

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: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 12/2/2019 5:41 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 12/2/2019	Time: 5:41 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LUTHERAN HOSPITAL OF INDIANA (15-0017) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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) _____
 Officer or Administrator of Provider(s)

 VICE PRESIDENT-REVENUE MANAGEMENT
 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	488,530	-225,212	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	488,530	-225,212	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: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 5:41 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46804 County: ALLEN				
1.00 Street: 7950 WEST JEFFERSON BLVD		2.00 City: FT WAYNE								
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		
1.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital		LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:	To:				
					1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)				07/01/2018	06/30/2019		20.00		
21.00	Type of Control (see instructions)				4			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.				N	3				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.	2,199	214	76	0	18,698	0		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	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 OPSS 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)					Y	Y	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.					Y			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.					N			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 §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1	60.02

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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
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					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	Y	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. 1? 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)							106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.							107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.								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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 5:41 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
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		0	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:	202,911	214,598		0
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			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.	11/05/2008			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.	02/16/1990			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				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		449008	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 5:41 pm		
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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301		141.00		
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00		
143.00	City: FRANKLIN	State: TN		Zip Code: 37067		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
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.								
						1.00	145.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
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	Part A	Part B	Title V	Title XIX	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	N	N	N	N	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	N	161.00		
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.								
						1.00	165.00	
						N		
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)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
166.00								
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00	167.00	
						N		
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)								
						1.00	168.00	
						0		
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)								
						1.00	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)								
						1.00	169.00	
						0.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 5:41 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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.	N					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.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	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)	Y	08/29/2019	Y	08/29/2019		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)	N		N			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: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 5:41 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		Y	12/31/2018	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.	KUZI WA		TSI GA	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-3416		KUZI WA_TSI GA@CHS. NET	43.00

		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.	MANAGER	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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	10	3,650	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,660	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		396	144,540	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	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)		396				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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	16,912	1,321	64,275			1.00
2.00 HMO and other (see instructions)	21,856	18,698				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,912	1,321	64,275			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	49	995			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	280	5,155			8.02
8.03 CARDIO INTENSIVE CARE UNIT	10,959	544	20,773			8.03
9.00 CORONARY CARE UNIT	2,084	102	6,570			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		193	2,265			13.00
14.00 Total (see instructions)	29,955	2,489	100,033	21.92	2,173.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				21.92	2,173.94	27.00
28.00 Observation Bed Days		0	562			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			2,199			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	360			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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	5,483	3,375	21,010	1.00
2.00 HMO and other (see instructions)				3,696	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		5,483	3,375	21,010	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 5:41 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	137,254,727	0	137,254,727	4,521,800.00	30.35
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	131	0	131	2.00	65.50
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)		3,240,903	591,321	3,832,224	131,442.00	29.16
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		12,389,028	0	12,389,028	193,846.00	63.91
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		993,997	0	993,997	9,650.00	103.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		15,336,656	0	15,336,656	509,295.00	30.11
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,673,944	0	29,673,944		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		810,455	0	810,455		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		21	0	21		
25.50	Home office wage-related (core)		2,885,985	0	2,885,985		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	635,023	0	635,023	20,729.00	30.63
27.00	Administrative & General	5.00	16,620,586	-105,303	16,515,283	548,806.00	30.09

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 5:41 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,937,370	0	1,937,370	68,185.00	28.41	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,731,724	0	1,731,724	123,401.00	14.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		4,582,133	0	4,582,133	219,555.98	20.87	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,621,394	-1,307,768	4,313,626	136,154.85	31.68	38.00
39.00	Central Services and Supply	14.00	1,962,214	399,630	2,361,844	124,159.00	19.02	39.00
40.00	Pharmacy	15.00	6,988,981	0	6,988,981	167,620.00	41.70	40.00
41.00	Medical Records & Medical Records Library	16.00	1,549,550	1,013,440	2,562,990	96,127.00	26.66	41.00
42.00	Social Service	17.00	2,778,846	0	2,778,846	79,399.00	35.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part III
Date/Time Prepared:
12/2/2019 5:41 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	141,836,729	0	141,836,729	4,741,353.98	29.91	1.00
2.00	Excluded area salaries (see instructions)	3,240,903	591,321	3,832,224	131,442.00	29.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	138,595,826	-591,321	138,004,505	4,609,911.98	29.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,719,681	0	28,719,681	712,791.00	40.29	4.00
5.00	Subtotal wage-related costs (see inst.)	32,559,929	0	32,559,929	0.00	23.59	5.00
6.00	Total (sum of lines 3 thru 5)	199,875,436	-591,321	199,284,115	5,322,702.98	37.44	6.00
7.00	Total overhead cost (see instructions)	44,407,821	-1	44,407,820	1,584,136.83	28.03	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 12/2/2019 5:41 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,944,382	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)		16,069,277	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		78,369	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		111,841	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		1,765	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		30,109	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,042,593	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		7,956,487	17.00
18.00	Medicare Taxes - Employers Portion Only		1,860,791	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		388,785	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)		30,484,399	24.00
Part B - Other than Core Related Cost				
25.00	OTHER EMPLOYEE BENEFITS		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part V Date/Time Prepared: 12/2/2019 5:41 pm
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	12,389,028	30,484,399	1.00
2.00	Hospital	12,389,028	30,484,399	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 12/2/2019 5:41 pm
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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)			0.133617	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			73,944,885	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	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			474,993,141	6.00
7.00	Medicaid cost (line 1 times line 6)			63,467,159	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)			0	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)			272,611	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			3,354,058	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			448,159	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)			175,548	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)			175,548	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)	38,782,998	0	38,782,998	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,182,068	0	5,182,068	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1,984,924	0	1,984,924	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,197,144	0	3,197,144	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			17,980,535	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			493,362	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			759,019	27.01
28.00	Non-Medicare bad debt expense (see instructions)			17,221,516	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,566,744	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,763,888	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,939,436	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
12/2/2019 5:41 pm

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		8,608,766	8,608,766	4,166,422	12,775,188	1.00
2.00	00200		17,509,152	17,509,152	4,641,094	22,150,246	2.00
4.00	00400	635,023	952,957	1,587,980	19,864,595	21,452,575	4.00
5.01	00540	5,998,905	7,005,916	13,004,821	-354,164	12,650,657	5.01
5.02	00560	10,621,681	91,515,277	102,136,958	-25,739,892	76,397,066	5.02
7.00	00700	1,937,370	11,838,303	13,775,673	2,214,574	15,990,247	7.00
8.00	00800		1,812,562	1,812,562	-460	1,812,102	8.00
9.00	00900	1,731,724	1,302,661	3,034,385	-68,789	2,965,596	9.00
10.00	01000		7,063,061	7,063,061	-4,686,732	2,376,329	10.00
11.00	01100				4,676,976	4,676,976	11.00
13.00	01300	5,621,394	1,909,892	7,531,286	-2,275,178	5,256,108	13.00
14.00	01400	1,962,214	42,446,099	44,408,313	-36,374,183	8,034,130	14.00
15.00	01500	6,988,981	29,389,794	36,378,775	-28,882,660	7,496,115	15.00
16.00	01600	1,549,550	2,794,860	4,344,410	1,760,975	6,105,385	16.00
17.00	01700	2,778,846	123,850	2,902,696	-7,271	2,895,425	17.00
21.00	02100	131	5,212,592	5,212,723	-5,212,582	141	21.00
22.00	02200				5,212,582	5,212,582	22.00
23.00	02300	216,328	147,216	363,544	-1,876	361,668	23.00
23.01	02301	171,008	20,717	191,725	0	191,725	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,584,199	17,598,357	40,182,556	-3,348,335	36,834,221	30.00
31.00	03100	17,625,714	6,872,441	24,498,155	-24,498,155	0	31.00
31.01	02080	2,971,261	620,588	3,591,849	-2,623,286	968,563	31.01
31.02	02060				3,591,849	3,591,849	31.02
31.03	03101				18,035,725	18,035,725	31.03
32.00	03200				5,476,200	5,476,200	32.00
40.00	04000						40.00
43.00	04300	48,051	85,510	133,561	396,292	529,853	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12,102,538	22,908,116	35,010,654	-9,170,729	25,839,925	50.00
51.00	05100	2,265,342	652,051	2,917,393	-2,917,393	0	51.00
52.00	05200		-6,879	-6,879	2,901,169	2,894,290	52.00
53.00	05300	71,536	3,572,509	3,644,045	0	3,644,045	53.00
54.00	05400	6,324,940	2,782,620	9,107,560	584,348	9,691,908	54.00
54.01	05401	822,971	219,110	1,042,081	-1,020,794	21,287	54.01
56.00	05600	506,486	1,622,302	2,128,788	-1,431,525	697,263	56.00
57.00	05700	1,096,779	761,408	1,858,187	-53,929	1,804,258	57.00
58.00	05800	486,464	65,344	551,808	-551,808	0	58.00
60.00	06000	5,332,295	11,140,229	16,472,524	-105,354	16,367,170	60.00
65.00	06500	4,991,200	2,220,521	7,211,721	-88,195	7,123,526	65.00
66.00	06600	2,429,860	453,109	2,882,969	2,557,347	5,440,316	66.00
67.00	06700	1,602,292	128,734	1,731,026	-1,731,026	0	67.00
68.00	06800	938,210	104,464	1,042,674	-1,042,674	0	68.00
69.00	06900	4,021,374	8,901,541	12,922,915	-11,395,360	1,527,555	69.00
70.00	07000				3,605,384	3,605,384	70.00
71.00	07100				6,668,014	6,668,014	71.00
72.00	07200				42,142,850	42,142,850	72.00
73.00	07300				28,129,545	28,129,545	73.00
74.00	07400		3,044,943	3,044,943	-12,758	3,032,185	74.00
76.00	03140				3,831,563	3,831,563	76.00
76.01	03050	561,147	121,179	682,326	-682,326	0	76.01
76.02	03950	13,823	941	14,764	568,550	583,314	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,030,178	772,394	2,802,572	2,018,098	4,820,670	90.00
91.00	09100	5,361,345	6,408,175	11,769,520	-154,254	11,615,266	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	2,800,060	13,463,952	16,264,012	-187,600	16,076,412	95.00
96.00	09600		483,660	483,660	-11,160	472,500	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500				1,368,980	1,368,980	105.00
106.00	10600				429,582	429,582	106.00
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.00	19200	4,420	721,199	725,619	-212,266	513,353	192.00
194.00	07950						194.00
194.01	07951						194.01
194.02	07952	49,087	22,085	71,172	0	71,172	194.02
194.03	07953						194.03
200.00		137,201,220	334,650,994	471,852,214	212,266	472,064,480	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,046,698	13,821,886	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,336,505	20,813,741	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-39,612	21,412,963	4.00
5.01	00540	ADMINISTRATIVE	-672,744	11,977,913	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-32,823,271	43,573,795	5.02
7.00	00700	OPERATION OF PLANT	-307,930	15,682,317	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,876	1,917,978	8.00
9.00	00900	HOUSEKEEPING	0	2,965,596	9.00
10.00	01000	DIETARY	0	2,376,329	10.00
11.00	01100	CAFETERIA	-52,243	4,624,733	11.00
13.00	01300	NURSING ADMINISTRATION	-30,425	5,225,683	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-18,697	8,015,433	14.00
15.00	01500	PHARMACY	0	7,496,115	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6	6,105,379	16.00
17.00	01700	SOCIAL SERVICE	0	2,895,425	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	141	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,212,582	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	361,668	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	191,725	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,133,711	31,700,510	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-90,962	877,601	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	3,591,849	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	18,035,725	31.03
32.00	03200	CORONARY CARE UNIT	0	5,476,200	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-2,710	527,143	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,125,065	23,714,860	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,894,290	52.00
53.00	05300	ANESTHESIOLOGY	-3,423,193	220,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-31,499	9,660,409	54.00
54.01	05401	PET SCAN	0	21,287	54.01
56.00	05600	RADIOISOTOPE	0	697,263	56.00
57.00	05700	CT SCAN	0	1,804,258	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	16,367,170	60.00
65.00	06500	RESPIRATORY THERAPY	-30,083	7,093,443	65.00
66.00	06600	PHYSICAL THERAPY	0	5,440,316	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,890	1,525,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,822,789	1,782,595	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,668,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,142,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,129,545	73.00
74.00	07400	RENAL DIALYSIS	0	3,032,185	74.00
76.00	03140	CARDIO CATH LAB	-430,945	3,400,618	76.00
76.01	03050	ENDOSCOPY	0	0	76.01
76.02	03950	CARDIAC REHAB	0	583,314	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-131,555	4,689,115	90.00
91.00	09100	EMERGENCY	-3,888,350	7,726,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-9,981,825	6,094,587	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-472,500	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,368,980	105.00
106.00	10600	HEART ACQUISITION	0	429,582	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-61,695,936	410,368,544	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	513,353	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	SENIOR CIRCLE	-9,782	61,390	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-61,705,718	410,943,287	200.00

