7.00	00700 OPERATION OF PLANT	0	4,990,056	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	87,365	8.00
9.00	00900 HOUSEKEEPING	0	1,721,774	9.00
10.00	01000 DIETARY	-11,798	699,665	10.00
11.00	01100 CAFETERIA	-1,053,973	639,544	11.00
13.00	01300 NURSING ADMINISTRATION	473,776	3,829,621	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-11,385	7,027,039	14.00
15.00	01500 PHARMACY	-30,418	2,979,440	15.00
17.00	01700 SOCIAL SERVICE	0	25	17.00
18.00	01080 TRANSPORTATION	0	315,466	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-1,947,641	11,159,737	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,456,827	3,365,144	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	0	948,746	35.00
43.00	04300 NURSERY	0	407,569	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-510,914	3,517,963	50.00
51.00	05100 RECOVERY ROOM	-49,800	2,672,965	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,174,843	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	133,986	5,274,671	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-352,217	2,086,136	55.00
59.00	05900 CARDIAC CATHETERIZATION	-1,273,745	1,155,650	59.00
60.00	06000 LABORATORY	0	6,446,988	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	362,909	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,608,850	65.00
66.00	06600 PHYSICAL THERAPY	0	1,832,504	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	594,082	67.00
68.00	06800 SPEECH PATHOLOGY	0	195,395	68.00
69.00	06900 ELECTROCARDIOLOGY	-362,803	922,918	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,432,794	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,302,373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,322,388	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	298,486	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	20,899	90.01
90.02	09002 SLEEP LAB	0	700,304	90.02
91.00	09100 EMERGENCY	-97,643	5,457,807	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	479,525	92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-28,492,432	152,951,951	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	297,607	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	112,044	192.00
192.01	19201 RETAIL PHARMACY	0	0	192.01
192.02	19202 MARKETING	0	408,027	192.02
192.03	19203 BACK AND NECK	0	81,068	192.03
200.00	TOTAL (SUM OF LINES 118 through 199)	-28,492,432	153,850,697	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,192,384	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,319,360	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	172,010	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,112	4.00
5.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	75,666	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
	0		0	8,764,532	
B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	417,527	1.00
2.00	MOB	1.01	0	454,702	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	147,327	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
	0		0	1,019,556	
C - INTEREST					
1.00	INTEREST	1.02	0	5,334,634	1.00
2.00		0.00	0	0	2.00
	0		0	5,334,634	
D - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,633,232	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

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:35 am

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
				8,633,232		
F - LABOR & DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,952,177	222,666		1.00
			1,952,177	222,666		
H - NURSERY						
1.00	NURSERY	43.00	365,877	41,692		1.00
			365,877	41,692		
I - DIETARY						
1.00	CAFETERIA	11.00	764,799	928,718		1.00
			764,799	928,718		
K - STD						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	40,858		1.00
2.00	HOUSEKEEPING	9.00	0	2,128		2.00
3.00	DIETARY	10.00	0	678		3.00
4.00	NURSING ADMINISTRATION	13.00	0	15,982		4.00
5.00	PHARMACY	15.00	0	5,297		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	69,352		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	19,245		7.00
8.00	OPERATING ROOM	50.00	0	13,511		8.00
9.00	RECOVERY ROOM	51.00	0	24,779		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,854		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,926		11.00
12.00	RESPIRATORY THERAPY	65.00	0	10,138		12.00
13.00	PHYSICAL THERAPY	66.00	0	736		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	10,542		14.00
15.00	EMERGENCY	91.00	0	33,018		15.00
			0	270,044		
L - UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	1,461,578		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	1,461,578		
M - MARKETING						
1.00	MARKETING	192.02	0	19,743		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
			0	19,743		
N - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,322,388		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
			0	4,322,388		
O - NON-BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	405,408		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	15		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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
			0	405,423	
P - BILLABLE IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,994	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,302,373	2.00
			0	8,308,367	
Q - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,426,800	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
			0	3,426,800	
R - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,252,866	1.00
2.00	NURSING ADMINISTRATION	13.00	0	9	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
			0	7,252,875	
T - SUPPLY REBATES RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7	1.00
2.00	DATA PROCESSING	5.02	0	17	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	4,280	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,603	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	5,836	5.00
6.00	OPERATION OF PLANT	7.00	0	3,609	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	8	7.00
8.00	HOUSEKEEPING	9.00	0	2,705	8.00
9.00	DIETARY	10.00	0	230	9.00
10.00	NURSING ADMINISTRATION	13.00	0	134	10.00
11.00	PHARMACY	15.00	0	7,291	11.00
12.00	TRANSPORTATION	18.00	0	13	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	48,056	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	11,990	14.00

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:35 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,042	15.00
16.00	OPERATING ROOM	50.00	0	263,485	16.00
17.00	RECOVERY ROOM	51.00	0	3,951	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,292	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	611	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	212,945	20.00
21.00	RESPIRATORY THERAPY	65.00	0	2,812	21.00
22.00	PHYSICAL THERAPY	66.00	0	3,316	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	69	23.00
24.00	SPEECH PATHOLOGY	68.00	0	4	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	2,248	25.00
26.00	CARDIAC REHABILITATION	76.97	0	889	26.00
27.00	BEHAVIORAL HEALTH	90.01	0	94	27.00
28.00	SLEEP LAB	90.02	0	471	28.00
29.00	EMERGENCY	91.00	0	21,428	29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	237	30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	14	31.00
32.00	BACK AND NECK	192.03	0	109	32.00
			0	620,796	
U - BEHAVIORAL HEALTH					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	104,499	1.00
	TOTALS		0	104,499	
500.00	Grand Total: Increases		3,082,853	51,137,543	500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:35 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	MOB	1.01	0	247,267	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	40,787	9		2.00
3.00	DATA PROCESSING	5.02	0	4,359	12		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	606,522	12		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	2,748,542	13		5.00
6.00	OPERATION OF PLANT	7.00	0	703,632	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	555	0		7.00
8.00	HOUSEKEEPING	9.00	0	2,427	0		8.00
9.00	DIETARY	10.00	0	17,837	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	116,011	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	61,431	0		11.00
12.00	PHARMACY	15.00	0	73,327	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	303,536	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	6,855	0		14.00
15.00	OPERATING ROOM	50.00	0	944,009	0		15.00
16.00	RECOVERY ROOM	51.00	0	2,251	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,883,672	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	162,161	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	329,385	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	64,430	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	18,707	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	91,428	0		22.00
23.00	SLEEP LAB	90.02	0	465	0		23.00
24.00	EMERGENCY	91.00	0	270,276	0		24.00
25.00	BACK AND NECK	192.03	0	64,660	0		25.00
	O		0	8,764,532			
B - LEASE							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	3,487	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	542,330	10		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	334	10		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	65,462	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	36,356	0		5.00
6.00	OPERATING ROOM	50.00	0	10,175	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	254	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,604	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	25,918	0		9.00
10.00	CARDIAC REHABILITATION	76.97	0	25,918	0		10.00
11.00	BEHAVIORAL HEALTH	90.01	0	18,832	0		11.00
12.00	EMERGENCY	91.00	0	14,496	0		12.00
13.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,434	0		13.00
14.00	BACK AND NECK	192.03	0	238,956	0		14.00
	O		0	1,019,556			
C - INTEREST							
1.00	ADMINISTRATIVE AND GENERAL	5.04		5,334,001	11		1.00
2.00	OPERATION OF PLANT	7.00		633	0		2.00
	O		0	5,334,634			
D - BENEFITS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	423,292	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	142,223	0		2.00
3.00	OPERATION OF PLANT	7.00	0	144,849	0		3.00
4.00	HOUSEKEEPING	9.00	0	324,257	0		4.00
5.00	DIETARY	10.00	0	314,526	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	346,664	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	85,503	0		7.00
8.00	PHARMACY	15.00	0	355,424	0		8.00
9.00	TRANSPORTATION	18.00	0	55,959	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,247,634	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	543,439	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	99,387	0		12.00
13.00	OPERATING ROOM	50.00	0	546,729	0		13.00
14.00	RECOVERY ROOM	51.00	0	392,323	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	630,065	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	134,296	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	140,024	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	260,642	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	246,601	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	84,229	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	30,844	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	158,702	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	53,651	0		23.00
24.00	EMERGENCY	91.00	0	806,729	0		24.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:35 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	13,732	0	25.00	
26.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,314	0	26.00	
27.00	BACK AND NECK	192.03	0	27,194	0	27.00	
			0	8,633,232			
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,952,177	222,666	0	1.00	
			1,952,177	222,666			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	365,877	41,692	0	1.00	
			365,877	41,692			
I - DIETARY							
1.00	DIETARY	10.00	764,799	928,718	0	1.00	
			764,799	928,718			
K - STD							
1.00	ADMINISTRATIVE AND GENERAL	5.04	40,858	0	0	1.00	
2.00	HOUSEKEEPING	9.00	2,128	0	0	2.00	
3.00	DIETARY	10.00	678	0	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	15,982	0	0	4.00	
5.00	PHARMACY	15.00	5,297	0	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	69,352	0	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	19,245	0	0	7.00	
8.00	OPERATING ROOM	50.00	13,511	0	0	8.00	
9.00	RECOVERY ROOM	51.00	24,779	0	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	10,854	0	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	12,926	0	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	10,138	0	0	12.00	
13.00	PHYSICAL THERAPY	66.00	736	0	0	13.00	
14.00	OCCUPATIONAL THERAPY	67.00	10,542	0	0	14.00	
15.00	EMERGENCY	91.00	33,018	0	0	15.00	
			270,044	0			
L - UTILITIES							
1.00	MOB	1.01	0	11,477	10	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	1,426,739	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,083	0	3.00	
4.00	OPERATING ROOM	50.00	0	2,550	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	402	0	5.00	
6.00	CARDIAC REHABILITATION	76.97	0	345	0	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,376	0	7.00	
8.00	BACK AND NECK	192.03	0	1,606	0	8.00	
			0	1,461,578			
M - MARKETING							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	15,563	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	1,796	0	2.00	
3.00	RECOVERY ROOM	51.00	0	796	0	3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,510	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	50	0	5.00	
6.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	28	0	6.00	
			0	19,743			
N - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	3,870,236	0	1.00	
2.00	OPERATING ROOM	50.00	0	5,703	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	406,343	0	3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	38,937	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	275	0	5.00	
6.00	ELECTROCARDIOLOGY	69.00	0	894	0	6.00	
			0	4,322,388			
O - NON-BILLABLE DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	56,644	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	22,300	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,373	0	3.00	
4.00	OPERATING ROOM	50.00	0	53,527	0	4.00	
5.00	RECOVERY ROOM	51.00	0	17,189	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,364	0	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	10	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	16,741	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	4,212	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	350	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	2,805	0	11.00	
12.00	EMERGENCY	91.00	0	206,878	0	12.00	
13.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,030	0	13.00	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:35 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		0	405,423			
P - BILLABLE IMPLANTS						
1.00	OPERATING ROOM	50.00	0	6,807,129	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,501,238	0	2.00
0		0	8,308,367			
Q - BILLABLE SUPPLIES						
1.00	PHARMACY	15.00	0	19	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	99,461	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	9,882	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	63	0	4.00
5.00	OPERATING ROOM	50.00	0	1,641,956	0	5.00
6.00	RECOVERY ROOM	51.00	0	1,499	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	141,877	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	419	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,509,128	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	566	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	6,544	0	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	68	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	34	0	13.00
14.00	CARDIAC REHABILITATION	76.97	0	33	0	14.00
15.00	EMERGENCY	91.00	0	15,221	0	15.00
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	30	0	16.00
0		0	3,426,800			
R - NON-BILLABLE SUPPLIES						
1.00	DATA PROCESSING	5.02	0	36	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	17,044	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,297	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	146	0	4.00
5.00	OPERATION OF PLANT	7.00	0	19	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	257	0	6.00
7.00	HOUSEKEEPING	9.00	0	33,471	0	7.00
8.00	DIETARY	10.00	0	3,505	0	8.00
9.00	PHARMACY	15.00	0	58,148	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,193,544	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	395,900	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	33,661	0	12.00
13.00	OPERATING ROOM	50.00	0	3,199,105	0	13.00
14.00	RECOVERY ROOM	51.00	0	144,067	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	621,310	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,708	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	453,737	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	248,391	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	100,345	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	4,291	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	540	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	31,741	0	22.00
23.00	CARDIAC REHABILITATION	76.97	0	7,398	0	23.00
24.00	SLEEP LAB	90.02	0	14,349	0	24.00
25.00	EMERGENCY	91.00	0	660,843	0	25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	13,806	0	26.00
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	35	0	27.00
28.00	BACK AND NECK	192.03	0	181	0	28.00
0		0	7,252,875			
T - SUPPLY REBATES RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	620,796	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
			0	620,796			
1.00	U - BEHAVIORAL HEALTH						
	BEHAVIORAL HEALTH	90.01	0	104,499	0		1.00
	TOTALS		0	104,499			
500.00	Grand Total: Decreases		3,352,897	50,867,499			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part I
Date/Time Prepared:
6/29/2020 8:35 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	6,800,703	0	0	0	2.00
3.00	Buildings and Fixtures	80,775,450	0	0	3,817,648	3.00
4.00	Building Improvements	28,123,543	3,817,648	0	3,817,648	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	72,827,460	4,001,079	0	4,001,079	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	188,527,156	7,818,727	0	7,818,727	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	188,527,156	7,818,727	0	7,818,727	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	6,800,703	0			2.00
3.00	Buildings and Fixtures	76,957,802	0			3.00
4.00	Building Improvements	31,941,191	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	69,967,297	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	185,666,993	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	185,666,993	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part II
Date/Time Prepared:
6/29/2020 8:35 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	MOB	247,267	277,657	0	0	0	1.01
1.02	INTEREST	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)	247,267	277,657	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	MOB	111,636	636,560				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	111,636	636,560				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part III
Date/Time Prepared:
6/29/2020 8:35 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	115,699,696	0	115,699,696	0.623157	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	69,967,297	0	69,967,297	0.376843	0	2.00
3.00	Total (sum of lines 1-2)	185,666,993	0	185,666,993	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	4,732,700	-103,767	1.00
1.01	MOB	0	0	0	0	720,882	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,250,469	147,327	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,983,169	764,442	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	172,010	75,666	0	4,876,609	1.00
1.01	MOB	0	0	0	111,636	832,518	1.01
1.02	INTEREST	10,748,477	0	0	0	10,748,477	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,112	0	0	5,402,908	2.00
3.00	Total (sum of lines 1-2)	10,748,477	177,122	75,666	111,636	21,860,512	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:35 am