RECLASSIFICATIONS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,876,429	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	19,876,429	
B - RENTAL AND LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	113,927	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,514,711	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	84,596	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
	TOTALS		0	4,713,234	
C - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	321,546	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,730,949	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	126,383	3.00
	TOTALS		0	4,178,878	
D - REPAIRS & MAINTENANCE					
1.00	OPERATION OF PLANT	7.00	0	2,220,433	1.00
2.00	LABORATORY	60.00	0	29,191	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	2,249,624	

RECLASSIFICATIONS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
E - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	422,426	0	1.00
	TOTALS		422,426	0	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,668,014	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	42,142,850	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
	TOTALS		0	48,810,864	
G - DRUGS / IVS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,129,545	1.00
	TOTALS		0	28,129,545	
H - LABOR AND DELIVERY					
1.00	NURSERY	43.00	345,893	50,399	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,151,895	749,274	2.00
	TOTALS		2,497,788	799,673	
I - A&G COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	253,265	20,184	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	399,630	1,743,264	2.00
	TOTALS		652,895	1,763,448	
J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,309,435	218,124	1.00
2.00	PET SCAN	54.01	24,181	17,138	2.00
3.00		0.00	0	0	3.00
	TOTALS		1,333,616	235,262	
K - DIETARY					
1.00	CAFETERIA	11.00	0	4,676,976	1.00
	TOTALS		0	4,676,976	
L - MISC DEPARTMENT					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	716,753	59,417	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,013,440	803,177	2.00
3.00	OPERATING ROOM	50.00	2,265,342	648,553	3.00
4.00	PHYSICAL THERAPY	66.00	2,540,502	212,744	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	1,221,384	2,384,000	5.00
6.00	CARDIO CATH LAB	76.00	1,690,592	2,140,971	6.00
7.00	CARDIAC REHAB	76.02	505,859	62,691	7.00
	TOTALS		9,953,872	6,311,553	
M - ORGAN ACQUISITION					
1.00	CLINIC	90.00	574,223	1,506,150	1.00
2.00	KIDNEY ACQUISITION	105.00	419,610	949,370	2.00
3.00	HEART ACQUISITION	106.00	171,711	257,871	3.00
	TOTALS		1,165,544	2,713,391	
O - ICU COSTS					
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	808,945	163,884	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,971,261	620,588	2.00
3.00	CARDIO INTENSIVE CARE UNIT	31.03	12,574,455	5,461,270	3.00
4.00	CORONARY CARE UNIT	32.00	4,242,314	1,233,886	4.00
	TOTALS		20,596,975	7,479,628	
R - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,212,582	1.00
	TOTALS		0	5,212,582	
500.00	Grand Total: Increases		36,623,116	137,151,087	500.00

RECLASSIFICATIONS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	19,871,429	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	5,000	0		2.00
	TOTALS		0	19,876,429			
B - RENTAL AND LEASE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,078	10		1.00
2.00	ADMINISTRATIVE	5.01	0	10,830	10		2.00
3.00	OPERATION OF PLANT	7.00	0	5,859	0		3.00
4.00	DIETARY	10.00	0	9,756	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	94,452	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,523,578	0		6.00
7.00	PHARMACY	15.00	0	391,778	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	55,642	0		8.00
9.00	SOCIAL SERVICE	17.00	0	1,819	0		9.00
10.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	675	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	35,518	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,100	0		12.00
13.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	40	0		13.00
14.00	OPERATING ROOM	50.00	0	370,350	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	703,443	0		15.00
16.00	PET SCAN	54.01	0	20,305	0		16.00
17.00	RADIOISOTOPE	56.00	0	629,515	0		17.00
18.00	CT SCAN	57.00	0	17,466	0		18.00
19.00	LABORATORY	60.00	0	134,542	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	69,734	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	153,873	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	103,781	0		22.00
23.00	ENDOSCOPY	76.01	0	8,427	0		23.00
24.00	CLINIC	90.00	0	6,418	0		24.00
25.00	EMERGENCY	91.00	0	88,708	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	57,662	0		26.00
27.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	11,160	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	201,725	0		28.00
	TOTALS		0	4,713,234			
C - OTHER CAPITAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,178,878	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	4,178,878			
D - REPAIRS & MAINTENANCE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,756	0		1.00
2.00	ADMINISTRATIVE	5.01	0	69,885	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	258,480	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	460	0		4.00
5.00	HOUSEKEEPING	9.00	0	68,789	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	5,363	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	866,457	0		7.00
8.00	PHARMACY	15.00	0	256,780	0		8.00
9.00	SOCIAL SERVICE	17.00	0	5,452	0		9.00
10.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	1,201	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	12,404	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	5,806	0		12.00
13.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	4,226	0		13.00
14.00	OPERATING ROOM	50.00	0	208,904	0		14.00
15.00	RECOVERY ROOM	51.00	0	3,498	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,631	0		16.00
17.00	PET SCAN	54.01	0	20,032	0		17.00
18.00	RADIOISOTOPE	56.00	0	250	0		18.00
19.00	CT SCAN	57.00	0	15,696	0		19.00
20.00	MRI	58.00	0	9,981	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	18,461	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,543	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	408	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	33,121	0		24.00
25.00	RENAL DIALYSIS	74.00	0	12,758	0		25.00
26.00	ENDOSCOPY	76.01	0	207	0		26.00
27.00	CLINIC	90.00	0	55,857	0		27.00
28.00	EMERGENCY	91.00	0	63,739	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	129,938	0		29.00

RECLASSIFICATIONS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,541	0		30.00
	TOTALS		0	2,249,624			
E - CNO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	422,426	0	0		1.00
	TOTALS		422,426	0			
F - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,127,042	0		1.00
2.00	PHARMACY	15.00	0	104,557	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,952	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	6,495	0		4.00
5.00	OPERATING ROOM	50.00	0	7,626,435	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,818	0		6.00
7.00	PET SCAN	54.01	0	36,033	0		7.00
8.00	RADIOISOTOPE	56.00	0	801,760	0		8.00
9.00	CT SCAN	57.00	0	20,767	0		9.00
10.00	MRI	58.00	0	11	0		10.00
11.00	LABORATORY	60.00	0	3	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	39,483	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	55	0		13.00
14.00	SPEECH PATHOLOGY	68.00	0	19,992	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	3,926,578	0		15.00
16.00	ENDOSCOPY	76.01	0	76	0		16.00
17.00	EMERGENCY	91.00	0	1,807	0		17.00
	TOTALS		0	48,810,864			
G - DRUGS / IVS							
1.00	PHARMACY	15.00	0	28,129,545	0		1.00
	TOTALS		0	28,129,545			
H - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,497,788	799,673	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,497,788	799,673			
I - A&G COSTS							
1.00	ADMINISTRATIVE	5.01	253,265	20,184	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	399,630	1,743,264	0		2.00
	TOTALS		652,895	1,763,448			
J - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	24,181	17,138	0		1.00
2.00	PET SCAN	54.01	822,971	162,772	0		2.00
3.00	MRI	58.00	486,464	55,352	0		3.00
	TOTALS		1,333,616	235,262			
K - DIETARY							
1.00	DIETARY	10.00	0	4,676,976	0		1.00
	TOTALS		0	4,676,976			
L - MISC DEPARTMENT							
1.00	NURSING ADMINISTRATIVE	13.00	1,730,194	862,595	0		1.00
2.00	RECOVERY ROOM	51.00	2,265,342	648,553	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	1,602,292	128,679	0		3.00
4.00	SPEECH PATHOLOGY	68.00	938,210	84,064	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	2,856,687	4,475,193	0		5.00
6.00	ENDOSCOPY	76.01	561,147	112,469	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		9,953,872	6,311,553			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	1,165,544	2,713,391	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,165,544	2,713,391			
O - ICU COSTS							
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	2,971,261	620,588	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	17,625,714	6,859,040	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		20,596,975	7,479,628			
R - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	5,212,582	0		1.00
	TOTALS		0	5,212,582			
500.00	Grand Total: Decreases		36,623,116	137,151,087			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	457,128	0	0	0	0	1.00
2.00	Land Improvements	3,236,362	0	0	0	0	2.00
3.00	Buildings and Fixtures	31,191,267	0	0	0	0	3.00
4.00	Building Improvements	37,898,206	0	0	0	0	4.00
5.00	Fixed Equipment	11,608,907	0	0	0	0	5.00
6.00	Movable Equipment	119,592,801	0	0	0	0	6.00
7.00	HIT designated Assets	3,003,627	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	206,988,298	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	206,988,298	0	0	0	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	457,128	0				1.00
2.00	Land Improvements	3,236,362	0				2.00
3.00	Buildings and Fixtures	31,191,267	0				3.00
4.00	Building Improvements	37,898,206	0				4.00
5.00	Fixed Equipment	11,608,907	0				5.00
6.00	Movable Equipment	119,592,801	0				6.00
7.00	HIT designated Assets	3,003,627	0				7.00
8.00	Subtotal (sum of lines 1-7)	206,988,298	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	206,988,298	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part II
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,608,766	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,509,152	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,117,918	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,608,766				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,509,152				2.00
3.00	Total (sum of lines 1-2)	0	26,117,918				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part III
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	87,395,499	0	87,395,499	0.422224	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	119,592,801	0	119,592,801	0.577776	0	2.00
3.00	Total (sum of lines 1-2)	206,988,300	0	206,988,300	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,551,198	113,927	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,826,263	4,514,711	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,377,461	4,628,638	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,104,266	321,546	3,730,949	0	13,821,886	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,346,384	126,383	0	0	20,813,741	2.00
3.00	Total (sum of lines 1-2)	5,450,650	447,929	3,730,949	0	34,635,627	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-920,417		CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-55,719		OTHER ADMINISTRATIVE AND GENERAL	5.02	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	-27,916,854				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-611		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	6,473,802				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-52,243		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-6		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-16,548		OTHER ADMINISTRATIVE AND GENERAL	5.02	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)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-2,200,945		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-2,693,981		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 SPECIAL EVENTS	A	-60,093	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.00
33.01 OTHER MISC REVENUES	B	-955,639	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.01
33.02 PATIENT PHONES WAGE COST	A	-142,147	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.02
33.03 PATIENT PHONEES BENEFITS COST	A	-31,571	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 EVENT PLANNING	A	-8,041	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05 SPECIAL EVENTS	A	-225	AMBULANCE SERVICES	95.00	0 33.05
33.06 PATIENT TV - CABLE EXPENSE	A	-75,669	OPERATION OF PLANT	7.00	0 33.06
33.08 LEGAL FEES	A	-359,363	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.08
33.09 PHYSICIAN RECRUITING	A	-406,422	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.09
33.10 ASSOCIATION DUES - LOBBYING	A	-27,121	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.10
33.11 CHARITABLE CONTRIBUTIONS	A	-246,754	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.11
33.12 PENALTIES	A	-1,782	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.12
33.13 FRANCHISE TAX	A	-1,900	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.13
33.14 GRANT INCOME	B	-34,213	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.14
33.15 MARKETING DEPT EXPENSE	A	-2,509,071	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.15
33.16 CORPORATE SPONSOR RESEARCH	A	-138,470	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.16
33.17 LOBBYING EXPENSES	A	-66,000	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.17
33.18 PROVIDER TAX-HOSPITAL ASSESSMENT FEE	A	-28,982,985	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.18
33.19 VALET - SECURITY	A	-232,261	OPERATION OF PLANT	7.00	0 33.19
33.20 SENIOR CIRCLE	B	-9,782	SENIOR CIRCLE	194.02	0 33.20
33.21 LOST CHARGES - STERILE SUPPLY	A	-18,697	CENTRAL SERVICES & SUPPLY	14.00	0 33.21
33.22 LOST CHARGES - ANGIOGRAPHY	A	-13,863	RADIOLOGY-DIAGNOSTIC	54.00	0 33.22
33.23 LOST CHARGES - RADIO-CATH LAB	A	-127	ELECTROCARDIOLOGY	69.00	0 33.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-61,705,718			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: 15-0017

Period: From 07/01/2018 To 06/30/2019

Worksheet A-8-1

Date/Time Prepared: 12/2/2019 5:41 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	3,891,144	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	63,794	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	11,092	0
3.01	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAXES	1,166	1,900
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	2,257,656
3.03	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	6,888,832	3,084,212
4.00	5.01	ADMINITTING	PASI OPERATING	1,004,332	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	213,122	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	1,346,384	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	13,638,144	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,451,584	4,306,959
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	93,012	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	926,573	913,709
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	6,786,130
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	5,361
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	109,042
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	18,363
4.19	5.01	ADMINITTING	PASI COLLECTION FEES	0	1,425,684
4.20	5.02	OTHER ADMINISTRATIVE AND GEN	HIM ALLOCATION	0	1,678,302
4.22	5.01	ADMINITTING	PASI LIEN UNIT COLLECTION FE	0	251,392
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	2,216,667
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			29,529,179	23,055,377

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

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

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

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

6.00	B	0.00	COMMUNITY HEALT	100.00	6.00
7.00	B	0.00	PASI	100.00	7.00
8.00	E	0.00	HOSPITAL LAUNDR	100.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 5:41 pm

	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	3,891,144	11		1.00
2.00	63,794	9		2.00
3.00	11,092	9		3.00
3.01	-734	0		3.01
3.02	-2,257,656	0		3.02
3.03	3,804,620	0		3.03
4.00	1,004,332	0		4.00
4.01	213,122	11		4.01
4.02	1,346,384	11		4.02
4.03	13,638,144	0		4.03
4.04	-2,855,375	0		4.04
4.06	93,012	0		4.06
4.07	12,864	0		4.07
4.08	-6,786,130	0		4.08
4.09	-5,361	0		4.09
4.10	-109,042	0		4.10
4.16	-18,363	0		4.16
4.19	-1,425,684	0		4.19
4.20	-1,678,302	0		4.20
4.22	-251,392	0		4.22
4.23	-2,216,667	0		4.23
5.00	6,473,802			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	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
12/2/2019 5:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	334,178	334,178	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	30,425	30,425	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,133,711	5,133,711	0	0	0	3.00
4.00	31.01	PEDIATRIC INTENSIVE CARE UNIT	90,962	90,962	0	0	0	4.00
5.00	43.00	NURSERY	2,710	2,710	0	0	0	5.00
6.00	50.00	OPERATING ROOM	2,125,065	2,125,065	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,423,193	3,423,193	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	17,025	17,025	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	30,083	30,083	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	1,763	1,763	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	1,822,789	1,822,789	0	0	0	11.00
12.00	76.00	CARDIO CATH LAB	430,945	430,945	0	0	0	12.00
13.00	90.00	CLINIC	131,555	131,555	0	0	0	13.00
14.00	91.00	EMERGENCY	3,888,350	3,888,350	0	0	0	14.00
15.00	95.00	AMBULANCE SERVICES	9,981,600	9,981,600	0	0	0	15.00
16.00	96.00	DURABLE MEDICAL EQUIP-RENTED	472,500	472,500	0	0	0	16.00
200.00			27,916,854	27,916,854	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	76.00	CARDIO CATH LAB	0	0	0	0	0	12.00
13.00	90.00	CLINIC	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	15.00
16.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	16.00
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	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	334,178		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	30,425		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,133,711		3.00
4.00	31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	90,962		4.00
5.00	43.00	NURSERY	0	0	0	2,710		5.00
6.00	50.00	OPERATING ROOM	0	0	0	2,125,065		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,423,193		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	17,025		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	30,083		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,763		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,822,789		11.00
12.00	76.00	CARDIO CATH LAB	0	0	0	430,945		12.00
13.00	90.00	CLINIC	0	0	0	131,555		13.00
14.00	91.00	EMERGENCY	0	0	0	3,888,350		14.00
15.00	95.00	AMBULANCE SERVICES	0	0	0	9,981,600		15.00
16.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	472,500		16.00
200.00			0	0	0	27,916,854		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,821,886	13,821,886			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,813,741		20,813,741		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,412,963	362,067	26,184	21,801,214	4.00
5.01 00540	ADMITTING	11,977,913	301,110	37,887	916,866	13,233,776
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	43,573,795	585,304	9,580,958	1,718,577	0
7.00 00700	OPERATION OF PLANT	15,682,317	2,992,119	534,157	309,158	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,917,978	17,361	0	0	0
9.00 00900	HOUSEKEEPING	2,965,596	58,289	30,064	276,342	0
10.00 01000	DIETARY	2,376,329	560,964	80,745	0	0
11.00 01100	CAFETERIA	4,624,733	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	5,225,683	132,643	20,528	688,351	0
14.00 01400	CENTRAL SERVICES & SUPPLY	8,015,433	242,242	230,675	376,894	0
15.00 01500	PHARMACY	7,496,115	138,675	145,041	1,115,274	0
16.00 01600	MEDICAL RECORDS & LIBRARY	6,105,379	148,110	18,079	408,992	0
17.00 01700	SOCIAL SERVICE	2,895,425	99,777	0	443,437	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	141	0	0	21	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,212,582	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	361,668	55,911	291	34,521	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	191,725	0	0	27,289	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	31,700,510	1,927,609	836,840	3,205,296	611,955
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	877,601	127,501	30,158	129,088	33,629
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,591,849	213,977	717,376	474,142	78,585
31.03 03101	CARDIO INTENSIVE CARE UNIT	18,035,725	764,579	303,621	2,006,581	349,292
32.00 03200	CORONARY CARE UNIT	5,476,200	297,727	34,825	676,971	111,077
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	527,143	10,556	1,099	62,864	12,081
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,714,860	2,044,206	2,197,791	2,106,776	2,486,073
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,894,290	0	0	343,391	65,993
53.00 05300	ANESTHESIOLOGY	220,852	1,547	0	11,415	280,472
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,660,409	306,369	1,586,581	1,214,404	728,498
54.01 05401	PET SCAN	21,287	33,349	34,023	3,859	47,654
56.00 05600	RADIOISOTOPE	697,263	77,680	46,744	80,823	151,660
57.00 05700	CT SCAN	1,804,258	38,415	91,291	175,020	577,996
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	16,367,170	326,785	359,596	850,906	1,039,494
65.00 06500	RESPIRATORY THERAPY	7,093,443	111,068	180,804	796,476	400,274
66.00 06600	PHYSICAL THERAPY	5,440,316	235,088	21,557	793,150	141,422
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	14,734
68.00 06800	SPEECH PATHOLOGY	0	0	398,803	0	4,780
69.00 06900	ELECTROCARDIOLOGY	1,525,665	278,240	0	185,856	728,014
70.00 07000	ELECTROENCEPHALOGRAPHY	1,782,595	29,077	350,586	194,904	92,037
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,668,014	0	0	0	649,016
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	42,142,850	0	0	0	896,415
73.00 07300	DRUGS CHARGED TO PATIENTS	28,129,545	0	0	0	2,384,996
74.00 07400	RENAL DIALYSIS	3,032,185	153,503	2,603	0	55,496
76.00 03140	CARDIO CATH LAB	3,400,618	125,123	797,312	269,778	328,843
76.01 03050	ENDOSCOPY	0	134,480	836,195	0	177,861
76.02 03950	CARDIAC REHAB	583,314	0	16,385	82,929	12,183
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,689,115	395,010	46,761	415,600	25,992
91.00 09100	EMERGENCY	7,726,916	390,003	254,521	855,542	682,469
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	6,094,587	8,932	795,562	446,822	46,981
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,368,980	50,014	0	66,960	4,448
106.00 10600	HEART ACQUISITION	429,582	0	0	27,401	13,356
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	410,368,544	13,775,410	20,645,643	21,792,676	13,233,776
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,476	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	513,353	0	168,098	705	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	61,390	0	0	7,833	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	410,943,287	13,821,886	20,813,741	21,801,214	13,233,776	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part I Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	55,458,634	55,458,634				5.02
7.00	00700	OPERATION OF PLANT	19,517,751	3,044,945	22,562,696			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,935,339	301,930	40,883	2,278,152		8.00
9.00	00900	HOUSEKEEPING	3,330,291	519,555	137,263	0	3,987,109	9.00
10.00	01000	DIETARY	3,018,038	470,841	1,320,999	0	235,295	10.00
11.00	01100	CAFETERIA	4,624,733	721,500	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,067,205	946,539	312,358	0	55,637	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,865,244	1,383,058	570,448	0	101,607	14.00
15.00	01500	PHARMACY	8,895,105	1,387,716	326,562	0	58,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,680,560	1,042,227	348,779	0	62,124	16.00
17.00	01700	SOCIAL SERVICE	3,438,639	536,459	234,963	0	41,851	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	162	25	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,212,582	813,210	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	452,391	70,577	131,663	9,486	23,452	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	219,014	34,168	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,282,210	5,972,369	4,539,272	937,583	808,530	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,197,977	186,895	300,248	137,406	53,480	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,075,929	791,891	503,888	14,060	89,752	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	21,459,798	3,347,922	1,800,485	139,512	320,700	31.03
32.00	03200	CORONARY CARE UNIT	6,596,800	1,029,160	701,109	86,795	124,881	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	613,743	95,749	24,858	0	4,428	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,549,706	5,078,047	4,813,842	414,215	857,434	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,303,674	515,403	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	514,286	80,233	3,642	0	649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,496,261	2,105,538	721,460	93,981	128,506	54.00
54.01	05401	PET SCAN	140,172	21,868	78,533	0	13,988	54.01
56.00	05600	RADIO SOTOPE	1,054,170	164,460	182,926	0	32,583	56.00
57.00	05700	CT SCAN	2,686,980	419,193	90,461	42,400	16,113	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	18,943,951	2,955,427	769,536	1,438	137,069	60.00
65.00	06500	RESPIRATORY THERAPY	8,582,065	1,338,879	261,550	7,225	46,587	65.00
66.00	06600	PHYSICAL THERAPY	6,631,533	1,034,579	553,603	0	98,607	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,734	2,299	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	403,583	62,963	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,717,775	423,997	655,218	0	116,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,449,199	382,097	68,472	0	12,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,317,030	1,141,523	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,039,265	6,714,343	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,514,541	4,760,543	0	6,982	0	73.00
74.00	07400	RENAL DIALYSIS	3,243,787	506,060	361,481	68,819	64,387	74.00
76.00	03140	CARDIO CATH LAB	4,921,674	767,825	294,648	0	52,482	76.00
76.01	03050	ENDOSCOPY	1,148,536	179,182	316,683	0	56,407	76.01
76.02	03950	CARDIAC REHAB	694,811	108,397	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,572,478	869,357	930,199	49,436	165,686	90.00
91.00	09100	EMERGENCY	9,909,451	1,545,964	918,408	268,512	163,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,392,884	1,153,356	21,033	0	3,746	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,490,402	232,516	117,777	302	20,978	105.00
106.00	10600	HEART ACQUISITION	470,339	73,377	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	410,145,432	55,334,162	22,453,250	2,278,152	3,967,615	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,476	7,251	109,446	0	19,494	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	682,156	106,422	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	69,223	10,799	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118 through 201)	410,943,287	55,458,634	22,562,696	2,278,152	3,987,109	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 12/2/2019 5:41 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.01	00540						5.01	
5.02	00560						5.02	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	5,045,173					10.00	
11.00	01100	0	5,346,233				11.00	
13.00	01300	0	193,590	7,575,329			13.00	
14.00	01400	0	176,526	0	11,096,883		14.00	
15.00	01500	0	238,335	162,187	102,580	11,170,652	15.00	
16.00	01600	0	136,661	0	2,056	0	16.00	
17.00	01700	0	112,883	0	4,381	0	17.00	
21.00	02100	0	0	0	0	0	21.00	
22.00	02200	0	0	0	0	0	22.00	
23.00	02300	0	8,074	0	250	0	23.00	
23.01	02301	0	7,807	0	5	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	3,837,133	1,056,817	2,143,986	382,637	0	30.00	
31.00	03100	0	0	0	0	0	31.00	
31.01	02080	591,925	31,999	484,332	39,612	0	31.01	
31.02	02060	39,098	111,316	0	0	0	31.02	
31.03	03101	0	529,578	1,492,458	293,766	0	31.03	
32.00	03200	351,375	162,538	585,482	81,076	0	32.00	
40.00	04000	0	0	0	0	0	40.00	
43.00	04300	0	15,852	0	10,721	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	598,248	1,135,576	1,028,162	0	50.00	
51.00	05100	0	0	0	0	0	51.00	
52.00	05200	0	86,622	0	0	0	52.00	
53.00	05300	0	6,743	0	19,270	0	53.00	
54.00	05400	0	349,917	104,363	154,154	0	54.00	
54.01	05401	0	976	0	0	0	54.01	
56.00	05600	0	18,957	8,022	14,245	0	56.00	
57.00	05700	0	49,950	0	44,873	0	57.00	
58.00	05800	0	0	0	0	0	58.00	
60.00	06000	0	285,772	71,597	1,175,545	0	60.00	
65.00	06500	0	236,531	0	228,569	0	65.00	
66.00	06600	0	189,006	0	12,027	0	66.00	
67.00	06700	0	0	0	0	0	67.00	
68.00	06800	0	0	0	0	0	68.00	
69.00	06900	0	61,514	183,603	40,420	0	69.00	
70.00	07000	0	54,771	0	34,269	0	70.00	
71.00	07100	0	0	0	1,013,955	0	71.00	
72.00	07200	0	0	0	5,836,817	0	72.00	
73.00	07300	0	0	0	81,901	11,170,652	73.00	
74.00	07400	0	0	0	7,461	0	74.00	
76.00	03140	0	57,935	0	178,719	0	76.00	
76.01	03050	0	0	0	12,614	0	76.01	
76.02	03950	0	29,899	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	111,050	270,107	82,451	0	90.00	
91.00	09100	0	255,399	825,844	179,986	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	0	138,376	107,772	33,887	0	95.00	
96.00	09600	0	0	0	0	0	96.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	0	19,992	0	0	0	105.00	
106.00	10600	0	9,523	0	0	0	106.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		4,819,531	5,343,157	7,575,329	11,096,409	11,170,652	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
192.00	19200	225,642	237	0	0	0	192.00	
194.00	07950	0	0	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	2,839	0	474	0	194.02	
194.03	07953	0	0	0	0	0	194.03	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0017			Period: From 07/01/2018 To 06/30/2019		Worksheet B Part I Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118 through 201)	5,045,173	5,346,233	7,575,329	11,096,883	11,170,652	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,272,407				16.00
17.00 01700	SOCIAL SERVICE	0	4,369,176			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	187		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		6,025,792	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	382,455	201,983	124	4,002,614	493,284
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	21,017	11,100	0	0	4,419
31.02 02060	NEONATAL INTENSIVE CARE UNIT	49,114	25,938	0	0	28,694
31.03 03101	CARDIO INTENSIVE CARE UNIT	218,297	115,288	0	0	120,468
32.00 03200	CORONARY CARE UNIT	69,420	36,662	0	0	31,862
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00 04300	NURSERY	7,550	3,988	0	0	17,166
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,555,398	821,771	11	349,955	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	41,244	21,782	0	0	0
53.00 05300	ANESTHESIOLOGY	175,287	92,573	1	21,872	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	455,291	240,449	0	0	0
54.01 05401	PET SCAN	29,783	15,729	0	0	0
56.00 05600	RADIOISOTOPE	94,783	50,057	0	0	0
57.00 05700	CT SCAN	361,231	190,774	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	649,654	343,097	0	0	0
65.00 06500	RESPIRATORY THERAPY	250,160	132,115	0	0	0
66.00 06600	PHYSICAL THERAPY	88,385	46,678	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	9,208	4,863	0	0	0
68.00 06800	SPEECH PATHOLOGY	2,987	1,578	0	0	0
69.00 06900	ELECTROCARDIOLOGY	454,988	240,289	0	10,936	0
70.00 07000	ELECTROENCEPHALOGRAPHY	57,520	30,378	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,617	214,215	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	560,234	295,872	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,490,554	787,196	0	0	0
74.00 07400	RENAL DIALYSIS	34,683	18,317	0	0	0
76.00 03140	CARDIO CATH LAB	205,518	108,539	0	0	0
76.01 03050	ENDOSCOPY	111,158	58,705	0	0	0
76.02 03950	CARDIAC REHAB	7,614	4,021	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	16,244	8,579	24	765,527	0
91.00 09100	EMERGENCY	426,524	225,257	27	874,888	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	29,362	15,507	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,780	1,468	0	0	0
106.00 10600	HEART ACQUISITION	8,347	4,408	0	0	0
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	8,272,407	4,369,176	187	6,025,792	695,893
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0
194.02 07952	SENIOR CIRCLE	0	0	0	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	8,272,407	4,369,176	187	6,025,792	695,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 12/2/2019 5:41 pm
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	ADMITTING				5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00	
23.01	02301	PHARMACY RESIDENCY PROGRAM	260,994			23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	63,040,997	-4,002,738	59,038,259	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	3,060,410	0	3,060,410	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	6,729,680	0	6,729,680	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	29,838,272	0	29,838,272	31.03
32.00	03200	CORONARY CARE UNIT	0	9,857,160	0	9,857,160	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
43.00	04300	NURSERY	0	794,055	0	794,055	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	49,202,365	-349,966	48,852,399	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,968,725	0	3,968,725	52.00
53.00	05300	ANESTHESIOLOGY	0	914,556	-21,873	892,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,849,920	0	17,849,920	54.00
54.01	05401	PET SCAN	0	301,049	0	301,049	54.01
56.00	05600	RADIOISOTOPE	0	1,620,203	0	1,620,203	56.00
57.00	05700	CT SCAN	0	3,901,975	0	3,901,975	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	25,333,086	0	25,333,086	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,083,681	0	11,083,681	65.00
66.00	06600	PHYSICAL THERAPY	0	8,654,418	0	8,654,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	31,104	0	31,104	67.00
68.00	06800	SPEECH PATHOLOGY	0	471,111	0	471,111	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,905,447	-10,936	4,894,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,088,902	0	3,088,902	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,092,340	0	10,092,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	56,446,531	0	56,446,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	260,994	49,073,363	0	49,073,363	73.00
74.00	07400	RENAL DIALYSIS	0	4,304,995	0	4,304,995	74.00
76.00	03140	CARDIO CATH LAB	0	6,587,340	0	6,587,340	76.00
76.01	03050	ENDOSCOPY	0	1,883,285	0	1,883,285	76.01
76.02	03950	CARDIAC REHAB	0	844,742	0	844,742	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	8,841,138	-765,551	8,075,587	90.00
91.00	09100	EMERGENCY	0	15,593,846	-874,915	14,718,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	8,895,923	0	8,895,923	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	1,886,215	0	1,886,215	105.00
106.00	10600	HEART ACQUISITION	0	565,994	0	565,994	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	260,994	409,662,828	-6,025,979	403,636,849	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	182,667	0	182,667	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,014,457	0	1,014,457	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	83,335	0	83,335	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	260,994	410,943,287	-6,025,979	404,917,308		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	362,067	26,184	388,251	388,251 4.00
5.01 00540	ADMITTING	0	301,110	37,887	338,997	16,329 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	585,304	9,580,958	10,166,262	30,607 5.02
7.00 00700	OPERATION OF PLANT	0	2,992,119	534,157	3,526,276	5,506 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	17,361	0	17,361	0 8.00
9.00 00900	HOUSEKEEPING	0	58,289	30,064	88,353	4,922 9.00
10.00 01000	DIETARY	0	560,964	80,745	641,709	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	132,643	20,528	153,171	12,259 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	242,242	230,675	472,917	6,712 14.00
15.00 01500	PHARMACY	0	138,675	145,041	283,716	19,863 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	148,110	18,079	166,189	7,284 16.00
17.00 01700	SOCIAL SERVICE	0	99,777	0	99,777	7,897 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	55,911	291	56,202	615 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	486 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,927,609	836,840	2,764,449	57,062 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	127,501	30,158	157,659	2,299 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	213,977	717,376	931,353	8,444 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	764,579	303,621	1,068,200	35,737 31.03
32.00 03200	CORONARY CARE UNIT	0	297,727	34,825	332,552	12,057 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	10,556	1,099	11,655	1,120 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,044,206	2,197,791	4,241,997	37,521 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	6,116 52.00
53.00 05300	ANESTHESIOLOGY	0	1,547	0	1,547	203 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	306,369	1,586,581	1,892,950	21,628 54.00
54.01 05401	PET SCAN	0	33,349	34,023	67,372	69 54.01
56.00 05600	RADIO SOTOPE	0	77,680	46,744	124,424	1,439 56.00
57.00 05700	CT SCAN	0	38,415	91,291	129,706	3,117 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	326,785	359,596	686,381	15,154 60.00
65.00 06500	RESPIRATORY THERAPY	0	111,068	180,804	291,872	14,185 65.00
66.00 06600	PHYSICAL THERAPY	0	235,088	21,557	256,645	14,126 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	398,803	398,803	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	278,240	0	278,240	3,310 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	29,077	350,586	379,663	3,471 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	153,503	2,603	156,106	0 74.00
76.00 03140	CARDIO CATH LAB	0	125,123	797,312	922,435	4,805 76.00
76.01 03050	ENDOSCOPY	0	134,480	836,195	970,675	0 76.01
76.02 03950	CARDIAC REHAB	0	0	16,385	16,385	1,477 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	395,010	46,761	441,771	7,402 90.00
91.00 09100	EMERGENCY	0	390,003	254,521	644,524	15,237 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	8,932	795,562	804,494	7,958 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	50,014	0	50,014	1,193 105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	488 106.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	13,775,410	20,645,643	34,421,053	388,098 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,476	0	46,476	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	168,098	168,098	13 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	140 194.02