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
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 - MOB (chapter 2)			OMOB	1.01	0	1.01
1.02 Investment income - INTEREST (chapter 2)	B	-11,004,098	INTEREST	1.02	11	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)	B	-521,294	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	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	-15,082,817			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	24,770,343			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,053,973	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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** 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 - MOB			OMOB	1.01	0	26.01
26.02 Depreciation - INTEREST			INTEREST	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:35 am

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
29.00	Physicians' assistant	0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	-464,380	ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33.01	MISCELLANEOUS INCOME	-383,559	MAINTENANCE & REPAIRS	6.00	0	33.01
33.02	MISCELLANEOUS INCOME	-11,798	DIETARY	10.00	0	33.02
33.03	MISCELLANEOUS INCOME	-11,385	CENTRAL SERVICES & SUPPLY	14.00	0	33.03
33.04	MISCELLANEOUS INCOME	-30,386	PHARMACY	15.00	0	33.04
33.05	MISCELLANEOUS INCOME	-49,800	RECOVERY ROOM	51.00	0	33.05
33.06	MISCELLANEOUS INCOME	-22,850	ELECTROCARDIOLOGY	69.00	0	33.06
33.07	CONTRIBUTION EXPENSE	-30,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.07
33.08	HAF FEES	-13,206,414	ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09	ACCRUED PTO TO HO	-410,469	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.10	BENEFITS TO HO	-8,634,238	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	WEST EXPANSION EXPENSE	-2,319,455	ADMINISTRATIVE AND GENERAL	5.04	0	33.11
33.12	UNWONTED SITUATIONS	-25,278	ADMINISTRATIVE AND GENERAL	5.04	0	33.12
33.13	TELEPHONE EQUIPMENT	-160	NURSING ADMINISTRATION	13.00	0	33.13
33.14	TELEPHONE EQUIPMENT	-32	PHARMACY	15.00	0	33.14
33.15	TELEPHONE EQUIPMENT	-389	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-28,492,432				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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 6/29/2020 8:35 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	HO CR ALLOCATIONS	540,316	0
2.00	1.02	INTEREST	HO CR ALLOCATIONS	16,417,941	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO CR ALLOCATIONS	931,109	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO CR ALLOCATIONS	11,477,631	0
4.01	5.02	DATA PROCESSING	HO CR ALLOCATIONS	7,011,531	0
4.02	5.03	PURCHASING RECEIVING AND STO	HO CR ALLOCATIONS	708,223	0
4.03	5.04	ADMINISTRATIVE AND GENERAL	HO CR ALLOCATIONS	19,067,757	31,617,070
4.04	6.00	MAINTENANCE & REPAIRS	HO CR ALLOCATIONS	0	159,221
4.05	13.00	NURSING ADMINISTRATION	HO CR ALLOCATIONS	606,428	132,492
4.06	54.00	RADIOLOGY-DIAGNOSTIC	HO CR ALLOCATIONS	0	62,700
4.07	59.00	CARDIAC CATHETERIZATION	HO CR ALLOCATIONS	0	19,110
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	12,791	12,791
4.09	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY	8,560,740	8,560,740
4.10	13.00	NURSING ADMINISTRATION	INTERCOMPANY	371,403	371,403
4.11	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	2,125,795	2,125,795
4.12	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	1,476,827	1,476,827
4.13	50.00	OPERATING ROOM	INTERCOMPANY	415,369	415,369
4.14	51.00	RECOVERY ROOM	INTERCOMPANY	16,499	16,499
4.15	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	-139,575	-139,575
4.16	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	405,381	405,381
4.17	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY	1,303,917	1,303,917
4.18	60.00	LABORATORY	INTERCOMPANY	6,446,773	6,446,773
4.19	65.00	RESPIRATORY THERAPY	INTERCOMPANY	18,975	18,975
4.20	66.00	PHYSICAL THERAPY	INTERCOMPANY	15,058	15,058
4.21	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	339,953	339,953
4.22	76.97	CARDIAC REHABILITATION	INTERCOMPANY	12,500	12,500
4.23	90.01	BEHAVIORAL HEALTH	INTERCOMPANY	31,443	31,443
4.24	90.02	SLEEP LAB	INTERCOMPANY	675,453	675,453
4.25	91.00	EMERGENCY	INTERCOMPANY	242,257	242,257
4.26	92.01	OBSERVATION BEDS (DISTINCT P	INTERCOMPANY	28,923	28,923
4.27	192.02	MARKETING	INTERCOMPANY	25,134	25,134
4.28	192.03	BACK AND NECK	INTERCOMPANY	-48,431	-48,431
5.00	0			79,098,121	54,327,778