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	0	13,821,886	20,813,741	34,635,627	388,251	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMINITTING	355,326				5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	10,196,869			5.02
7.00 00700	OPERATION OF PLANT	0	559,847	4,091,629		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	55,513	7,414	80,288	8.00
9.00 00900	HOUSEKEEPING	0	95,526	24,892	0	9.00
10.00 01000	DIETARY	0	86,569	239,556	0	10.00
11.00 01100	CAFETERIA	0	132,656	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	174,032	56,644	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	254,291	103,448	0	14.00
15.00 01500	PHARMACY	0	255,147	59,220	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	191,625	63,249	0	16.00
17.00 01700	SOCIAL SERVICE	0	98,634	42,609	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	149,518	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	12,976	23,876	334	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	6,282	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,483	1,098,087	823,174	33,042	43,334
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	906	34,363	54,448	4,843	2,866
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,117	145,598	91,378	496	4,810
31.03 03101	CARDIO INTENSIVE CARE UNIT	9,408	615,553	326,509	4,917	17,188
32.00 03200	CORONARY CARE UNIT	2,992	189,223	127,143	3,059	6,693
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	325	17,605	4,508	0	237
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	65,841	933,656	872,967	14,598	45,954
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,777	94,763	0	0	0
53.00 05300	ANESTHESIOLOGY	7,554	14,752	660	0	35
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,622	387,127	130,833	3,312	6,887
54.01 05401	PET SCAN	1,284	4,021	14,242	0	750
56.00 05600	RADIO SOTOPE	4,085	30,238	33,173	0	1,746
57.00 05700	CT SCAN	15,568	77,073	16,405	1,494	864
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	27,998	543,388	139,551	51	7,346
65.00 06500	RESPIRATORY THERAPY	10,781	246,168	47,431	255	2,497
66.00 06600	PHYSICAL THERAPY	3,809	190,219	100,393	0	5,285
67.00 06700	OCCUPATIONAL THERAPY	397	423	0	0	0
68.00 06800	SPEECH PATHOLOGY	129	11,576	0	0	0
69.00 06900	ELECTROCARDIOLOGY	19,609	77,957	118,820	0	6,255
70.00 07000	ELECTROENCEPHALOGRAPHY	2,479	70,253	12,417	0	654
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,481	209,882	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	24,144	1,234,682	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	64,239	875,279	0	246	0
74.00 07400	RENAL DIALYSIS	1,495	93,045	65,553	2,425	3,451
76.00 03140	CARDIO CATH LAB	8,857	141,173	53,433	0	2,813
76.01 03050	ENDOSCOPY	4,791	32,945	57,429	0	3,023
76.02 03950	CARDIAC REHAB	328	19,930	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	700	159,841	168,687	1,742	8,880
91.00 09100	EMERGENCY	18,382	284,243	166,548	9,463	8,768
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,265	212,057	3,814	0	201
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	120	42,751	21,358	11	1,124
106.00 10600	HEART ACQUISITION	360	13,491	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	355,326	10,173,983	4,071,782	80,288	212,648
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,333	19,847	0	1,045
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	19,567	0	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0
194.02 07952	SENIOR CIRCLE	0	1,986	0	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017			Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.01	5.02	7.00	8.00	9.00		
202.00	TOTAL (sum lines 118 through 201)	355,326	10,196,869	4,091,629	80,288	213,693	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	980,445					10.00
11.00	01100	CAFETERIA	0	132,656				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,804	403,892			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,380	0	847,194		14.00
15.00	01500	PHARMACY	0	5,914	8,647	7,831	643,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,391	0	157	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,801	0	334	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	200	0	19	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	194	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	745,682	26,226	114,318	29,212	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	115,031	794	25,822	3,024	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	7,598	2,762	0	0	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	13,140	79,571	22,428	0	31.03
32.00	03200	CORONARY CARE UNIT	68,284	4,033	31,215	6,190	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	393	0	818	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,844	60,544	78,495	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,149	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	167	0	1,471	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,682	5,564	11,769	0	54.00
54.01	05401	PET SCAN	0	24	0	0	0	54.01
56.00	05600	RADIO SOTOPE	0	470	428	1,088	0	56.00
57.00	05700	CT SCAN	0	1,239	0	3,426	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	7,091	3,817	89,747	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,869	0	17,450	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,690	0	918	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	1,526	9,789	3,086	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,359	0	2,616	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	77,410	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	445,616	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,253	643,456	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	570	0	74.00
76.00	03140	CARDIO CATH LAB	0	1,438	0	13,644	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	963	0	76.01
76.02	03950	CARDIAC REHAB	0	742	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,755	14,401	6,295	0	90.00
91.00	09100	EMERGENCY	0	6,337	44,030	13,741	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,434	5,746	2,587	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	496	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	236	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	936,595	132,580	403,892	847,158	643,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,850	6	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	70	0	36	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017			Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118 through 201)	980,445	132,656	403,892	847,194	643,456	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	435,225				16.00
17.00 01700	SOCIAL SERVICE	0	254,295			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		149,518	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,114	11,733			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,105	645			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,583	1,507			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	11,481	6,697			31.03
32.00 03200	CORONARY CARE UNIT	3,651	2,130			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	397	232			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	81,961	48,220			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,169	1,265			52.00
53.00 05300	ANESTHESIOLOGY	9,219	5,378			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,945	13,968			54.00
54.01 05401	PET SCAN	1,566	914			54.01
56.00 05600	RADIOISOTOPE	4,985	2,908			56.00
57.00 05700	CT SCAN	18,998	11,082			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	34,167	19,931			60.00
65.00 06500	RESPIRATORY THERAPY	13,157	7,675			65.00
66.00 06600	PHYSICAL THERAPY	4,648	2,712			66.00
67.00 06700	OCCUPATIONAL THERAPY	484	283			67.00
68.00 06800	SPEECH PATHOLOGY	157	92			68.00
69.00 06900	ELECTROCARDIOLOGY	23,929	13,959			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,025	1,765			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,333	12,444			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	29,464	17,188			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	78,393	45,729			73.00
74.00 07400	RENAL DIALYSIS	1,824	1,064			74.00
76.00 03140	CARDIO CATH LAB	10,809	6,305			76.00
76.01 03050	ENDOSCOPY	5,846	3,410			76.01
76.02 03950	CARDIAC REHAB	400	234			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	854	498			90.00
91.00 09100	EMERGENCY	22,432	13,085			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,544	901			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	146	85			105.00
106.00 10600	HEART ACQUISITION	439	256			106.00
118.00 0	SUBTOTALS (SUM OF LINES 1 through 117)	435,225	254,295	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			5	149,518	95,479	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	435,225	254,295	5	149,518	95,479	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm
Cost Center Description	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	ADMITTING				5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	6,962			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	5,782,916	0	5,782,916	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	403,805	0	403,805	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	1,198,646	0	1,198,646	31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	2,210,829	0	2,210,829	31.03
32.00 03200	CORONARY CARE UNIT	789,222	0	789,222	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00 04300	NURSERY	37,290	0	37,290	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	6,496,598	0	6,496,598	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	108,239	0	108,239	52.00
53.00 05300	ANESTHESIOLOGY	40,986	0	40,986	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,526,287	0	2,526,287	54.00
54.01 05401	PET SCAN	90,242	0	90,242	54.01
56.00 05600	RADIOISOTOPE	204,984	0	204,984	56.00
57.00 05700	CT SCAN	278,972	0	278,972	57.00
58.00 05800	MRI	0	0	0	58.00
60.00 06000	LABORATORY	1,574,622	0	1,574,622	60.00
65.00 06500	RESPIRATORY THERAPY	657,340	0	657,340	65.00
66.00 06600	PHYSICAL THERAPY	583,445	0	583,445	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,587	0	1,587	67.00
68.00 06800	SPEECH PATHOLOGY	410,757	0	410,757	68.00
69.00 06900	ELECTROCARDIOLOGY	556,480	0	556,480	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	477,702	0	477,702	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	338,550	0	338,550	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,751,094	0	1,751,094	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,713,595	0	1,713,595	73.00
74.00 07400	RENAL DIALYSIS	325,533	0	325,533	74.00
76.00 03140	CARDIO CATH LAB	1,165,712	0	1,165,712	76.00
76.01 03050	ENDOSCOPY	1,079,082	0	1,079,082	76.01
76.02 03950	CARDIAC REHAB	39,496	0	39,496	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	813,826	0	813,826	90.00
91.00 09100	EMERGENCY	1,246,790	0	1,246,790	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	1,044,001	0	1,044,001	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	117,298	0	117,298	105.00
106.00 10600	HEART ACQUISITION	15,270	0	15,270	106.00
118.00 0	SUBTOTALS (SUM OF LINES 1 through 117)	34,081,196	0	34,081,196	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,701	0	68,701	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	231,534	0	231,534	192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	194.01
194.02 07952	SENIOR CIRCLE	2,232	0	2,232	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 12/2/2019 5:41 pm	
Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	6,962	251,964	0	251,964		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	6,962	34,635,627	0	34,635,627		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	714,940				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,505,593			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,728	16,990	136,619,704		4.00
5.01 00540	ADMITTING	15,575	24,584	5,745,640	3,020,856,309	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	30,275	6,216,879	10,769,643	0	-55,458,634 5.02
7.00 00700	OPERATION OF PLANT	154,768	346,603	1,937,370	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	898	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,015	19,508	1,731,724	0	0 9.00
10.00 01000	DIETARY	29,016	52,394	0	0	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	6,861	13,320	4,313,626	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	149,680	2,361,844	0	0 14.00
15.00 01500	PHARMACY	7,173	94,114	6,988,981	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	11,731	2,562,990	0	0 16.00
17.00 01700	SOCIAL SERVICE	5,161	0	2,778,846	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	131	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	2,892	189	216,328	0	0 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	171,008	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	99,706	543,008	20,086,411	139,683,971	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	6,595	19,569	808,945	7,676,149	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	465,490	2,971,261	17,937,753	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	197,013	12,574,455	79,728,782	0 31.03
32.00 03200	CORONARY CARE UNIT	15,400	22,597	4,242,314	25,354,311	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	546	713	393,944	2,757,633	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	105,737	1,426,100	13,202,336	567,602,488	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,151,895	15,063,444	0 52.00
53.00 05300	ANESTHESIOLOGY	80	0	71,536	64,020,088	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,847	1,029,499	7,610,194	166,285,798	0 54.00
54.01 05401	PET SCAN	1,725	22,077	24,181	10,877,489	0 54.01
56.00 05600	RADIOISOTOPE	4,018	30,331	506,486	34,617,663	0 56.00
57.00 05700	CT SCAN	1,987	59,237	1,096,779	131,932,494	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	16,903	233,334	5,332,295	237,273,179	0 60.00
65.00 06500	RESPIRATORY THERAPY	5,745	117,320	4,991,200	91,365,925	0 65.00
66.00 06600	PHYSICAL THERAPY	12,160	13,988	4,970,362	32,280,860	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	3,363,106	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	258,775	0	1,091,016	0 68.00
69.00 06900	ELECTROCARDIOLOGY	14,392	0	1,164,687	166,175,203	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,504	227,488	1,221,384	21,008,108	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	148,143,402	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	204,614,353	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	544,395,232	0 73.00
74.00 07400	RENAL DIALYSIS	7,940	1,689	0	12,667,416	0 74.00
76.00 03140	CARDIO CATH LAB	6,472	517,359	1,690,592	75,061,277	0 76.00
76.01 03050	ENDOSCOPY	6,956	542,589	0	40,598,335	0 76.01
76.02 03950	CARDIAC REHAB	0	10,632	519,682	2,780,881	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	20,432	30,342	2,604,401	5,932,844	0 90.00
91.00 09100	EMERGENCY	20,173	165,153	5,361,345	155,779,367	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	462	516,223	2,800,060	10,723,882	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,587	0	419,610	1,015,297	0 105.00
106.00 10600	HEART ACQUISITION	0	0	171,711	3,048,563	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	712,536	13,396,518	136,566,197	3,020,856,309	-55,458,634 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	109,075	4,420	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	49,087	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	13,821,886	20,813,741	21,801,214	13,233,776		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.332931	1.541120	0.159576	0.004381		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			388,251	355,326		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002842	0.000118		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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	355,484,653				5.02
7.00	00700	OPERATION OF PLANT	19,517,751	495,594			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,935,339	898	2,041,698		8.00
9.00	00900	HOUSEKEEPING	3,330,291	3,015	0	491,681	9.00
10.00	01000	DIETARY	3,018,038	29,016	0	29,016	209,819
11.00	01100	CAFETERIA	4,624,733	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,067,205	6,861	0	6,861	0
14.00	01400	CENTRAL SERVICES & SUPPLY	8,865,244	12,530	0	12,530	0
15.00	01500	PHARMACY	8,895,105	7,173	0	7,173	0
16.00	01600	MEDICAL RECORDS & LIBRARY	6,680,560	7,661	0	7,661	0
17.00	01700	SOCIAL SERVICE	3,438,639	5,161	0	5,161	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	162	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,212,582	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	452,391	2,892	8,501	2,892	0
23.01	02301	PHARMACY RESIDENCY PROGRAM	219,014	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,282,210	99,706	840,269	99,706	159,579
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,197,977	6,595	123,144	6,595	24,617
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,075,929	11,068	12,601	11,068	1,626
31.03	03101	CARDIO INTENSIVE CARE UNIT	21,459,798	39,548	125,032	39,548	0
32.00	03200	CORONARY CARE UNIT	6,596,800	15,400	77,786	15,400	14,613
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	613,743	546	0	546	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,549,706	105,737	371,223	105,737	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,303,674	0	0	0	0
53.00	05300	ANESTHESIOLOGY	514,286	80	0	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,496,261	15,847	84,227	15,847	0
54.01	05401	PET SCAN	140,172	1,725	0	1,725	0
56.00	05600	RADIOISOTOPE	1,054,170	4,018	0	4,018	0
57.00	05700	CT SCAN	2,686,980	1,987	37,999	1,987	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	18,943,951	16,903	1,289	16,903	0
65.00	06500	RESPIRATORY THERAPY	8,582,065	5,745	6,475	5,745	0
66.00	06600	PHYSICAL THERAPY	6,631,533	12,160	0	12,160	0
67.00	06700	OCCUPATIONAL THERAPY	14,734	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	403,583	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,717,775	14,392	0	14,392	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,449,199	1,504	0	1,504	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,317,030	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,039,265	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	30,514,541	0	6,257	0	0
74.00	07400	RENAL DIALYSIS	3,243,787	7,940	61,676	7,940	0
76.00	03140	CARDIO CATH LAB	4,921,674	6,472	0	6,472	0
76.01	03050	ENDOSCOPY	1,148,536	6,956	0	6,956	0
76.02	03950	CARDIAC REHAB	694,811	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,572,478	20,432	44,305	20,432	0
91.00	09100	EMERGENCY	9,909,451	20,173	240,643	20,173	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,392,884	462	0	462	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,490,402	2,587	271	2,587	0
106.00	10600	HEART ACQUISITION	470,339	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	354,686,798	493,190	2,041,698	489,277	200,435
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,476	2,404	0	2,404	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	682,156	0	0	0	9,384
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	SENIOR CIRCLE	69,223	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	55,458,634	22,562,696	2,278,152	3,987,109	5,045,173	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.156009	45.526572	1.115812	8.109138	24.045358	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,196,869	4,091,629	80,288	213,693	980,445	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.028684	8.256010	0.039324	0.434617	4.672813	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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS ING SALAR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	180,776					11.00
13.00	01300	6,546	50,605,328				13.00
14.00	01400	5,969	0	81,273,035			14.00
15.00	01500	8,059	1,083,459	751,290	28,129,545		15.00