* 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	IU HEALTH	100.00	IU HEALTH-HO	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:	FINANCIAL				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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 8:35 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	540,316	9		1.00
2.00	16,417,941	11		2.00
3.00	931,109	9		3.00
4.00	11,477,631	0		4.00
4.01	7,011,531	0		4.01
4.02	708,223	0		4.02
4.03	-12,549,313	0		4.03
4.04	-159,221	0		4.04
4.05	473,936	0		4.05
4.06	-62,700	0		4.06
4.07	-19,110	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
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
5.00	24,770,343			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: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 8:35 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	5.04	ADMINISTRATIVE AND GENERAL	9,320,062	9,320,062	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,947,641	1,947,641	0	237,100	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,456,827	1,456,827	0	197,500	0	3.00
4.00	50.00	OPERATING ROOM	510,914	510,914	0	239,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	-197,075	-197,075	0	271,900	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	352,217	352,217	0	271,900	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	1,254,635	1,254,635	0	197,500	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	339,953	339,953	0	197,500	0	8.00
9.00	91.00	EMERGENCY	97,643	97,643	0	197,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			15,082,817	15,082,817	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	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			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	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	9,320,062		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,947,641		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,456,827		3.00
4.00	50.00	OPERATING ROOM	0	0	0	510,914		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-197,075		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	352,217		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,254,635		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	339,953		8.00
9.00	91.00	EMERGENCY	0	0	0	97,643		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	15,082,817		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	4,876,609	4,876,609			1.00	
1.01 00101	MOB	832,518	278,290	1,110,808		1.01	
1.02 00102	INTEREST	10,748,477	0	0	10,748,477	1.02	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,402,908				2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,831,096	40,794	0	95,355	4.00	
5.01 00540	NONPATIENT TELEPHONES	29,171	9,120	0	21,317	5.01	
5.02 00550	DATA PROCESSING	7,033,248	59,661	0	139,456	5.02	
5.03 00560	PURCHASING RECEIVING AND STORES	967,285	66,669	0	155,837	5.03	
5.04 00590	ADMINISTRATIVE AND GENERAL	18,810,457	165,502	168,700	386,857	5.04	
6.00 00600	MAINTENANCE & REPAIRS	2,388,541	956,715	0	2,236,301	6.00	
7.00 00700	OPERATION OF PLANT	4,990,056	54,749	0	127,975	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	87,365	14,873	0	34,766	8.00	
9.00 00900	HOUSEKEEPING	1,721,774	54,060	4,881	126,365	9.00	
10.00 01000	DIETARY	699,665	59,385	8,713	138,812	10.00	
11.00 01100	CAFETERIA	639,544	141,371	0	330,452	11.00	
13.00 01300	NURSING ADMINISTRATION	3,829,621	19,617	0	45,853	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	7,027,039	109,284	0	255,449	14.00	
15.00 01500	PHARMACY	2,979,440	38,636	0	90,312	15.00	
17.00 01700	SOCIAL SERVICE	25	0	0	0	17.00	
18.00 01080	TRANSPORTATION	315,466	0	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	11,159,737	834,134	0	1,949,772	30.00	
31.00 03100	INTENSIVE CARE UNIT	3,365,144	177,865	0	415,757	31.00	
35.00 02080	NEONATAL INTENSIVE CARE UNIT	948,746	42,936	0	100,362	35.00	
43.00 04300	NURSERY	407,569	40,396	0	94,425	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,517,963	443,577	0	1,036,852	50.00	
51.00 05100	RECOVERY ROOM	2,672,965	38,866	0	90,848	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,174,843	215,721	0	504,245	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,274,671	253,914	0	593,519	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	2,086,136	154,194	0	360,425	55.00	
59.00 05900	CARDIAC CATHETERIZATION	1,155,650	38,560	0	90,133	59.00	
60.00 06000	LABORATORY	6,446,988	65,980	0	154,228	60.00	
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	362,909	0	0	0	63.00	
65.00 06500	RESPIRATORY THERAPY	1,608,850	35,240	0	82,372	65.00	
66.00 06600	PHYSICAL THERAPY	1,832,504	3,229	56,340	7,547	66.00	
67.00 06700	OCCUPATIONAL THERAPY	594,082	3,229	56,340	7,547	67.00	
68.00 06800	SPEECH PATHOLOGY	195,395	3,229	56,340	7,547	68.00	
69.00 06900	ELECTROCARDIOLOGY	922,918	5,509	0	12,876	69.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,432,794	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	8,302,373	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	4,322,388	0	0	0	73.00	
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00	
76.97 07697	CARDIAC REHABILITATION	298,486	0	34,329	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	90.00	
90.01 09001	BEHAVIORAL HEALTH	20,899	0	56,089	0	90.01	
90.02 09002	SLEEP LAB	700,304	2,479	67,083	5,794	90.02	
91.00 09100	EMERGENCY	5,457,807	359,005	0	839,168	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	479,525	89,820	0	209,953	92.01	
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE					113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	152,951,951	4,876,609	508,815	10,748,477	5,360,389	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	297,607	0	32,960	0	190.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	112,044	0	313,633	0	192.00	
192.01 19201	RETAIL PHARMACY	0	0	21,943	0	192.01	
192.02 19202	MARKETING	408,027	0	13,731	0	192.02	
192.03 19203	BACK AND NECK	81,068	0	219,726	0	192.03	
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)	153,850,697	4,876,609	1,110,808	10,748,477	5,402,908	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,967,245				4.00
5.01	00540	NONPATIENT TELEPHONES	0	86,309			5.01
5.02	00550	DATA PROCESSING	0	0	7,235,222		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,189,791	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	1,224,728	4,933	413,565	348	21,237,207
6.00	00600	MAINTENANCE & REPAIRS	172,479	1,539	129,003	9	7,697,384
7.00	00700	OPERATION OF PLANT	143,873	1,453	121,801	1	5,908,417
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,623	138,992
9.00	00900	HOUSEKEEPING	227,588	3,630	304,277	2,054	2,446,224
10.00	01000	DIETARY	74,725	1,033	86,602	64	1,072,469
11.00	01100	CAFETERIA	178,247	2,460	206,242	151	1,506,726
13.00	01300	NURSING ADMINISTRATION	558,178	2,970	249,003	0	4,763,574
14.00	01400	CENTRAL SERVICES & SUPPLY	84,748	968	81,111	677	7,602,596
15.00	01500	PHARMACY	543,481	3,046	255,305	3,570	3,968,184
17.00	01700	SOCIAL SERVICE	0	0	0	0	25
18.00	01080	TRANSPORTATION	55,208	911	76,339	0	447,924
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,278,964	18,282	1,532,635	59,176	17,969,291
31.00	03100	INTENSIVE CARE UNIT	718,421	4,744	397,721	24,299	5,109,232
35.00	02080	NEONATAL INTENSIVE CARE UNIT	205,510	1,069	89,573	2,066	1,390,262
43.00	04300	NURSERY	85,273	572	47,982	2,223	696,320
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	630,376	4,510	378,096	197,146	6,880,412
51.00	05100	RECOVERY ROOM	568,121	3,566	298,966	8,842	3,683,654
52.00	05200	DELIVERY ROOM & LABOR ROOM	454,982	3,054	256,025	11,860	3,708,788
54.00	05400	RADIOLOGY-DIAGNOSTIC	958,132	6,298	527,984	38,134	8,940,943
55.00	05500	RADIOLOGY-THERAPEUTIC	179,320	1,049	87,952	719	2,965,191
59.00	05900	CARDIAC CATHETERIZATION	248,741	1,345	112,709	27,873	1,877,950
60.00	06000	LABORATORY	0	2,306	193,279	0	6,862,781
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	22,274	385,183
65.00	06500	RESPIRATORY THERAPY	340,608	2,194	183,917	15,245	2,310,418
66.00	06600	PHYSICAL THERAPY	383,135	2,265	189,858	6,159	2,493,338
67.00	06700	OCCUPATIONAL THERAPY	126,394	673	56,444	263	844,972
68.00	06800	SPEECH PATHOLOGY	42,240	214	17,915	33	322,913
69.00	06900	ELECTROCARDIOLOGY	193,593	1,188	99,565	1,948	1,297,718
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	210,695	3,643,489
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	509,583	8,811,956
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,322,388
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	51,949	445	37,269	454	422,932
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	63	5,311	0	82,362
90.02	09002	SLEEP LAB	0	0	0	881	776,847
91.00	09100	EMERGENCY	1,098,208	8,369	701,548	40,561	8,698,302
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	96,276	619	51,853	847	930,402
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,923,498	85,768	7,189,850	1,189,778	152,217,766
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,059	277	23,226	2	376,131
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	425,677
192.01	19201	RETAIL PHARMACY	0	0	0	0	21,943
192.02	19202	MARKETING	0	0	0	0	421,758
192.03	19203	BACK AND NECK	21,688	264	22,146	11	387,422
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	11,967,245	86,309	7,235,222	1,189,791	153,850,697

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 6/29/2020 8:35 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	21,237,207				5.04
6.00	00600	MAINTENANCE & REPAIRS	1,232,690	8,930,074			6.00
7.00	00700	OPERATION OF PLANT	946,198	148,162	7,002,777		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,259	40,250	32,095	233,596	8.00
9.00	00900	HOUSEKEEPING	391,748	146,298	116,660	0	3,100,930
10.00	01000	DIETARY	171,749	160,709	128,151	0	57,978
11.00	01100	CAFETERIA	241,293	382,578	305,072	0	138,022
13.00	01300	NURSING ADMINISTRATION	762,858	53,086	42,332	0	19,152
14.00	01400	CENTRAL SERVICES & SUPPLY	1,217,510	295,744	235,829	0	106,695
15.00	01500	PHARMACY	635,481	104,558	83,375	0	37,721
17.00	01700	SOCIAL SERVICE	4	0	0	0	0
18.00	01080	TRANSPORTATION	71,732	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,877,626	2,257,334	1,800,018	125,070	814,374
31.00	03100	INTENSIVE CARE UNIT	818,213	481,339	383,824	0	173,652
35.00	02080	NEONATAL INTENSIVE CARE UNIT	222,642	116,194	92,654	263	41,919
43.00	04300	NURSERY	111,511	109,320	87,173	0	39,439
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,101,857	1,200,408	957,216	22,349	433,068
51.00	05100	RECOVERY ROOM	589,915	105,179	83,871	0	37,945
52.00	05200	DELIVERY ROOM & LABOR ROOM	593,940	583,785	465,516	0	210,611
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,431,838	687,142	547,933	35,515	247,899
55.00	05500	RADIOLOGY-THERAPEUTIC	474,858	417,279	332,742	3,046	150,541
59.00	05900	CARDIAC CATHETERIZATION	300,742	104,351	83,210	0	37,646
60.00	06000	LABORATORY	1,099,033	178,556	142,382	0	64,417
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	61,685	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	370,000	95,365	76,045	0	34,405
66.00	06600	PHYSICAL THERAPY	399,293	8,737	6,967	0	3,152
67.00	06700	OCCUPATIONAL THERAPY	135,317	8,737	6,967	0	3,152
68.00	06800	SPEECH PATHOLOGY	51,713	8,737	6,967	0	3,152
69.00	06900	ELECTROCARDIOLOGY	207,822	14,907	11,887	0	5,378
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	583,483	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,411,182	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	692,205	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	67,730	0	0	18	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	13,190	0	0	0	0
90.02	09002	SLEEP LAB	124,407	6,708	5,349	1,795	2,420
91.00	09100	EMERGENCY	1,392,981	971,540	774,715	45,540	350,500
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	148,998	243,071	193,827	0	87,692
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,975,703	8,930,074	7,002,777	233,596	3,100,930
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,235	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,170	0	0	0	0
192.01	19201	RETAIL PHARMACY	3,514	0	0	0	0
192.02	19202	MARKETING	67,542	0	0	0	0
192.03	19203	BACK AND NECK	62,043	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	21,237,207	8,930,074	7,002,777	233,596	3,100,930

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	1,591,056				10.00	
11.00	01100	CAFETERIA	0	2,573,691			11.00	
13.00	01300	NURSING ADMINISTRATION	0	107,279	5,748,281		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,945	0	9,493,319	14.00	
15.00	01500	PHARMACY	0	109,994	48,401	28,604	15.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01080	TRANSPORTATION	0	32,890	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,220,904	660,314	2,263,616	474,128	60,101	30.00
31.00	03100	INTENSIVE CARE UNIT	249,801	171,352	659,992	194,692	23,661	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	33,967	38,591	177,054	16,553	2,518	35.00
43.00	04300	NURSERY	86,384	20,672	61,390	17,813	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	162,897	413,718	1,579,574	56,793	50.00
51.00	05100	RECOVERY ROOM	0	128,805	511,943	70,847	18,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	110,304	327,238	95,024	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	227,474	108,367	305,539	21,607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	37,893	34,699	5,758	11	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,559	80,608	223,326	17,763	59.00
60.00	06000	LABORATORY	0	83,271	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	178,466	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	79,238	0	122,150	4,469	65.00
66.00	06600	PHYSICAL THERAPY	0	81,797	0	49,346	371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,318	0	2,110	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,718	0	266	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,896	42,173	15,609	2,976	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,688,128	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,082,818	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,586,153	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	16,057	19,574	3,638	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	2,288	3,381	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	7,056	0	90.02
91.00	09100	EMERGENCY	0	302,251	927,619	324,979	219,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	22,340	68,508	6,789	2,154	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,591,056	2,554,143	5,748,281	9,493,213	5,016,318	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,007	0	17	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	9,541	0	89	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,591,056	2,573,691	5,748,281	9,493,319	5,016,318	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		TRANSPORTATION			
	17.00	18.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	MOB				1.01
1.02 00102	INTEREST				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 00590	ADMINISTRATIVE AND GENERAL				5.04
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
17.00 01700	SOCIAL SERVICE	29			17.00
18.00 01080	TRANSPORTATION	0	552,546		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	21	46,489	30,569,286	30.00
31.00 03100	INTENSIVE CARE UNIT	5	12,835	8,278,598	31.00
35.00 02080	NEONATAL INTENSIVE CARE UNIT	1	1,984	2,134,602	35.00
43.00 04300	NURSERY	2	1,940	1,231,964	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	79,369	12,887,661	50.00
51.00 05100	RECOVERY ROOM	0	17,051	5,247,448	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,608	6,106,814	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	63,397	12,617,654	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	26,668	4,448,686	55.00
59.00 05900	CARDIAC CATHETERIZATION	0	34,067	2,808,222	59.00
60.00 06000	LABORATORY	0	27,910	8,458,350	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,232	626,566	63.00
65.00 06500	RESPIRATORY THERAPY	0	6,976	3,099,066	65.00
66.00 06600	PHYSICAL THERAPY	0	5,619	3,048,620	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,543	1,027,116	67.00
68.00 06800	SPEECH PATHOLOGY	0	674	402,140	68.00
69.00 06900	ELECTROCARDIOLOGY	0	18,445	1,659,811	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,728	5,929,828	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	43,827	14,349,783	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	30,869	9,631,615	73.00
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	2,318	532,267	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	BEHAVIORAL HEALTH	0	80	101,301	90.01
90.02 09002	SLEEP LAB	0	4,724	929,306	90.02
91.00 09100	EMERGENCY	0	96,465	14,104,395	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	1,728	1,705,509	92.01
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	29	552,546	151,936,608	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	446,390	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	493,847	192.00
192.01 19201	RETAIL PHARMACY	0	0	25,457	192.01
192.02 19202	MARKETING	0	0	489,300	192.02
192.03 19203	BACK AND NECK	0	0	459,095	192.03
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	29	552,546	153,850,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0	1.00	1.01	1.02	2.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	40,794	0	95,355	0	4.00
5.01	00540 NONPATIENT TELEPHONES	0	9,120	0	21,317	26,701	5.01
5.02	00550 DATA PROCESSING	0	59,661	0	139,456	2,857	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	66,669	0	155,837	0	5.03
5.04	00590 ADMINISTRATIVE AND GENERAL	0	165,502	168,700	386,857	62,117	5.04
6.00	00600 MAINTENANCE & REPAIRS	0	956,715	0	2,236,301	1,812,797	6.00
7.00	00700 OPERATION OF PLANT	0	54,749	0	127,975	468,509	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	14,873	0	34,766	365	8.00
9.00	00900 HOUSEKEEPING	0	54,060	4,881	126,365	1,595	9.00
10.00	01000 DIETARY	0	59,385	8,713	138,812	3,470	10.00
11.00	01100 CAFETERIA	0	141,371	0	330,452	8,259	11.00
13.00	01300 NURSING ADMINISTRATION	0	19,617	0	45,853	58,332	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	109,284	0	255,449	43,320	14.00
15.00	01500 PHARMACY	0	38,636	0	90,312	54,394	15.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080 TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	834,134	0	1,949,772	136,591	30.00
31.00	03100 INTENSIVE CARE UNIT	0	177,865	0	415,757	5,281	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	0	42,936	0	100,362	0	35.00
43.00	04300 NURSERY	0	40,396	0	94,425	17,880	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	443,577	0	1,036,852	671,892	50.00
51.00	05100 RECOVERY ROOM	0	38,866	0	90,848	1,480	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	215,721	0	504,245	88,058	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	253,914	0	593,519	1,288,291	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	154,194	0	360,425	95,396	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	38,560	0	90,133	202,939	59.00
60.00	06000 LABORATORY	0	65,980	0	154,228	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	35,240	0	82,372	41,992	65.00
66.00	06600 PHYSICAL THERAPY	0	3,229	56,340	7,547	12,301	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,229	56,340	7,547	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,229	56,340	7,547	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,509	0	12,876	60,121	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	34,329	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	0	56,089	0	0	90.01
90.02	09002 SLEEP LAB	0	2,479	67,083	5,794	306	90.02
91.00	09100 EMERGENCY	0	359,005	0	839,168	193,636	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	89,820	0	209,953	1,509	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	4,598,319	508,815	10,748,477	5,360,389	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	32,960	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	313,633	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	0	21,943	0	0	192.01
192.02	19202 MARKETING	0	0	13,731	0	0	192.02
192.03	19203 BACK AND NECK	0	0	219,726	0	42,519	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118 through 201)	0	4,598,319	1,110,808	10,748,477	5,402,908	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:35 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	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	136,149	136,149			4.00
5.01 00540	NONPATIENT TELEPHONES	57,138	0	57,138		5.01
5.02 00550	DATA PROCESSING	201,974	0	0	201,974	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	222,506	0	0	0	5.03
5.04 00590	ADMINISTRATIVE AND GENERAL	783,176	13,936	3,266	11,545	65
6.00 00600	MAINTENANCE & REPAIRS	5,005,813	1,963	1,019	3,601	2
7.00 00700	OPERATION OF PLANT	651,233	1,637	962	3,400	0
8.00 00800	LAUNDRY & LINEN SERVICE	50,004	0	0	0	303
9.00 00900	HOUSEKEEPING	186,901	2,590	2,403	8,494	384
10.00 01000	DIETARY	210,380	850	684	2,418	12
11.00 01100	CAFETERIA	480,082	2,028	1,629	5,757	28
13.00 01300	NURSING ADMINISTRATION	123,802	6,351	1,966	6,951	0
14.00 01400	CENTRAL SERVICES & SUPPLY	408,053	964	641	2,264	127
15.00 01500	PHARMACY	183,342	6,184	2,016	7,127	668
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	TRANSPORTATION	0	628	603	2,131	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,920,497	25,909	12,105	42,786	11,066
31.00 03100	INTENSIVE CARE UNIT	598,903	8,175	3,141	11,103	4,544
35.00 02080	NEONATAL INTENSIVE CARE UNIT	143,298	2,338	707	2,500	386
43.00 04300	NURSERY	152,701	970	379	1,339	416
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,152,321	7,173	2,986	10,555	36,868
51.00 05100	RECOVERY ROOM	131,194	6,465	2,361	8,346	1,654
52.00 05200	DELIVERY ROOM & LABOR ROOM	808,024	5,177	2,022	7,147	2,218
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,135,724	10,902	4,170	14,739	7,131
55.00 05500	RADIOLOGY-THERAPEUTIC	610,015	2,040	695	2,455	134
59.00 05900	CARDIAC CATHETERIZATION	331,632	2,830	890	3,146	5,213
60.00 06000	LABORATORY	220,208	0	1,526	5,395	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,165
65.00 06500	RESPIRATORY THERAPY	159,604	3,876	1,452	5,134	2,851
66.00 06600	PHYSICAL THERAPY	79,417	4,360	1,499	5,300	1,152
67.00 06700	OCCUPATIONAL THERAPY	67,116	1,438	446	1,576	49
68.00 06800	SPEECH PATHOLOGY	67,116	481	141	500	6
69.00 06900	ELECTROCARDIOLOGY	78,506	2,203	786	2,779	364
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	39,402
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	95,303
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	34,329	591	294	1,040	85
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	56,089	0	42	148	0
90.02 09002	SLEEP LAB	75,662	0	0	0	165
91.00 09100	EMERGENCY	1,391,809	12,496	5,540	19,584	7,585
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	301,282	1,096	409	1,448	158
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	21,216,000	135,651	56,780	200,708	222,504
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,960	251	183	648	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	313,633	0	0	0	0
192.01 19201	RETAIL PHARMACY	21,943	0	0	0	0
192.02 19202	MARKETING	13,731	0	0	0	0
192.03 19203	BACK AND NECK	262,245	247	175	618	2
200.00	Cross Foot Adjustments	0				
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	21,860,512	136,149	57,138	201,974	222,506

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:35 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	811,988				5.04
6.00	00600	MAINTENANCE & REPAIRS	47,131	5,059,529			6.00
7.00	00700	OPERATION OF PLANT	36,177	83,944	777,353		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	851	22,804	3,563	77,525	8.00
9.00	00900	HOUSEKEEPING	14,978	82,888	12,950	0	311,588
10.00	01000	DIETARY	6,567	91,053	14,226	0	5,826
11.00	01100	CAFETERIA	9,226	216,758	33,865	0	13,869
13.00	01300	NURSING ADMINISTRATION	29,167	30,077	4,699	0	1,924
14.00	01400	CENTRAL SERVICES & SUPPLY	46,551	167,560	26,178	0	10,721
15.00	01500	PHARMACY	24,297	59,240	9,255	0	3,790
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	2,743	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,020	1,278,945	199,815	41,507	81,828
31.00	03100	INTENSIVE CARE UNIT	31,284	272,713	42,607	0	17,449
35.00	02080	NEONATAL INTENSIVE CARE UNIT	8,513	65,832	10,285	87	4,212
43.00	04300	NURSERY	4,264	61,938	9,677	0	3,963
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,129	680,117	106,257	7,417	43,516
51.00	05100	RECOVERY ROOM	22,555	59,591	9,310	0	3,813
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,709	330,756	51,675	0	21,163
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,745	389,315	60,824	11,787	24,909
55.00	05500	RADIOLOGY-THERAPEUTIC	18,156	236,419	36,937	1,011	15,127
59.00	05900	CARDIAC CATHETERIZATION	11,499	59,122	9,237	0	3,783
60.00	06000	LABORATORY	42,021	101,165	15,805	0	6,473
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,358	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	14,147	54,031	8,441	0	3,457
66.00	06600	PHYSICAL THERAPY	15,267	4,950	773	0	317
67.00	06700	OCCUPATIONAL THERAPY	5,174	4,950	773	0	317
68.00	06800	SPEECH PATHOLOGY	1,977	4,950	773	0	317
69.00	06900	ELECTROCARDIOLOGY	7,946	8,446	1,320	0	540
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,309	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,956	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	26,466	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,590	0	0	6	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	504	0	0	0	0
90.02	09002	SLEEP LAB	4,757	3,801	594	596	243
91.00	09100	EMERGENCY	53,260	550,447	85,998	15,114	35,219
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,697	137,717	21,516	0	8,812
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	801,991	5,059,529	777,353	77,525	311,588
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,303	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,606	0	0	0	0
192.01	19201	RETAIL PHARMACY	134	0	0	0	0
192.02	19202	MARKETING	2,582	0	0	0	0
192.03	19203	BACK AND NECK	2,372	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	811,988	5,059,529	777,353	77,525	311,588

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:35 am		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04	
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	332,016				10.00	
11.00	01100	CAFETERIA	0	763,242			11.00	
13.00	01300	NURSING ADMINISTRATION	0	31,814	236,751		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,363	0	673,422	14.00	
15.00	01500	PHARMACY	0	32,619	1,993	2,029	15.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01080	TRANSPORTATION	0	9,754	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	254,774	195,821	93,231	33,633	3,984	30.00
31.00	03100	INTENSIVE CARE UNIT	52,128	50,815	27,183	13,811	1,569	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	7,088	11,444	7,292	1,174	167	35.00
43.00	04300	NURSERY	18,026	6,131	2,528	1,264	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	48,308	17,040	112,049	3,765	50.00
51.00	05100	RECOVERY ROOM	0	38,198	21,085	5,026	1,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,711	13,478	6,741	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,459	4,463	21,674	1,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,237	1,429	408	1	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,400	3,320	15,842	1,178	59.00
60.00	06000	LABORATORY	0	24,695	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	12,660	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	23,498	0	8,665	296	65.00
66.00	06600	PHYSICAL THERAPY	0	24,257	0	3,500	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,212	0	150	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,289	0	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,721	1,737	1,107	197	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	119,750	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	289,619	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	304,042	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,762	806	258	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	679	139	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	501	0	90.02
91.00	09100	EMERGENCY	0	89,634	38,205	23,053	14,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,625	2,822	482	143	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,016	757,446	236,751	673,415	332,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,967	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	2,829	0	6	0	192.03
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)	332,016	763,242	236,751	673,422	332,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					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 00590	ADMINISTRATIVE AND GENERAL					5.04
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
17.00 01700	SOCIAL SERVICE	0				17.00
18.00 01080	TRANSPORTATION	0	15,859			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,300	5,307,221	0	5,307,221
31.00 03100	INTENSIVE CARE UNIT	0	359	1,135,784	0	1,135,784
35.00 02080	NEONATAL INTENSIVE CARE UNIT	0	55	265,378	0	265,378
43.00 04300	NURSERY	0	54	263,650	0	263,650
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,219	3,272,720	0	3,272,720
51.00 05100	RECOVERY ROOM	0	477	311,284	0	311,284
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	325	1,304,146	0	1,304,146
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,773	2,811,047	0	2,811,047
55.00 05500	RADIOLOGY-THERAPEUTIC	0	746	936,810	0	936,810
59.00 05900	CARDIAC CATHETERIZATION	0	953	463,045	0	463,045
60.00 06000	LABORATORY	0	780	418,068	0	418,068
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	34	19,217	0	19,217
65.00 06500	RESPIRATORY THERAPY	0	195	285,647	0	285,647
66.00 06600	PHYSICAL THERAPY	0	157	140,974	0	140,974
67.00 06700	OCCUPATIONAL THERAPY	0	43	89,244	0	89,244
68.00 06800	SPEECH PATHOLOGY	0	19	78,588	0	78,588
69.00 06900	ELECTROCARDIOLOGY	0	516	119,168	0	119,168
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	412	181,873	0	181,873
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	1,225	440,103	0	440,103
73.00 07300	DRUGS CHARGED TO PATIENTS	0	863	331,371	0	331,371
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	65	44,826	0	44,826
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	2	57,603	0	57,603
90.02 09002	SLEEP LAB	0	132	86,451	0	86,451
91.00 09100	EMERGENCY	0	3,107	2,345,603	0	2,345,603
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	48	488,255	0	488,255
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	15,859	21,198,076	0	21,198,076
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	39,313	0	39,313
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	316,239	0	316,239
192.01 19201	RETAIL PHARMACY	0	0	22,077	0	22,077
192.02 19202	MARKETING	0	0	16,313	0	16,313
192.03 19203	BACK AND NECK	0	0	268,494	0	268,494
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	15,859	21,860,512	0	21,860,512