16.00	01600	4,621	0	15,057		3,020,856,309	16.00
17.00	01700	3,817	0	32,086	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	273	0	1,833	0	0	23.00
23.01	02301	264	0	40	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	35,735	14,322,355	2,802,419	0	139,683,971	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	1,082	3,235,483	290,115	0	7,676,149	31.01
31.02	02060	3,764	0	0	0	17,937,753	31.02
31.03	03101	17,907	9,970,058	2,151,535	0	79,728,782	31.03
32.00	03200	5,496	3,911,194	593,801	0	25,354,311	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	536	0	78,519	0	2,757,633	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	20,229	7,585,979	7,530,229	0	567,602,488	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,929	0	0	0	15,063,444	52.00
53.00	05300	228	0	141,130	0	64,020,088	53.00
54.00	05400	11,832	697,178	1,129,017	0	166,285,798	54.00
54.01	05401	33	0	0	0	10,877,489	54.01
56.00	05600	641	53,588	104,333	0	34,617,663	56.00
57.00	05700	1,689	0	328,650	0	131,932,494	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	9,663	478,289	8,609,653	0	237,273,179	60.00
65.00	06500	7,998	0	1,674,029	0	91,365,925	65.00
66.00	06600	6,391	0	88,084	0	32,280,860	66.00
67.00	06700	0	0	0	0	3,363,106	67.00
68.00	06800	0	0	0	0	1,091,016	68.00
69.00	06900	2,080	1,226,522	296,033	0	166,175,203	69.00
70.00	07000	1,852	0	250,987	0	21,008,108	70.00
71.00	07100	0	0	7,426,173	0	148,143,402	71.00
72.00	07200	0	0	42,748,482	0	204,614,353	72.00
73.00	07300	0	0	599,838	28,129,545	544,395,232	73.00
74.00	07400	0	0	54,644	0	12,667,416	74.00
76.00	03140	1,959	0	1,308,930	0	75,061,277	76.00
76.01	03050	0	0	92,384	0	40,598,335	76.01
76.02	03950	1,011	0	0	0	2,780,881	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	3,755	1,804,395	603,872	0	5,932,844	90.00
91.00	09100	8,636	5,516,880	1,318,214	0	155,779,367	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	4,679	719,948	248,186	0	10,723,882	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	676	0	0	0	1,015,297	105.00
106.00	10600	322	0	0	0	3,048,563	106.00
118.00		180,672	50,605,328	81,269,563	28,129,545	3,020,856,309	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	8	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	96	0	3,472	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS ING SALAR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,346,233	7,575,329	11,096,883	11,170,652	8,272,407	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.573799	0.149694	0.136538	0.397115	0.002738	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	132,656	403,892	847,194	643,456	435,225	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.733814	0.007981	0.010424	0.022875	0.000144	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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMINISTRATIVE					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	3,020,856,309				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	27,550			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		27,550		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			91,819	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0				10,000 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	139,683,971	18,300	18,300	65,086	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	7,676,149	0	0	583	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	17,937,753	0	0	3,786	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	79,728,782	0	0	15,895	0 31.03
32.00 03200	CORONARY CARE UNIT	25,354,311	0	0	4,204	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	2,757,633	0	0	2,265	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	567,602,488	1,600	1,600	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,063,444	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	64,020,088	100	100	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	166,285,798	0	0	0	0 54.00
54.01 05401	PET SCAN	10,877,489	0	0	0	0 54.01
56.00 05600	RADIOISOTOPE	34,617,663	0	0	0	0 56.00
57.00 05700	CT SCAN	131,932,494	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	237,273,179	0	0	0	0 60.00
65.00 06500	RESPIRATORY THERAPY	91,365,925	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	32,280,860	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	3,363,106	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,091,016	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	166,175,203	50	50	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	21,008,108	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,143,402	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	204,614,353	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	544,395,232	0	0	0	10,000 73.00
74.00 07400	RENAL DIALYSIS	12,667,416	0	0	0	0 74.00
76.00 03140	CARDIO CATH LAB	75,061,277	0	0	0	0 76.00
76.01 03050	ENDOSCOPY	40,598,335	0	0	0	0 76.01
76.02 03950	CARDIAC REHAB	2,780,881	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,932,844	3,500	3,500	0	0 90.00
91.00 09100	EMERGENCY	155,779,367	4,000	4,000	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	10,723,882	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,015,297	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	3,048,563	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,020,856,309	27,550	27,550	91,819	10,000 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMETERED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	4,369,176	187	6,025,792	695,893	260,994	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001446	0.006788	218.722033	7.578965	26.099400	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	254,295	5	149,518	95,479	6,962	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000084	0.000181	5.427151	1.039861	0.696200	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 5:41 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		59,038,259	0	59,038,259	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		3,060,410	0	3,060,410	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		6,729,680	0	6,729,680	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		29,838,272	0	29,838,272	31.03
32.00	03200 CORONARY CARE UNIT		9,857,160	0	9,857,160	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300 NURSERY		794,055	0	794,055	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		48,852,399	0	48,852,399	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,968,725	0	3,968,725	52.00
53.00	05300 ANESTHESIOLOGY		892,683	0	892,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,849,920	0	17,849,920	54.00
54.01	05401 PET SCAN		301,049	0	301,049	54.01
56.00	05600 RADIOISOTOPE		1,620,203	0	1,620,203	56.00
57.00	05700 CT SCAN		3,901,975	0	3,901,975	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		25,333,086	0	25,333,086	60.00
65.00	06500 RESPIRATORY THERAPY	0	11,083,681	0	11,083,681	65.00
66.00	06600 PHYSICAL THERAPY	0	8,654,418	0	8,654,418	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	31,104	0	31,104	67.00
68.00	06800 SPEECH PATHOLOGY	0	471,111	0	471,111	68.00
69.00	06900 ELECTROCARDIOLOGY		4,894,511	0	4,894,511	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		3,088,902	0	3,088,902	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,092,340	0	10,092,340	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		56,446,531	0	56,446,531	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		49,073,363	0	49,073,363	73.00
74.00	07400 RENAL DIALYSIS		4,304,995	0	4,304,995	74.00
76.00	03140 CARDIO CATH LAB		6,587,340	0	6,587,340	76.00
76.01	03050 ENDOSCOPY		1,883,285	0	1,883,285	76.01
76.02	03950 CARDIAC REHAB		844,742	0	844,742	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		8,075,587	0	8,075,587	90.00
91.00	09100 EMERGENCY		14,718,931	0	14,718,931	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		511,735	0	511,735	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		8,895,923	0	8,895,923	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,886,215	0	1,886,215	105.00
106.00	10600 HEART ACQUISITION		565,994	0	565,994	106.00
200.00	Subtotal (see instructions)	0	404,148,584	0	404,148,584	200.00
201.00	Less Observation Beds		511,735	0	511,735	201.00
202.00	Total (see instructions)	0	403,636,849	0	403,636,849	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	119,177,341		119,177,341		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,676,149		7,676,149		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	17,937,753		17,937,753		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	79,728,782		79,728,782		31.03
32.00	03200	CORONARY CARE UNIT	25,354,311		25,354,311		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	2,757,633		2,757,633		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	376,177,717	191,424,771	567,602,488	0.086068	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,180,443	883,001	15,063,444	0.263467	52.00
53.00	05300	ANESTHESIOLOGY	40,115,029	23,905,059	64,020,088	0.139444	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,847,602	97,438,196	166,285,798	0.107345	54.00
54.01	05401	PET SCAN	3,930,091	6,947,398	10,877,489	0.027676	54.01
56.00	05600	RADIOISOTOPE	7,798,457	26,819,206	34,617,663	0.046803	56.00
57.00	05700	CT SCAN	60,244,549	71,687,945	131,932,494	0.029576	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	151,581,306	85,691,873	237,273,179	0.106768	60.00
65.00	06500	RESPIRATORY THERAPY	87,371,721	3,994,204	91,365,925	0.121311	65.00
66.00	06600	PHYSICAL THERAPY	20,194,719	12,086,141	32,280,860	0.268098	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,060,988	302,118	3,363,106	0.009249	67.00
68.00	06800	SPEECH PATHOLOGY	860,587	230,429	1,091,016	0.431809	68.00
69.00	06900	ELECTROCARDIOLOGY	110,490,666	55,684,537	166,175,203	0.029454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,013,914	19,994,194	21,008,108	0.147034	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,137,151	40,006,251	148,143,402	0.068125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,503,126	44,111,227	204,614,353	0.275868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	338,422,902	205,972,330	544,395,232	0.090143	73.00
74.00	07400	RENAL DIALYSIS	12,319,284	348,132	12,667,416	0.339848	74.00
76.00	03140	CARDIO CATH LAB	36,930,999	38,130,278	75,061,277	0.087759	76.00
76.01	03050	ENDOSCOPY	7,624,957	32,973,378	40,598,335	0.046388	76.01
76.02	03950	CARDIAC REHAB	1,656,050	1,124,831	2,780,881	0.303768	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,274,653	2,658,191	5,932,844	1.361166	90.00
91.00	09100	EMERGENCY	56,041,744	99,737,623	155,779,367	0.094486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,869,809	16,636,821	20,506,630	0.024955	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	10,723,882	10,723,882	0.829543	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,015,297	0	1,015,297		105.00
106.00	10600	HEART ACQUISITION	3,048,563	0	3,048,563		106.00
200.00		Subtotal (see instructions)	1,931,344,293	1,089,512,016	3,020,856,309		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,931,344,293	1,089,512,016	3,020,856,309		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 5:41 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERV			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.086068		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.263467		52.00
53.00	05300 ANESTHESIOLOGY	0.013944		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107345		54.00
54.01	05401 PET SCAN	0.027676		54.01
56.00	05600 RADIOISOTOPE	0.046803		56.00
57.00	05700 CT SCAN	0.029576		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.106768		60.00
65.00	06500 RESPIRATORY THERAPY	0.121311		65.00
66.00	06600 PHYSICAL THERAPY	0.268098		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.009249		67.00
68.00	06800 SPEECH PATHOLOGY	0.431809		68.00
69.00	06900 ELECTROCARDIOLOGY	0.029454		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.147034		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.068125		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.275868		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.090143		73.00
74.00	07400 RENAL DIALYSIS	0.339848		74.00
76.00	03140 CARDIO CATH LAB	0.087759		76.00
76.01	03050 ENDOSCOPY	0.046388		76.01
76.02	03950 CARDIAC REHAB	0.303768		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.361166		90.00
91.00	09100 EMERGENCY	0.094486		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.024955		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.829543		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	59,038,259		59,038,259	0	59,038,259	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	3,060,410		3,060,410	0	3,060,410	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	6,729,680		6,729,680	0	6,729,680	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	29,838,272		29,838,272	0	29,838,272	31.03
32.00	03200 CORONARY CARE UNIT	9,857,160		9,857,160	0	9,857,160	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	794,055		794,055	0	794,055	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	48,852,399		48,852,399	0	48,852,399	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,968,725		3,968,725	0	3,968,725	52.00
53.00	05300 ANESTHESIOLOGY	892,683		892,683	0	892,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,849,920		17,849,920	0	17,849,920	54.00
54.01	05401 PET SCAN	301,049		301,049	0	301,049	54.01
56.00	05600 RADIOISOTOPE	1,620,203		1,620,203	0	1,620,203	56.00
57.00	05700 CT SCAN	3,901,975		3,901,975	0	3,901,975	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	25,333,086		25,333,086	0	25,333,086	60.00
65.00	06500 RESPIRATORY THERAPY	11,083,681	0	11,083,681	0	11,083,681	65.00
66.00	06600 PHYSICAL THERAPY	8,654,418	0	8,654,418	0	8,654,418	66.00
67.00	06700 OCCUPATIONAL THERAPY	31,104	0	31,104	0	31,104	67.00
68.00	06800 SPEECH PATHOLOGY	471,111	0	471,111	0	471,111	68.00
69.00	06900 ELECTROCARDIOLOGY	4,894,511		4,894,511	0	4,894,511	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,088,902		3,088,902	0	3,088,902	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,092,340		10,092,340	0	10,092,340	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	56,446,531		56,446,531	0	56,446,531	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	49,073,363		49,073,363	0	49,073,363	73.00
74.00	07400 RENAL DIALYSIS	4,304,995		4,304,995	0	4,304,995	74.00
76.00	03140 CARDIO CATH LAB	6,587,340		6,587,340	0	6,587,340	76.00
76.01	03050 ENDOSCOPY	1,883,285		1,883,285	0	1,883,285	76.01
76.02	03950 CARDIAC REHAB	844,742		844,742	0	844,742	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,075,587		8,075,587	0	8,075,587	90.00
91.00	09100 EMERGENCY	14,718,931		14,718,931	0	14,718,931	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	511,735		511,735	0	511,735	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	8,895,923		8,895,923	0	8,895,923	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,886,215		1,886,215	0	1,886,215	105.00
106.00	10600 HEART ACQUISITION	565,994		565,994	0	565,994	106.00
200.00	Subtotal (see instructions)	404,148,584	0	404,148,584	0	404,148,584	200.00
201.00	Less Observation Beds	511,735		511,735	0	511,735	201.00
202.00	Total (see instructions)	403,636,849	0	403,636,849	0	403,636,849	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 12/2/2019 5:41 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,177,341		119,177,341			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,676,149		7,676,149			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	17,937,753		17,937,753			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	79,728,782		79,728,782			31.03
32.00	03200	CORONARY CARE UNIT	25,354,311		25,354,311			32.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	2,757,633		2,757,633			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	376,177,717	191,424,771	567,602,488	0.086068	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,180,443	883,001	15,063,444	0.263467	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	40,115,029	23,905,059	64,020,088	0.139444	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,847,602	97,438,196	166,285,798	0.107345	0.000000	54.00
54.01	05401	PET SCAN	3,930,091	6,947,398	10,877,489	0.027676	0.000000	54.01
56.00	05600	RADIOISOTOPE	7,798,457	26,819,206	34,617,663	0.046803	0.000000	56.00
57.00	05700	CT SCAN	60,244,549	71,687,945	131,932,494	0.029576	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	151,581,306	85,691,873	237,273,179	0.106768	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	87,371,721	3,994,204	91,365,925	0.121311	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,194,719	12,086,141	32,280,860	0.268098	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,060,988	302,118	3,363,106	0.009249	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,587	230,429	1,091,016	0.431809	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	110,490,666	55,684,537	166,175,203	0.029454	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,013,914	19,994,194	21,008,108	0.147034	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,137,151	40,006,251	148,143,402	0.068125	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,503,126	44,111,227	204,614,353	0.275868	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	338,422,902	205,972,330	544,395,232	0.090143	0.000000	73.00
74.00	07400	RENAL DIALYSIS	12,319,284	348,132	12,667,416	0.339848	0.000000	74.00
76.00	03140	CARDIO CATH LAB	36,930,999	38,130,278	75,061,277	0.087759	0.000000	76.00
76.01	03050	ENDOSCOPY	7,624,957	32,973,378	40,598,335	0.046388	0.000000	76.01
76.02	03950	CARDIAC REHAB	1,656,050	1,124,831	2,780,881	0.303768	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,274,653	2,658,191	5,932,844	1.361166	0.000000	90.00
91.00	09100	EMERGENCY	56,041,744	99,737,623	155,779,367	0.094486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,869,809	16,636,821	20,506,630	0.024955	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	10,723,882	10,723,882	0.829543	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,015,297	0	1,015,297			105.00
106.00	10600	HEART ACQUISITION	3,048,563	0	3,048,563			106.00
200.00		Subtotal (see instructions)	1,931,344,293	1,089,512,016	3,020,856,309			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,931,344,293	1,089,512,016	3,020,856,309			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 5:41 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.086068		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.263467		52.00
53.00	05300 ANESTHESIOLOGY	0.013944		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107345		54.00
54.01	05401 PET SCAN	0.027676		54.01
56.00	05600 RADIOISOTOPE	0.046803		56.00
57.00	05700 CT SCAN	0.029576		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.106768		60.00
65.00	06500 RESPIRATORY THERAPY	0.121311		65.00
66.00	06600 PHYSICAL THERAPY	0.268098		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.009249		67.00
68.00	06800 SPEECH PATHOLOGY	0.431809		68.00
69.00	06900 ELECTROCARDIOLOGY	0.029454		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.147034		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.068125		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.275868		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.090143		73.00
74.00	07400 RENAL DIALYSIS	0.339848		74.00
76.00	03140 CARDIO CATH LAB	0.087759		76.00
76.01	03050 ENDOSCOPY	0.046388		76.01
76.02	03950 CARDIAC REHAB	0.303768		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.361166		90.00
91.00	09100 EMERGENCY	0.094486		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.024955		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.829543		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part II
Date/Time Prepared:
12/2/2019 5:41 pm