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	318,700					1.00
1.01	00101	MOB	18,187	48,699				1.01
1.02	00102	INTEREST	0	0	300,513			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				8,216,368		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,666	0	2,666	0	51,347,513	4.00
5.01	00540	NONPATIENT TELEPHONES	596	0	596	40,605	0	5.01
5.02	00550	DATA PROCESSING	3,899	0	3,899	4,345	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,357	0	4,357	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	10,816	7,396	10,816	94,463	5,254,901	5.04
6.00	00600	MAINTENANCE & REPAIRS	62,524	0	62,524	2,756,779	740,052	6.00
7.00	00700	OPERATION OF PLANT	3,578	0	3,578	712,476	617,311	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	972	0	972	555	0	8.00
9.00	00900	HOUSEKEEPING	3,533	214	3,533	2,425	976,505	9.00
10.00	01000	DIETARY	3,881	382	3,881	5,277	320,622	10.00
11.00	01100	CAFETERIA	9,239	0	9,239	12,560	764,799	11.00
13.00	01300	NURSING ADMINISTRATION	1,282	0	1,282	88,707	2,394,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,142	0	7,142	65,878	363,625	14.00
15.00	01500	PHARMACY	2,525	0	2,525	82,718	2,331,894	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	236,880	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,513	0	54,513	207,718	9,778,314	30.00
31.00	03100	INTENSIVE CARE UNIT	11,624	0	11,624	8,031	3,082,506	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	2,806	0	2,806	0	881,776	35.00
43.00	04300	NURSERY	2,640	0	2,640	27,190	365,877	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,989	0	28,989	1,021,766	2,704,735	50.00
51.00	05100	RECOVERY ROOM	2,540	0	2,540	2,251	2,437,616	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,098	0	14,098	133,913	1,952,177	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,594	0	16,594	1,959,142	4,111,027	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,077	0	10,077	145,071	769,404	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,520	0	2,520	308,616	1,067,263	59.00
60.00	06000	LABORATORY	4,312	0	4,312	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,303	0	2,303	63,859	1,461,437	65.00
66.00	06600	PHYSICAL THERAPY	211	2,470	211	18,707	1,643,904	66.00
67.00	06700	OCCUPATIONAL THERAPY	211	2,470	211	0	542,316	67.00
68.00	06800	SPEECH PATHOLOGY	211	2,470	211	0	181,238	68.00
69.00	06900	ELECTROCARDIOLOGY	360	0	360	91,428	830,643	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,505	0	0	222,896	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	2,459	0	0	0	90.01
90.02	09002	SLEEP LAB	162	2,941	162	465	0	90.02
91.00	09100	EMERGENCY	23,462	0	23,462	294,468	4,712,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,870	0	5,870	2,295	413,087	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	318,700	22,307	300,513	8,151,708	51,159,807	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,445	0	0	94,649	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,750	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	962	0	0	0	192.01
192.02	19202	MARKETING	0	602	0	0	0	192.02
192.03	19203	BACK AND NECK	0	9,633	0	64,660	93,057	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,876,609	1,110,808	10,748,477	5,402,908	11,967,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.301566	22.809668	35.767095	0.657579	0.233064	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					136,149	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
205.00	Unit cost multiplier (Wkst. B, Part II)					0.002652	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
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	80,371					5.01
5.02	00550	0	80,371				5.02
5.03	00560	0	0	19,384,856			5.03
5.04	00590	4,594	4,594	5,664	-21,237,207	132,613,490	5.04
6.00	00600	1,433	1,433	146	0	7,697,384	6.00
7.00	00700	1,353	1,353	19	0	5,908,417	7.00
8.00	00800	0	0	26,437	0	138,992	8.00
9.00	00900	3,380	3,380	33,471	0	2,446,224	9.00
10.00	01000	962	962	1,037	0	1,072,469	10.00
11.00	01100	2,291	2,291	2,468	0	1,506,726	11.00
13.00	01300	2,766	2,766	0	0	4,763,574	13.00
14.00	01400	901	901	11,032	0	7,602,596	14.00
15.00	01500	2,836	2,836	58,165	0	3,968,184	15.00
17.00	01700	0	0	0	0	25	17.00
18.00	01080	848	848	0	0	447,924	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,025	17,025	964,135	0	17,969,291	30.00
31.00	03100	4,418	4,418	395,905	0	5,109,232	31.00
35.00	02080	995	995	33,661	0	1,390,262	35.00
43.00	04300	533	533	36,222	0	696,320	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,200	4,200	3,212,051	0	6,880,412	50.00
51.00	05100	3,321	3,321	144,067	0	3,683,654	51.00
52.00	05200	2,844	2,844	193,231	0	3,708,788	52.00
54.00	05400	5,865	5,865	621,310	0	8,940,943	54.00
55.00	05500	977	977	11,708	0	2,965,191	55.00
59.00	05900	1,252	1,252	454,131	0	1,877,950	59.00
60.00	06000	2,147	2,147	0	0	6,862,781	60.00
63.00	06300	0	0	362,909	0	385,183	63.00
65.00	06500	2,043	2,043	248,391	0	2,310,418	65.00
66.00	06600	2,109	2,109	100,345	0	2,493,338	66.00
67.00	06700	627	627	4,291	0	844,972	67.00
68.00	06800	199	199	540	0	322,913	68.00
69.00	06900	1,106	1,106	31,741	0	1,297,718	69.00
71.00	07100	0	0	3,432,794	0	3,643,489	71.00
72.00	07200	0	0	8,302,373	0	8,811,956	72.00
73.00	07300	0	0	0	0	4,322,388	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	414	414	7,398	0	422,932	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	59	59	0	0	82,362	90.01
90.02	09002	0	0	14,349	0	776,847	90.02
91.00	09100	7,793	7,793	660,843	0	8,698,302	91.00
92.00	09200						92.00
92.01	09201	576	576	13,806	0	930,402	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		79,867	79,867	19,384,640	-21,237,207	130,980,559	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	258	258	35	0	376,131	190.00
192.00	19200	0	0	0	0	425,677	192.00
192.01	19201	0	0	0	0	21,943	192.01
192.02	19202	0	0	0	0	421,758	192.02
192.03	19203	246	246	181	0	387,422	192.03
200.00							200.00
201.00							201.00
202.00		86,309	7,235,222	1,189,791		21,237,207	202.00
203.00		1.073882	90.022794	0.061377		0.160144	203.00
204.00		57,138	201,974	222,506		811,988	204.00
205.00		0.710928	2.513021	0.011478		0.006123	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158			Period: From 01/01/2019 To 12/31/2019	Worksheet B-1 Date/Time Prepared: 6/29/2020 8:35 am	
Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet B-1	
Date/Time Prepared: 6/29/2020 8:35 am							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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	00590						5.04
6.00	00600	215,655					6.00
7.00	00700	3,578	212,077				7.00
8.00	00800	972	972	822,666			8.00
9.00	00900	3,533	3,533	0	207,572		9.00
10.00	01000	3,881	3,881	0	3,881	31,477	10.00
11.00	01100	9,239	9,239	0	9,239	0	11.00
13.00	01300	1,282	1,282	0	1,282	0	13.00
14.00	01400	7,142	7,142	0	7,142	0	14.00
15.00	01500	2,525	2,525	0	2,525	0	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	54,513	54,513	440,461	54,513	24,154	30.00
31.00	03100	11,624	11,624	0	11,624	4,942	31.00
35.00	02080	2,806	2,806	925	2,806	672	35.00
43.00	04300	2,640	2,640	0	2,640	1,709	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,989	28,989	78,709	28,989	0	50.00
51.00	05100	2,540	2,540	0	2,540	0	51.00
52.00	05200	14,098	14,098	0	14,098	0	52.00
54.00	05400	16,594	16,594	125,075	16,594	0	54.00
55.00	05500	10,077	10,077	10,727	10,077	0	55.00
59.00	05900	2,520	2,520	0	2,520	0	59.00
60.00	06000	4,312	4,312	0	4,312	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,303	2,303	0	2,303	0	65.00
66.00	06600	211	211	0	211	0	66.00
67.00	06700	211	211	0	211	0	67.00
68.00	06800	211	211	0	211	0	68.00
69.00	06900	360	360	0	360	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	64	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	162	162	6,323	162	0	90.02
91.00	09100	23,462	23,462	160,382	23,462	0	91.00
92.00	09200						92.00
92.01	09201	5,870	5,870	0	5,870	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		215,655	212,077	822,666	207,572	31,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		8,930,074	7,002,777	233,596	3,100,930	1,591,056	202.00
203.00		41.409075	33.019974	0.283950	14.939057	50.546621	203.00
204.00		5,059,529	777,353	77,525	311,588	332,016	204.00
205.00		23.461218	3.665428	0.094236	1.501108	10.547892	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019	Worksheet B-1 Date/Time Prepared: 6/29/2020 8:35 am	
Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	6.00	7.00	8.00	9.00	10.00
							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
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	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	66,358					11.00
13.00	01300	2,766	32,304				13.00
14.00	01400	901	0	19,304,582			14.00
15.00	01500	2,836	272	58,165	4,727,812		15.00
17.00	01700	0	0	0	0	31,477	17.00
18.00	01080	848	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,025	12,721	964,135	56,644	24,154	30.00
31.00	03100	4,418	3,709	395,905	22,300	4,942	31.00
35.00	02080	995	995	33,661	2,373	672	35.00
43.00	04300	533	345	36,222	0	1,709	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,200	2,325	3,212,051	53,527	0	50.00
51.00	05100	3,321	2,877	144,067	17,189	0	51.00
52.00	05200	2,844	1,839	193,231	0	0	52.00
54.00	05400	5,865	609	621,310	20,364	0	54.00
55.00	05500	977	195	11,708	10	0	55.00
59.00	05900	1,252	453	454,131	16,741	0	59.00
60.00	06000	2,147	0	0	0	0	60.00
63.00	06300	0	0	362,909	0	0	63.00
65.00	06500	2,043	0	248,391	4,212	0	65.00
66.00	06600	2,109	0	100,345	350	0	66.00
67.00	06700	627	0	4,291	0	0	67.00
68.00	06800	199	0	540	0	0	68.00
69.00	06900	1,106	237	31,741	2,805	0	69.00
71.00	07100	0	0	3,432,794	0	0	71.00
72.00	07200	0	0	8,302,373	0	0	72.00
73.00	07300	0	0	0	4,322,388	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	414	110	7,398	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	59	19	0	0	0	90.01
90.02	09002	0	0	14,349	0	0	90.02
91.00	09100	7,793	5,213	660,843	206,879	0	91.00
92.00	09200						92.00
92.01	09201	576	385	13,806	2,030	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		65,854	32,304	19,304,366	4,727,812	31,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	258	0	35	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	246	0	181	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,573,691	5,748,281	9,493,319	5,016,318	29	202.00
203.00		38.784939	177.943320	0.491765	1.061023	0.000921	203.00
204.00		763,242	236,751	673,422	332,560	0	204.00
205.00		11.501884	7.328845	0.034884	0.070341	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158			Period: From 01/01/2019 To 12/31/2019		Worksheet B-1 Date/Time Prepared: 6/29/2020 8:35 am	
Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	11.00	13.00	14.00	15.00	17.00		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION (GROSS CHARGES)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		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	00590 ADMINISTRATIVE AND GENERAL		5.04
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
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 TRANSPORTATION	909,071,715	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	76,462,924	30.00
31.00	03100 INTENSIVE CARE UNIT	21,109,715	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	3,263,581	35.00
43.00	04300 NURSERY	3,190,648	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	130,540,843	50.00
51.00	05100 RECOVERY ROOM	28,044,592	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	19,091,912	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	104,271,115	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	43,862,505	55.00
59.00	05900 CARDIAC CATHETERIZATION	56,031,511	59.00
60.00	06000 LABORATORY	45,904,700	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	2,026,648	63.00
65.00	06500 RESPIRATORY THERAPY	11,473,899	65.00
66.00	06600 PHYSICAL THERAPY	9,241,432	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,538,222	67.00
68.00	06800 SPEECH PATHOLOGY	1,109,215	68.00
69.00	06900 ELECTROCARDIOLOGY	30,337,157	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,224,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	72,083,256	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,771,819	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	76.00
76.97	07697 CARDIAC REHABILITATION	3,812,575	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 BEHAVIORAL HEALTH	132,036	90.01
90.02	09002 SLEEP LAB	7,770,492	90.02
91.00	09100 EMERGENCY	158,933,803	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,842,664	92.01
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	909,071,715	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
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)	552,546	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000608	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,859	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000017	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet B-1 Date/Time Prepared: 6/29/2020 8:35 am
Cost Center Description		OTHER GENERAL SERVICE		
		TRANSPORTATION (GROSS CHARGES)		
		18.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,569,286		30,569,286	0	30,569,286	30.00
31.00	03100	INTENSIVE CARE UNIT	8,278,598		8,278,598	0	8,278,598	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	2,134,602		2,134,602	0	2,134,602	35.00
43.00	04300	NURSERY	1,231,964		1,231,964	0	1,231,964	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,887,661		12,887,661	0	12,887,661	50.00
51.00	05100	RECOVERY ROOM	5,247,448		5,247,448	0	5,247,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,106,814		6,106,814	0	6,106,814	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,617,654		12,617,654	0	12,617,654	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,448,686		4,448,686	0	4,448,686	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,808,222		2,808,222	0	2,808,222	59.00
60.00	06000	LABORATORY	8,458,350		8,458,350	0	8,458,350	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	626,566		626,566	0	626,566	63.00
65.00	06500	RESPIRATORY THERAPY	3,099,066	0	3,099,066	0	3,099,066	65.00
66.00	06600	PHYSICAL THERAPY	3,048,620	0	3,048,620	0	3,048,620	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,027,116	0	1,027,116	0	1,027,116	67.00
68.00	06800	SPEECH PATHOLOGY	402,140	0	402,140	0	402,140	68.00
69.00	06900	ELECTROCARDIOLOGY	1,659,811		1,659,811	0	1,659,811	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,929,828		5,929,828	0	5,929,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,349,783		14,349,783	0	14,349,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,631,615		9,631,615	0	9,631,615	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	532,267		532,267	0	532,267	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	101,301		101,301	0	101,301	90.01
90.02	09002	SLEEP LAB	929,306		929,306	0	929,306	90.02
91.00	09100	EMERGENCY	14,104,395		14,104,395	0	14,104,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,882,819		2,882,819	0	2,882,819	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,705,509		1,705,509	0	1,705,509	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	154,819,427	0	154,819,427	0	154,819,427	200.00
201.00		Less Observation Beds	2,882,819		2,882,819		2,882,819	201.00
202.00		Total (see instructions)	151,936,608	0	151,936,608	0	151,936,608	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:35 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,973,951		63,973,951	30.00
31.00	03100	INTENSIVE CARE UNIT	21,109,715		21,109,715	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,263,581		3,263,581	35.00
43.00	04300	NURSERY	3,190,648		3,190,648	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,942,196	87,598,647	130,540,843	0.098725 50.00
51.00	05100	RECOVERY ROOM	5,496,940	22,547,652	28,044,592	0.187111 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,388,978	4,702,934	19,091,912	0.319864 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,125,268	84,145,847	104,271,115	0.121008 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	585,437	43,277,068	43,862,505	0.101423 55.00
59.00	05900	CARDIAC CATHETERIZATION	23,805,336	32,226,175	56,031,511	0.050119 59.00
60.00	06000	LABORATORY	20,991,369	24,913,331	45,904,700	0.184259 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,282,647	744,001	2,026,648	0.309164 63.00
65.00	06500	RESPIRATORY THERAPY	5,892,147	5,581,752	11,473,899	0.270097 65.00
66.00	06600	PHYSICAL THERAPY	4,049,920	5,191,512	9,241,432	0.329886 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,718,458	819,764	2,538,222	0.404660 67.00
68.00	06800	SPEECH PATHOLOGY	790,130	319,085	1,109,215	0.362545 68.00
69.00	06900	ELECTROCARDIOLOGY	13,481,126	16,856,031	30,337,157	0.054712 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,578,286	15,646,165	24,224,451	0.244787 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,309,035	30,774,221	72,083,256	0.199072 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,008,168	19,763,651	50,771,819	0.189704 73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	43,532	3,769,043	3,812,575	0.139608 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000 90.00
90.01	09001	BEHAVIORAL HEALTH	0	132,036	132,036	0.767223 90.01
90.02	09002	SLEEP LAB	0	7,770,492	7,770,492	0.119594 90.02
91.00	09100	EMERGENCY	33,916,880	125,016,923	158,933,803	0.088744 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	402,837	12,086,136	12,488,973	0.230829 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	55,739	2,786,925	2,842,664	0.599969 92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	362,402,324	546,669,391	909,071,715	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	362,402,324	546,669,391	909,071,715	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:35 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.098725		50.00
51.00	05100 RECOVERY ROOM	0.187111		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.319864		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121008		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101423		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.050119		59.00
60.00	06000 LABORATORY	0.184259		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.309164		63.00
65.00	06500 RESPIRATORY THERAPY	0.270097		65.00
66.00	06600 PHYSICAL THERAPY	0.329886		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404660		67.00
68.00	06800 SPEECH PATHOLOGY	0.362545		68.00
69.00	06900 ELECTROCARDIOLOGY	0.054712		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244787		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.199072		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189704		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.139608		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.767223		90.01
90.02	09002 SLEEP LAB	0.119594		90.02
91.00	09100 EMERGENCY	0.088744		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.230829		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.599969		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:35 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	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	30,569,286		30,569,286	0	30,569,286	30.00
31.00	03100 INTENSIVE CARE UNIT	8,278,598		8,278,598	0	8,278,598	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	2,134,602		2,134,602	0	2,134,602	35.00
43.00	04300 NURSERY	1,231,964		1,231,964	0	1,231,964	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,887,661		12,887,661	0	12,887,661	50.00
51.00	05100 RECOVERY ROOM	5,247,448		5,247,448	0	5,247,448	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,106,814		6,106,814	0	6,106,814	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,617,654		12,617,654	0	12,617,654	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,448,686		4,448,686	0	4,448,686	55.00
59.00	05900 CARDIAC CATHETERIZATION	2,808,222		2,808,222	0	2,808,222	59.00
60.00	06000 LABORATORY	8,458,350		8,458,350	0	8,458,350	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	626,566		626,566	0	626,566	63.00
65.00	06500 RESPIRATORY THERAPY	3,099,066	0	3,099,066	0	3,099,066	65.00
66.00	06600 PHYSICAL THERAPY	3,048,620	0	3,048,620	0	3,048,620	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,027,116	0	1,027,116	0	1,027,116	67.00
68.00	06800 SPEECH PATHOLOGY	402,140	0	402,140	0	402,140	68.00
69.00	06900 ELECTROCARDIOLOGY	1,659,811		1,659,811	0	1,659,811	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,929,828		5,929,828	0	5,929,828	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,349,783		14,349,783	0	14,349,783	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,631,615		9,631,615	0	9,631,615	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	532,267		532,267	0	532,267	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	101,301		101,301	0	101,301	90.01
90.02	09002 SLEEP LAB	929,306		929,306	0	929,306	90.02
91.00	09100 EMERGENCY	14,104,395		14,104,395	0	14,104,395	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,882,819		2,882,819	0	2,882,819	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,705,509		1,705,509	0	1,705,509	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	154,819,427	0	154,819,427	0	154,819,427	200.00
201.00	Less Observation Beds	2,882,819		2,882,819		2,882,819	201.00
202.00	Total (see instructions)	151,936,608	0	151,936,608	0	151,936,608	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:35 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	63,973,951		63,973,951		30.00
31.00 03100	INTENSIVE CARE UNIT	21,109,715		21,109,715		31.00
35.00 02080	NEONATAL INTENSIVE CARE UNIT	3,263,581		3,263,581		35.00
43.00 04300	NURSERY	3,190,648		3,190,648		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	42,942,196	87,598,647	130,540,843	0.098725	50.00
51.00 05100	RECOVERY ROOM	5,496,940	22,547,652	28,044,592	0.187111	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,388,978	4,702,934	19,091,912	0.319864	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,125,268	84,145,847	104,271,115	0.121008	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	585,437	43,277,068	43,862,505	0.101423	55.00
59.00 05900	CARDIAC CATHETERIZATION	23,805,336	32,226,175	56,031,511	0.050119	59.00
60.00 06000	LABORATORY	20,991,369	24,913,331	45,904,700	0.184259	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,282,647	744,001	2,026,648	0.309164	63.00
65.00 06500	RESPIRATORY THERAPY	5,892,147	5,581,752	11,473,899	0.270097	65.00
66.00 06600	PHYSICAL THERAPY	4,049,920	5,191,512	9,241,432	0.329886	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,718,458	819,764	2,538,222	0.404660	67.00
68.00 06800	SPEECH PATHOLOGY	790,130	319,085	1,109,215	0.362545	68.00
69.00 06900	ELECTROCARDIOLOGY	13,481,126	16,856,031	30,337,157	0.054712	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,578,286	15,646,165	24,224,451	0.244787	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	41,309,035	30,774,221	72,083,256	0.199072	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	31,008,168	19,763,651	50,771,819	0.189704	73.00
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97 07697	CARDIAC REHABILITATION	43,532	3,769,043	3,812,575	0.139608	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0.000000	90.00
90.01 09001	BEHAVIORAL HEALTH	0	132,036	132,036	0.767223	90.01
90.02 09002	SLEEP LAB	0	7,770,492	7,770,492	0.119594	90.02
91.00 09100	EMERGENCY	33,916,880	125,016,923	158,933,803	0.088744	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	402,837	12,086,136	12,488,973	0.230829	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	55,739	2,786,925	2,842,664	0.599969	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	362,402,324	546,669,391	909,071,715		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	362,402,324	546,669,391	909,071,715		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:35 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
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.098725		50.00
51.00	05100 RECOVERY ROOM	0.187111		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.319864		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121008		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101423		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.050119		59.00
60.00	06000 LABORATORY	0.184259		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.309164		63.00
65.00	06500 RESPIRATORY THERAPY	0.270097		65.00
66.00	06600 PHYSICAL THERAPY	0.329886		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404660		67.00
68.00	06800 SPEECH PATHOLOGY	0.362545		68.00
69.00	06900 ELECTROCARDIOLOGY	0.054712		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244787		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.199072		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189704		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.139608		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.767223		90.01
90.02	09002 SLEEP LAB	0.119594		90.02
91.00	09100 EMERGENCY	0.088744		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.230829		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.599969		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 6/29/2020 8:35 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	12,887,661	3,272,720	9,614,941	0	0	50.00
51.00	05100 RECOVERY ROOM	5,247,448	311,284	4,936,164	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,106,814	1,304,146	4,802,668	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,617,654	2,811,047	9,806,607	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,448,686	936,810	3,511,876	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	2,808,222	463,045	2,345,177	0	0	59.00
60.00	06000 LABORATORY	8,458,350	418,068	8,040,282	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	626,566	19,217	607,349	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	3,099,066	285,647	2,813,419	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,048,620	140,974	2,907,646	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,027,116	89,244	937,872	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	402,140	78,588	323,552	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,659,811	119,168	1,540,643	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,929,828	181,873	5,747,955	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,349,783	440,103	13,909,680	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,631,615	331,371	9,300,244	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	532,267	44,826	487,441	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	101,301	57,603	43,698	0	0	90.01
90.02	09002 SLEEP LAB	929,306	86,451	842,855	0	0	90.02
91.00	09100 EMERGENCY	14,104,395	2,345,603	11,758,792	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,882,819	500,495	2,382,324	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,705,509	488,255	1,217,254	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	112,604,977	14,726,538	97,878,439	0	0	200.00
201.00	Less Observation Beds	2,882,819	500,495	2,382,324	0	0	201.00
202.00	Total (Line 200 minus Line 201)	109,722,158	14,226,043	95,496,115	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
6/29/2020 8:35 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	12,887,661	130,540,843	0.098725		50.00
51.00	05100 RECOVERY ROOM	5,247,448	28,044,592	0.187111		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,106,814	19,091,912	0.319864		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,617,654	104,271,115	0.121008		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,448,686	43,862,505	0.101423		55.00
59.00	05900 CARDIAC CATHETERIZATION	2,808,222	56,031,511	0.050119		59.00
60.00	06000 LABORATORY	8,458,350	45,904,700	0.184259		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	626,566	2,026,648	0.309164		63.00
65.00	06500 RESPIRATORY THERAPY	3,099,066	11,473,899	0.270097		65.00
66.00	06600 PHYSICAL THERAPY	3,048,620	9,241,432	0.329886		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,027,116	2,538,222	0.404660		67.00
68.00	06800 SPEECH PATHOLOGY	402,140	1,109,215	0.362545		68.00
69.00	06900 ELECTROCARDIOLOGY	1,659,811	30,337,157	0.054712		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,929,828	24,224,451	0.244787		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,349,783	72,083,256	0.199072		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,631,615	50,771,819	0.189704		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	532,267	3,812,575	0.139608		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	101,301	132,036	0.767223		90.01
90.02	09002 SLEEP LAB	929,306	7,770,492	0.119594		90.02
91.00	09100 EMERGENCY	14,104,395	158,933,803	0.088744		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,882,819	12,488,973	0.230829		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,705,509	2,842,664	0.599969		92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	112,604,977	817,533,820			200.00
201.00	Less Observation Beds	2,882,819	0			201.00
202.00	Total (Line 200 minus Line 201)	109,722,158	817,533,820			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 6/29/2020 8:35 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	
Title XVIII		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,307,221	0	5,307,221	26,669	199.00	30.00	
31.00	INTENSIVE CARE UNIT	1,135,784		1,135,784	4,942	229.82	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	265,378		265,378	672	394.91	35.00	
43.00	NURSERY	263,650		263,650	1,709	154.27	43.00	
200.00	Total (lines 30 through 199)	6,972,033		6,972,033	33,992		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	9,195	1,829,805					30.00
31.00	INTENSIVE CARE UNIT	1,973	453,435					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	11,168	2,283,240					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:35 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	3,272,720	130,540,843	0.025070	16,493,239	413,486	50.00
51.00 05100 RECOVERY ROOM	311,284	28,044,592	0.011100	2,098,490	23,293	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,304,146	19,091,912	0.068309	61,556	4,205	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,811,047	104,271,115	0.026959	7,752,571	209,002	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	936,810	43,862,505	0.021358	137,228	2,931	55.00
59.00 05900 CARDIAC CATHETERIZATION	463,045	56,031,511	0.008264	7,801,946	64,475	59.00
60.00 06000 LABORATORY	418,068	45,904,700	0.009107	7,413,282	67,513	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	19,217	2,026,648	0.009482	575,049	5,453	63.00
65.00 06500 RESPIRATORY THERAPY	285,647	11,473,899	0.024895	2,451,804	61,038	65.00
66.00 06600 PHYSICAL THERAPY	140,974	9,241,432	0.015255	1,799,421	27,450	66.00
67.00 06700 OCCUPATIONAL THERAPY	89,244	2,538,222	0.035160	750,957	26,404	67.00
68.00 06800 SPEECH PATHOLOGY	78,588	1,109,215	0.070850	414,793	29,388	68.00
69.00 06900 ELECTROCARDIOLOGY	119,168	30,337,157	0.003928	5,782,841	22,715	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	181,873	24,224,451	0.007508	2,870,073	21,549	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	440,103	72,083,256	0.006105	16,676,491	101,810	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	331,371	50,771,819	0.006527	10,774,722	70,327	73.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	44,826	3,812,575	0.011757	13,995	165	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 BEHAVIORAL HEALTH	57,603	132,036	0.436267	0	0	90.01
90.02 09002 SLEEP LAB	86,451	7,770,492	0.011126	0	0	90.02
91.00 09100 EMERGENCY	2,345,603	158,933,803	0.014758	12,821,716	189,223	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	500,495	12,488,973	0.040075	143,573	5,754	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	488,255	2,842,664	0.171760	8,019	1,377	92.01
200.00 Total (lines 50 through 199)	14,726,538	817,533,820		96,841,766	1,347,558	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:35 am
Title XVIII		Hospital	PPS

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
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 col.s. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	26,669	0.00	9,195	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,942	0.00	1,973	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	672	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,709	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	33,992		11,168	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description	Title XVIII				Hospital			
	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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	130,540,843	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,044,592	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	19,091,912	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	104,271,115	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	43,862,505	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	56,031,511	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	45,904,700	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,026,648	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	11,473,899	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,241,432	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,538,222	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,109,215	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	30,337,157	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,224,451	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72,083,256	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	50,771,819	0.000000	73.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,812,575	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 BEHAVIORAL HEALTH	0	0	0	132,036	0.000000	90.01
90.02 09002 SLEEP LAB	0	0	0	7,770,492	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	158,933,803	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,488,973	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,842,664	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	817,533,820		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	16,493,239	0	14,284,878	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,098,490	0	4,604,368	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	61,556	0	3,941	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,752,571	0	17,549,194	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	137,228	0	15,004,089	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,801,946	0	7,959,130	0	59.00
60.00	06000 LABORATORY	0.000000	7,413,282	0	2,074,111	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	575,049	0	199,192	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,451,804	0	1,586,809	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,799,421	0	266,412	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	750,957	0	9,868	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	414,793	0	3,518	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,782,841	0	6,134,097	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,870,073	0	3,486,695	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	16,676,491	0	7,248,058	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	10,774,722	0	4,177,508	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	13,995	0	1,149,169	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	9,675	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	1,563,702	0	90.02
91.00	09100 EMERGENCY	0.000000	12,821,716	0	17,281,269	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	143,573	0	1,773,589	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	8,019	0	554,556	0	92.01
200.00	Total (lines 50 through 199)		96,841,766	0	106,923,828	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:35 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	0.098725	14,284,878	0	2	1,410,275	50.00
51.00	05100 RECOVERY ROOM	0.187111	4,604,368	0	0	861,528	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.319864	3,941	0	0	1,261	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121008	17,549,194	0	0	2,123,593	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101423	15,004,089	0	0	1,521,760	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.050119	7,959,130	0	0	398,904	59.00
60.00	06000 LABORATORY	0.184259	2,074,111	1,830	0	382,174	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.309164	199,192	30	0	61,583	63.00
65.00	06500 RESPIRATORY THERAPY	0.270097	1,586,809	0	0	428,592	65.00
66.00	06600 PHYSICAL THERAPY	0.329886	266,412	0	0	87,886	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.404660	9,868	0	0	3,993	67.00
68.00	06800 SPEECH PATHOLOGY	0.362545	3,518	0	0	1,275	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054712	6,134,097	0	0	335,609	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244787	3,486,695	0	0	853,498	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.199072	7,248,058	0	0	1,442,885	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189704	4,177,508	0	34,448	792,490	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.139608	1,149,169	0	0	160,433	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.767223	9,675	0	0	7,423	90.01
90.02	09002 SLEEP LAB	0.119594	1,563,702	0	0	187,009	90.02
91.00	09100 EMERGENCY	0.088744	17,281,269	0	168	1,533,609	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.230829	1,773,589	0	0	409,396	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.599969	554,556	0	0	332,716	92.01
200.00	Subtotal (see instructions)		106,923,828	1,860	34,618	13,337,892	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		106,923,828	1,860	34,618	13,337,892	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:35 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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	337	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	9	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,535		73.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BEHAVIORAL HEALTH	0	0		90.01
90.02 09002 SLEEP LAB	0	0		90.02
91.00 09100 EMERGENCY	0	15		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	346	6,550		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	346	6,550		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 6/29/2020 8:35 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
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,307,221	0	5,307,221	26,669	199.00	30.00
31.00	INTENSIVE CARE UNIT	1,135,784		1,135,784	4,942	229.82	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	265,378		265,378	672	394.91	35.00
43.00	NURSERY	263,650		263,650	1,709	154.27	43.00
200.00	Total (lines 30 through 199)	6,972,033		6,972,033	33,992		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	492	97,908				
31.00	INTENSIVE CARE UNIT	363	83,425				
35.00	NEONATAL INTENSIVE CARE UNIT	36	14,217				
43.00	NURSERY	796	122,799				
200.00	Total (lines 30 through 199)	1,687	318,349				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:35 am
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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	3,272,720	130,540,843	0.025070	273,008	6,844
51.00	05100 RECOVERY ROOM	311,284	28,044,592	0.011100	39,199	435
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,304,146	19,091,912	0.068309	188,302	12,863
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,811,047	104,271,115	0.026959	331,178	8,928
55.00	05500 RADIOLOGY-THERAPEUTIC	936,810	43,862,505	0.021358	0	0
59.00	05900 CARDIAC CATHETERIZATION	463,045	56,031,511	0.008264	177,036	1,463
60.00	06000 LABORATORY	418,068	45,904,700	0.009107	356,356	3,245
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	19,217	2,026,648	0.009482	9,207	87
65.00	06500 RESPIRATORY THERAPY	285,647	11,473,899	0.024895	149,913	3,732
66.00	06600 PHYSICAL THERAPY	140,974	9,241,432	0.015255	33,677	514
67.00	06700 OCCUPATIONAL THERAPY	89,244	2,538,222	0.035160	17,944	631
68.00	06800 SPEECH PATHOLOGY	78,588	1,109,215	0.070850	17,049	1,208
69.00	06900 ELECTROCARDIOLOGY	119,168	30,337,157	0.003928	154,444	607
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	181,873	24,224,451	0.007508	78,960	593
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	440,103	72,083,256	0.006105	88,229	539
73.00	07300 DRUGS CHARGED TO PATIENTS	331,371	50,771,819	0.006527	537,154	3,506
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0
76.97	07697 CARDIAC REHABILITATION	44,826	3,812,575	0.011757	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000	0	0
90.01	09001 BEHAVIORAL HEALTH	57,603	132,036	0.436267	0	0
90.02	09002 SLEEP LAB	86,451	7,770,492	0.011126	0	0
91.00	09100 EMERGENCY	2,345,603	158,933,803	0.014758	405,918	5,991
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	500,495	12,488,973	0.040075	4,093	164
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	488,255	2,842,664	0.171760	0	0
200.00	Total (lines 50 through 199)	14,726,538	817,533,820		2,861,667	51,350