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	48,852,399	6,496,598	42,355,801	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,968,725	108,239	3,860,486	0	0	52.00
53.00	05300	ANESTHESIOLOGY	892,683	40,986	851,697	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,849,920	2,526,287	15,323,633	0	0	54.00
54.01	05401	PET SCAN	301,049	90,242	210,807	0	0	54.01
56.00	05600	RADIOISOTOPE	1,620,203	204,984	1,415,219	0	0	56.00
57.00	05700	CT SCAN	3,901,975	278,972	3,623,003	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	25,333,086	1,574,622	23,758,464	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,083,681	657,340	10,426,341	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,654,418	583,445	8,070,973	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,104	1,587	29,517	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	471,111	410,757	60,354	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,894,511	556,480	4,338,031	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,088,902	477,702	2,611,200	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,092,340	338,550	9,753,790	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,446,531	1,751,094	54,695,437	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,073,363	1,713,595	47,359,768	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,304,995	325,533	3,979,462	0	0	74.00
76.00	03140	CARDIO CATH LAB	6,587,340	1,165,712	5,421,628	0	0	76.00
76.01	03050	ENDOSCOPY	1,883,285	1,079,082	804,203	0	0	76.01
76.02	03950	CARDIAC REHAB	844,742	39,496	805,246	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,075,587	813,826	7,261,761	0	0	90.00
91.00	09100	EMERGENCY	14,718,931	1,246,790	13,472,141	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	511,735	50,125	461,610	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,895,923	1,044,001	7,851,922	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,886,215	117,298	1,768,917	0	0	105.00
106.00	10600	HEART ACQUISITION	565,994	15,270	550,724	0	0	106.00
200.00		Subtotal (sum of lines 50 thru 199)	294,830,748	23,708,613	271,122,135	0	0	200.00
201.00		Less Observation Beds	511,735	50,125	461,610	0	0	201.00
202.00		Total (line 200 minus line 201)	294,319,013	23,658,488	270,660,525	0	0	202.00