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:35 am
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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	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
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 col.s. 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	26,669	0.00	492	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,942	0.00	363	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	672	0.00	36	35.00	
43.00	04300	NURSERY	0	0	1,709	0.00	796	43.00	
200.00		Total (lines 30 through 199)	0	0	33,992		1,687	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
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:35 am
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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		
	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
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
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
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
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: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	130,540,843	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,044,592	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	19,091,912	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	104,271,115	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	43,862,505	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	56,031,511	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	45,904,700	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,026,648	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,473,899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,241,432	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,538,222	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,109,215	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,337,157	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,224,451	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72,083,256	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	50,771,819	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,812,575	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	132,036	0.000000	90.01
90.02	09002	SLEEP LAB	0	0	0	7,770,492	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	158,933,803	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,488,973	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,842,664	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	817,533,820		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:35 am
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Cost Center Description		Title XIX				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	273,008	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	39,199	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	188,302	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	331,178	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	177,036	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	356,356	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	9,207	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	149,913	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	33,677	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	17,944	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	17,049	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	154,444	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	78,960	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	88,229	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	537,154	0	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	405,918	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,093	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		2,861,667	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:35 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)		26,669	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,669	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)		24,154	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)		9,195	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)		30,569,286	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)		30,569,286	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)		30,569,286	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)		1,146.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,539,769	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)		10,539,769	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:35 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	8,278,598	4,942	1,675.15	1,973	3,305,071	43.00
44.00 NEONATAL INTENSIVE CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,134,602	672	3,176.49	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,198,077	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,042,917	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)					2,283,240	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,347,558	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,630,798	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,412,119	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)					2,515	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,146.25	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,882,819	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:35 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	5,307,221	30,569,286	0.173613	2,882,819	500,495	90.00
91.00	Nursing School cost	0	30,569,286	0.000000	2,882,819	0	91.00
92.00	Allied health cost	0	30,569,286	0.000000	2,882,819	0	92.00
93.00	All other Medical Education	0	30,569,286	0.000000	2,882,819	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:35 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)		26,669	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,669	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)		24,154	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)		492	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,709	15.00
16.00	Nursery days (title V or XIX only)		796	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)		30,569,286	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)		30,569,286	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)		30,569,286	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)		1,146.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		563,955	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)		563,955	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:35 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)	
42.00 NURSERY (title V & XIX only)	1,231,964	1,709	720.87	796	573,813	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	8,278,598	4,942	1,675.15	363	608,079	43.00
44.00 NEONATAL INTENSIVE CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,134,602	672	3,176.49	36	114,354	47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					461,228	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,321,429	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)					318,349	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51,350	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					369,699	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,951,730	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)					2,515	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,146.25	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,882,819	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:35 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	5,307,221	30,569,286	0.173613	2,882,819	500,495	90.00
91.00	Nursing School cost	0	30,569,286	0.000000	2,882,819	0	91.00
92.00	Allied health cost	0	30,569,286	0.000000	2,882,819	0	92.00
93.00	All other Medical Education	0	30,569,286	0.000000	2,882,819	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:35 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		23,853,850	30.00
31.00	03100	INTENSIVE CARE UNIT		8,332,729	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098725	16,493,239	50.00
51.00	05100	RECOVERY ROOM	0.187111	2,098,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.319864	61,556	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121008	7,752,571	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101423	137,228	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.050119	7,801,946	59.00
60.00	06000	LABORATORY	0.184259	7,413,282	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.309164	575,049	63.00
65.00	06500	RESPIRATORY THERAPY	0.270097	2,451,804	65.00
66.00	06600	PHYSICAL THERAPY	0.329886	1,799,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404660	750,957	67.00
68.00	06800	SPEECH PATHOLOGY	0.362545	414,793	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054712	5,782,841	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244787	2,870,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.199072	16,676,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189704	10,774,722	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.139608	13,995	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.767223	0	90.01
90.02	09002	SLEEP LAB	0.119594	0	90.02
91.00	09100	EMERGENCY	0.088744	12,821,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.230829	143,573	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.599969	8,019	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		96,841,766	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)		96,841,766	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:35 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		918,558	30.00
31.00	03100	INTENSIVE CARE UNIT		615,871	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		290,731	35.00
43.00	04300	NURSERY		161,551	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098725	273,008	50.00
51.00	05100	RECOVERY ROOM	0.187111	39,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.319864	188,302	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121008	331,178	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101423	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.050119	177,036	59.00
60.00	06000	LABORATORY	0.184259	356,356	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.309164	9,207	63.00
65.00	06500	RESPIRATORY THERAPY	0.270097	149,913	65.00
66.00	06600	PHYSICAL THERAPY	0.329886	33,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.404660	17,944	67.00
68.00	06800	SPEECH PATHOLOGY	0.362545	17,049	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054712	154,444	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244787	78,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.199072	88,229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189704	537,154	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.139608	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.767223	0	90.01
90.02	09002	SLEEP LAB	0.119594	0	90.02
91.00	09100	EMERGENCY	0.088744	405,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.230829	4,093	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.599969	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,861,667	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,861,667	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:35 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)		15,002,493	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,873,797	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)		208,031	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		67,593	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)		115.73	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)		2.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.62	31.00
32.00	Sum of lines 30 and 31		18.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.74	33.00
34.00	Disproportionate share adjustment (see instructions)		235,535	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:35 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)	0.000178773	0.000164124	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,478,968	1,370,530	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,106,187	344,505	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,450,692		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)	21,838,141		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)		21,838,141	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,713,327	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)		23,551,468	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,551,468	61.00
62.00	Deductibles billed to program beneficiaries		2,273,260	62.00
63.00	Coinurance billed to program beneficiaries		67,105	63.00
64.00	Allowable bad debts (see instructions)		169,930	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		110,455	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		14,671	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,321,558	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)		159,549	70.93
70.94	HRR adjustment amount (see instructions)		-111,947	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:35 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)			21,369,160	71.00
71.01	Sequestration adjustment (see instructions)			427,383	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			20,872,483	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)			69,294	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			503,244	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: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:35 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	15,002,493	0	15,002,493		15,002,493	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,873,797	0		4,873,797	4,873,797	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	208,031	0	208,031		208,031	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,593	0		67,593	67,593	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	0.0474	0.0474	0.0474	0.0474		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	235,535	0	177,780	57,755	235,535	11.00
11.01	Uncompensated care payments	36.00	1,450,692	0	1,581,892	372,781	1,954,673	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	21,838,141	0	16,466,215	5,371,926	21,838,141	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	21,838,141	0	16,466,215	5,371,926	21,838,141	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:35 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	1,713,327	0	1,299,210	414,117	1,713,327	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	17,765,425	5,786,043	23,551,468	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	1,609,364	0	1,220,652	388,712	1,609,364	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	42,807	0	32,173	10,634	42,807	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	0.0380	0.0380	0.0380	0.0380		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	61,156	0	46,385	14,771	61,156	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,713,327	0	1,299,210	414,117	1,713,327	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: 15-0158		Period: From 01/01/2019 To 12/31/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:35 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	15,002,493	15,002,493		15,002,493	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,873,797		4,873,797	4,873,797	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	208,031	208,031		208,031	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,593		67,593	67,593	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	0.0474	0.0474	0.0474		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	235,535	177,780	57,755	235,535	11.00
11.01	Uncompensated care payments	36.00	1,450,692	1,581,892	371,762	1,953,654	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	21,838,141	16,467,234	5,370,907	21,838,141	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	21,838,141	16,467,234	5,370,907	21,838,141	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,713,327	1,299,210	414,117	1,713,327	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			17,766,444	5,785,024	23,551,468	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:35 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	1,609,364	1,220,652	388,712	1,609,364	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	42,807	32,173	10,634	42,807	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	0.0380	0.0380	0.0380		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	61,156	46,385	14,771	61,156	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,713,327	1,299,210	414,117	1,713,327	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	159,549	117,062	42,487	159,549	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	-111,947	-90,015	-21,932	-111,947	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:35 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,896	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,337,892	2.00
3.00	OPPS payments		14,017,972	3.00
4.00	Outlier payment (see instructions)		9,181	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)		6,896	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		36,478	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)		36,478	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)		36,478	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,582	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)		6,896	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)		14,027,153	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		433	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,702,144	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)		11,331,472	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)		11,331,472	30.00
31.00	Primary payer payments		2,598	31.00
32.00	Subtotal (line 30 minus line 31)		11,328,874	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)		422,186	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		274,421	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		264,379	36.00
37.00	Subtotal (see instructions)		11,603,295	37.00
38.00	MSP-LCC reconciliation amount from PS&R		497	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,602,798	40.00
40.01	Sequestration adjustment (see instructions)		232,056	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,375,107	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-4,365	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,068	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: 15-0158