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

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part II
Date/Time Prepared:
12/2/2019 5:41 pm

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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	48,852,399	567,602,488	0.086068		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,968,725	15,063,444	0.263467		52.00
53.00	05300 ANESTHESIOLOGY	892,683	64,020,088	0.013944		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,849,920	166,285,798	0.107345		54.00
54.01	05401 PET SCAN	301,049	10,877,489	0.027676		54.01
56.00	05600 RADIOISOTOPE	1,620,203	34,617,663	0.046803		56.00
57.00	05700 CT SCAN	3,901,975	131,932,494	0.029576		57.00
58.00	05800 MRI	0	0	0.000000		58.00
60.00	06000 LABORATORY	25,333,086	237,273,179	0.106768		60.00
65.00	06500 RESPIRATORY THERAPY	11,083,681	91,365,925	0.121311		65.00
66.00	06600 PHYSICAL THERAPY	8,654,418	32,280,860	0.268098		66.00
67.00	06700 OCCUPATIONAL THERAPY	31,104	3,363,106	0.009249		67.00
68.00	06800 SPEECH PATHOLOGY	471,111	1,091,016	0.431809		68.00
69.00	06900 ELECTROCARDIOLOGY	4,894,511	166,175,203	0.029454		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,088,902	21,008,108	0.147034		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,092,340	148,143,402	0.068125		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	56,446,531	204,614,353	0.275868		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	49,073,363	544,395,232	0.090143		73.00
74.00	07400 RENAL DIALYSIS	4,304,995	12,667,416	0.339848		74.00
76.00	03140 CARDIO CATH LAB	6,587,340	75,061,277	0.087759		76.00
76.01	03050 ENDOSCOPY	1,883,285	40,598,335	0.046388		76.01
76.02	03950 CARDIAC REHAB	844,742	2,780,881	0.303768		76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	8,075,587	5,932,844	1.361166		90.00
91.00	09100 EMERGENCY	14,718,931	155,779,367	0.094486		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	511,735	20,506,630	0.024955		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	8,895,923	10,723,882	0.829543		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	1,886,215	1,015,297	1.857796		105.00
106.00	10600 HEART ACQUISITION	565,994	3,048,563	0.185659		106.00
200.00	Subtotal (sum of lines 50 thru 199)	294,830,748	2,768,224,340			200.00
201.00	Less Observation Beds	511,735	0			201.00
202.00	Total (line 200 minus line 201)	294,319,013	2,768,224,340			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part I Date/Time Prepared: 12/2/2019 5:41 pm
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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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,782,916	0	5,782,916	64,837	89.19	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	403,805		403,805	995	405.83	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	1,198,646		1,198,646	5,155	232.52	31.02
31.03	CARDIO INTENSIVE CARE UNIT	2,210,829		2,210,829	20,773	106.43	31.03
32.00	CORONARY CARE UNIT	789,222		789,222	6,570	120.13	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	37,290		37,290	2,265	16.46	43.00
200.00	Total (lines 30 through 199)	10,422,708		10,422,708	100,595		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	16,912	1,508,381				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	CARDIO INTENSIVE CARE UNIT	10,959	1,166,366				
32.00	CORONARY CARE UNIT	2,084	250,351				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	29,955	2,925,098				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 12/2/2019 5:41 pm
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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		
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,496,598	567,602,488	0.011446	91,414,348	1,046,329	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,239	15,063,444	0.007186	27,494	198	52.00
53.00	05300	ANESTHESIOLOGY	40,986	64,020,088	0.000640	11,289,913	7,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,526,287	166,285,798	0.015192	18,324,380	278,384	54.00
54.01	05401	PET SCAN	90,242	10,877,489	0.008296	55,662	462	54.01
56.00	05600	RADIOISOTOPE	204,984	34,617,663	0.005921	2,752,104	16,295	56.00
57.00	05700	CT SCAN	278,972	131,932,494	0.002115	18,049,502	38,175	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,574,622	237,273,179	0.006636	46,734,701	310,131	60.00
65.00	06500	RESPIRATORY THERAPY	657,340	91,365,925	0.007195	28,135,039	202,432	65.00
66.00	06600	PHYSICAL THERAPY	583,445	32,280,860	0.018074	8,349,754	150,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,587	3,363,106	0.000472	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	410,757	1,091,016	0.376490	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	556,480	166,175,203	0.003349	14,163,727	47,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	477,702	21,008,108	0.022739	354,138	8,053	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	338,550	148,143,402	0.002285	40,086,404	91,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,751,094	204,614,353	0.008558	76,764,473	656,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,713,595	544,395,232	0.003148	101,491,401	319,495	73.00
74.00	07400	RENAL DIALYSIS	325,533	12,667,416	0.025698	6,916,742	177,746	74.00
76.00	03140	CARDIO CATH LAB	1,165,712	75,061,277	0.015530	15,504,178	240,780	76.00
76.01	03050	ENDOSCOPY	1,079,082	40,598,335	0.026579	3,249,831	86,377	76.01
76.02	03950	CARDIAC REHAB	39,496	2,780,881	0.014203	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	813,826	5,932,844	0.137173	31,873	4,372	90.00
91.00	09100	EMERGENCY	1,246,790	155,779,367	0.008004	15,746,538	126,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	50,125	20,506,630	0.002444	1,567,107	3,830	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50 through 199)	22,532,044	2,753,436,598		501,009,309	3,813,214	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 12/2/2019 5:41 pm
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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
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	493,284	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	4,419	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	28,694	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	120,468	0	31.03
32.00	03200	CORONARY CARE UNIT	0	31,862	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	0	17,166	0	43.00
200.00		Total (lines 30 through 199)	0	695,893	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	493,284	64,837	7.61	16,912	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		4,419	995	4.44	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		28,694	5,155	5.57	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		120,468	20,773	5.80	10,959	31.03
32.00	03200	CORONARY CARE UNIT		31,862	6,570	4.85	2,084	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
43.00	04300	NURSERY		17,166	2,265	7.58	0	43.00
200.00		Total (lines 30 through 199)		695,893	100,595		29,955	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	128,700			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	63,562			31.03
32.00	03200	CORONARY CARE UNIT	10,107			32.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
43.00	04300	NURSERY	0			43.00
200.00		Total (lines 30 through 199)	202,369			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 5:41 pm