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

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2020 8:35 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		20,872,483		11,375,107	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)		20,872,483		11,375,107	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		69,294		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		4,365	6.02	
7.00	Total Medicare program liability (see instructions)		20,941,777		11,370,742	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: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/29/2020 8:35 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: 15-0158

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

Worksheet G

Date/Time Prepared:
6/29/2020 8:35 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	424,586,518	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,866,837	0	0	0	4.00
5.00	Other receivable	-8,149,975	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,330,092	0	0	0	7.00
8.00	Prepaid expenses	897,837	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	444,531,309	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-5,320,664	0	0	0	14.00
15.00	Buildings	111,687,224	0	0	0	15.00
16.00	Accumulated depreciation	-41,449,597	0	0	0	16.00
17.00	Leasehold improvements	1,188,608	0	0	0	17.00
18.00	Accumulated depreciation	-823,720	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	42,686	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	69,866,078	0	0	0	23.00
24.00	Accumulated depreciation	-54,813,839	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)	87,177,479	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	48,929,281	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	48,929,281	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	580,638,069	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,877,227	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,967,690	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	86,565,780	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,564,230	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	111,974,927	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,824,663	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,824,663	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	116,799,590	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	463,838,479				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	463,838,479	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	580,638,069	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:
6/29/2020 8:35 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		400,923,628			0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		62,939,804				2.00
3.00	Total (sum of line 1 and line 2)		463,863,432			0	3.00
4.00	DONATED PPE	259		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)		259			0	10.00
11.00	Subtotal (line 3 plus line 10)		463,863,691			0	11.00
12.00	TEMP RESTRICTED FUND BALANCE	259		0		0	12.00
13.00	UNRESTRICTED FUND BALANCE	24,953		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)		25,212			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		463,838,479			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	DONATED PPE		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	TEMP RESTRICTED FUND BALANCE		0				12.00
13.00	UNRESTRICTED FUND BALANCE		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: 15-0158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2020 8:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	67,164,599		67,164,599	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)	67,164,599		67,164,599	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,109,715		21,109,715	11.00
12.00	NEONATAL INTENSIVE CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	3,263,581		3,263,581	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,373,296		24,373,296	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,537,895		91,537,895	17.00
18.00	Ancillary services	236,488,972	398,876,880	635,365,852	18.00
19.00	Outpatient services	34,375,456	147,792,512	182,167,968	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	115,583	115,583	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	362,402,323	546,784,975	909,187,298	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		182,343,129		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)		182,343,129		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet G-3 Date/Time Prepared: 6/29/2020 8:35 am
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		909,187,298	1.00
2.00	Less contractual allowances and discounts on patients' accounts		678,564,533	2.00
3.00	Net patient revenues (line 1 minus line 2)		230,622,765	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		182,343,129	4.00
5.00	Net income from service to patients (line 3 minus line 4)		48,279,636	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		14,660,168	24.00
25.00	Total other income (sum of lines 6-24)		14,660,168	25.00
26.00	Total (line 5 plus line 25)		62,939,804	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)		62,939,804	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 8:35 am
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,609,364	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		42,807	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)		82.72	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)		2.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.62	8.00
9.00	Sum of lines 7 and 8		18.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.80	10.00
11.00	Disproportionate share adjustment (see instructions)		61,156	11.00
12.00	Total prospective capital payments (see instructions)		1,713,327	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