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	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401 PET SCAN	0	0	0	0	0	54.01	
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MRI	0	0	0	0	0	58.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
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	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	260,994	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03140 CARDIO CATH LAB	0	0	0	0	0	76.00	
76.01	03050 ENDOSCOPY	0	0	0	0	0	76.01	
76.02	03950 CARDIAC REHAB	0	0	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0	0	0	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	4,276	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
200.00	Total (lines 50 through 199)	0	0	0	0	265,270	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/2/2019 5:41 pm
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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)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	567,602,488	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,063,444	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	64,020,088	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	166,285,798	0.000000	54.00
54.01	05401	PET SCAN	0	0	0	10,877,489	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	34,617,663	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	131,932,494	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	237,273,179	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	91,365,925	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	32,280,860	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,363,106	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,091,016	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	166,175,203	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,008,108	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	148,143,402	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	204,614,353	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	260,994	260,994	544,395,232	0.000479	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,667,416	0.000000	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	75,061,277	0.000000	76.00
76.01	03050	ENDOSCOPY	0	0	0	40,598,335	0.000000	76.01
76.02	03950	CARDIAC REHAB	0	0	0	2,780,881	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,932,844	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	155,779,367	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,276	4,276	20,506,630	0.000209	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
200.00		Total (lines 50 through 199)	0	265,270	265,270	2,753,436,598		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/2/2019 5:41 pm
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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	91,414,348	0	37,782,144	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	27,494	0	1,153	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	11,289,913	0	4,932,906	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,324,380	0	15,956,656	0	54.00
54.01	05401 PET SCAN	0.000000	55,662	0	882,666	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	2,752,104	0	7,616,854	0	56.00
57.00	05700 CT SCAN	0.000000	18,049,502	0	12,573,383	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	46,734,701	0	10,502,910	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	28,135,039	0	764,235	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	8,349,754	0	59,490	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	14,163,727	0	10,885,015	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	354,138	0	978,869	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	40,086,404	0	14,203,779	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	76,764,473	0	17,470,131	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000479	101,491,401	48,614	33,802,134	16,191	73.00
74.00	07400 RENAL DIALYSIS	0.000000	6,916,742	0	305,039	0	74.00
76.00	03140 CARDIO CATH LAB	0.000000	15,504,178	0	13,956,458	0	76.00
76.01	03050 ENDOSCOPY	0.000000	3,249,831	0	7,787,830	0	76.01
76.02	03950 CARDIAC REHAB	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	31,873	0	642,336	0	90.00
91.00	09100 EMERGENCY	0.000000	15,746,538	0	12,447,347	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000209	1,567,107	328	1,470,642	307	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		501,009,309	48,942	205,021,977	16,498	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/2/2019 5:41 pm
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	0.086068	37,782,144	0	0	3,251,834	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.263467	1,153	0	0	304	52.00
53.00	05300	ANESTHESIOLOGY	0.013944	4,932,906	0	0	68,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107345	15,956,656	0	0	1,712,867	54.00
54.01	05401	PET SCAN	0.027676	882,666	0	0	24,429	54.01
56.00	05600	RADIOISOTOPE	0.046803	7,616,854	0	0	356,492	56.00
57.00	05700	CT SCAN	0.029576	12,573,383	0	0	371,870	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.106768	10,502,910	0	0	1,121,375	60.00
65.00	06500	RESPIRATORY THERAPY	0.121311	764,235	0	0	92,710	65.00
66.00	06600	PHYSICAL THERAPY	0.268098	59,490	0	0	15,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.009249	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.431809	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029454	10,885,015	0	0	320,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147034	978,869	0	0	143,927	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.068125	14,203,779	0	0	967,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.275868	17,470,131	0	0	4,819,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090143	33,802,134	0	134,567	3,047,026	73.00
74.00	07400	RENAL DIALYSIS	0.339848	305,039	0	0	103,667	74.00
76.00	03140	CARDIO CATH LAB	0.087759	13,956,458	0	0	1,224,805	76.00
76.01	03050	ENDOSCOPY	0.046388	7,787,830	0	0	361,262	76.01
76.02	03950	CARDIAC REHAB	0.303768	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.361166	642,336	1,181	0	874,326	90.00
91.00	09100	EMERGENCY	0.094486	12,447,347	0	0	1,176,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.024955	1,470,642	0	0	36,700	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.829543	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		205,021,977	1,181	134,567	20,092,116	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		205,021,977	1,181	134,567	20,092,116	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/2/2019 5:41 pm
		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
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 PET SCAN	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,130	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03140 RADIO CATH LAB	0	0	76.00
76.01	03050 ENDOSCOPY	0	0	76.01
76.02	03950 CARDIAC REHAB	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1,608	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	1,608	12,130	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	1,608	12,130	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part I Date/Time Prepared: 12/2/2019 5:41 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,782,916	0	5,782,916	64,837	89.19	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	403,805		403,805	995	405.83	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	1,198,646		1,198,646	5,155	232.52	31.02	
31.03	CARDIO INTENSIVE CARE UNIT	2,210,829		2,210,829	20,773	106.43	31.03	
32.00	CORONARY CARE UNIT	789,222		789,222	6,570	120.13	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	37,290		37,290	2,265	16.46	43.00	
200.00	Total (lines 30 through 199)	10,422,708		10,422,708	100,595		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,321	117,820					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	49	19,886					31.01
31.02	NEONATAL INTENSIVE CARE UNIT	280	65,106					31.02
31.03	CARDIO INTENSIVE CARE UNIT	544	57,898					31.03
32.00	CORONARY CARE UNIT	102	12,253					32.00
40.00	SUBPROVIDER - IPF	0	0					40.00
43.00	NURSERY	193	3,177					43.00
200.00	Total (lines 30 through 199)	2,489	276,140					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part II
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,496,598	567,602,488	0.011446	4,267,858	48,850	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	108,239	15,063,444	0.007186	967,907	6,955	52.00
53.00	05300 ANESTHESIOLOGY	40,986	64,020,088	0.000640	634,768	406	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,526,287	166,285,798	0.015192	1,098,243	16,685	54.00
54.01	05401 PET SCAN	90,242	10,877,489	0.008296	0	0	54.01
56.00	05600 RADIOISOTOPE	204,984	34,617,663	0.005921	130,638	774	56.00
57.00	05700 CT SCAN	278,972	131,932,494	0.002115	1,047,406	2,215	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	1,574,622	237,273,179	0.006636	3,148,397	20,893	60.00
65.00	06500 RESPIRATORY THERAPY	657,340	91,365,925	0.007195	2,486,237	17,888	65.00
66.00	06600 PHYSICAL THERAPY	583,445	32,280,860	0.018074	437,771	7,912	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,587	3,363,106	0.000472	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	410,757	1,091,016	0.376490	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	556,480	166,175,203	0.003349	521,806	1,748	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	477,702	21,008,108	0.022739	37,541	854	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	338,550	148,143,402	0.002285	1,791,009	4,092	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,751,094	204,614,353	0.008558	770,008	6,590	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,713,595	544,395,232	0.003148	7,918,963	24,929	73.00
74.00	07400 RENAL DIALYSIS	325,533	12,667,416	0.025698	166,081	4,268	74.00
76.00	03140 CARDIO CATH LAB	1,165,712	75,061,277	0.015530	160,544	2,493	76.00
76.01	03050 ENDOSCOPY	1,079,082	40,598,335	0.026579	142,295	3,782	76.01
76.02	03950 CARDIAC REHAB	39,496	2,780,881	0.014203	25,568	363	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	813,826	5,932,844	0.137173	565	78	90.00
91.00	09100 EMERGENCY	1,246,790	155,779,367	0.008004	676,716	5,416	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	50,125	20,506,630	0.002444	81,743	200	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50 through 199)	22,532,044	2,753,436,598		26,512,064	177,391	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 12/2/2019 5:41 pm
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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	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	493,284	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	4,419	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	28,694	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	120,468	0	31.03
32.00	03200	CORONARY CARE UNIT	0	0	0	31,862	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	17,166	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	695,893	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	493,284	64,837	7.61	1,321	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		4,419	995	4.44	49	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		28,694	5,155	5.57	280	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		120,468	20,773	5.80	544	31.03
32.00	03200	CORONARY CARE UNIT		31,862	6,570	4.85	102	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
43.00	04300	NURSERY		17,166	2,265	7.58	193	43.00
200.00		Total (lines 30 through 199)		695,893	100,595		2,489	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	10,053					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	218					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,560					31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	3,155					31.03
32.00	03200	CORONARY CARE UNIT	495					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	1,463					43.00
200.00		Total (lines 30 through 199)	16,944					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 PET SCAN	0	0	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	260,994	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03140 CARDIO CATH LAB	0	0	0	0	0	0	76.00
76.01 03050 ENDOSCOPY	0	0	0	0	0	0	76.01
76.02 03950 CARDIAC REHAB	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	260,994	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/2/2019 5:41 pm
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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)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	567,602,488	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,063,444	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	64,020,088	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	166,285,798	0.000000	54.00
54.01	05401	PET SCAN	0	0	0	10,877,489	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	34,617,663	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	131,932,494	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	237,273,179	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	91,365,925	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	32,280,860	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,363,106	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,091,016	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	166,175,203	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,008,108	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	148,143,402	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	204,614,353	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	260,994	260,994	544,395,232	0.000479	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,667,416	0.000000	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	75,061,277	0.000000	76.00
76.01	03050	ENDOSCOPY	0	0	0	40,598,335	0.000000	76.01
76.02	03950	CARDIAC REHAB	0	0	0	2,780,881	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,932,844	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	155,779,367	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,506,630	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
200.00		Total (lines 50 through 199)	0	260,994	260,994	2,753,436,598		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/2/2019 5:41 pm
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	4,267,858	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	967,907	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	634,768	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,098,243	0	0	0	54.00
54.01	05401 PET SCAN	0.000000	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	130,638	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,047,406	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	3,148,397	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,486,237	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	437,771	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	521,806	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	37,541	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,791,009	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	770,008	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000479	7,918,963	3,793	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	166,081	0	0	0	74.00
76.00	03140 CARDIO CATH LAB	0.000000	160,544	0	0	0	76.00
76.01	03050 ENDOSCOPY	0.000000	142,295	0	0	0	76.01
76.02	03950 CARDIAC REHAB	0.000000	25,568	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	565	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	676,716	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	81,743	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		26,512,064	3,793	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part V
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.086068	0	966,703	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.263467	0	5,359	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013944	0	156,006	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107345	0	754,586	0	0	54.00
54.01	05401	PET SCAN	0.027676	0	76,686	0	0	54.01
56.00	05600	RADIOISOTOPE	0.046803	0	81,803	0	0	56.00
57.00	05700	CT SCAN	0.029576	0	687,272	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.106768	0	913,721	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.121311	0	51,500	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.268098	0	370,995	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.009249	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.431809	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029454	0	172,348	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147034	0	99,147	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.068125	0	284,394	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.275868	0	192,821	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090143	0	2,694,596	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.339848	0	43,093	0	0	74.00
76.00	03140	CARDIO CATH LAB	0.087759	0	31,529	0	0	76.00
76.01	03050	ENDOSCOPY	0.046388	0	144,346	0	0	76.01
76.02	03950	CARDIAC REHAB	0.303768	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.361166	0	74,337	0	0	90.00
91.00	09100	EMERGENCY	0.094486	0	1,595,045	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.024955	0	151,417	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.829543	0	262,455	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	9,810,159	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	9,810,159	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/2/2019 5:41 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	83,202	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,412	0	52.00
53.00	05300 ANESTHESIOLOGY	2,175	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	81,001	0	54.00
54.01	05401 PET SCAN	2,122	0	54.01
56.00	05600 RADIOISOTOPE	3,829	0	56.00
57.00	05700 CT SCAN	20,327	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	97,556	0	60.00
65.00	06500 RESPIRATORY THERAPY	6,248	0	65.00
66.00	06600 PHYSICAL THERAPY	99,463	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	5,076	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	14,578	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19,374	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	53,193	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	242,899	0	73.00
74.00	07400 RENAL DIALYSIS	14,645	0	74.00
76.00	03140 CARDIO CATH LAB	2,767	0	76.00
76.01	03050 ENDOSCOPY	6,696	0	76.01
76.02	03950 CARDIAC REHAB	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	101,185	0	90.00
91.00	09100 EMERGENCY	150,709	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,779	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	217,718		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	1,229,954	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,229,954	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 5:41 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,837	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,837	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)		64,275	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)		16,912	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)		59,038,259	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)		59,038,259	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)		59,038,259	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)		910.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,399,391	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)		15,399,391	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 12/2/2019 5:41 pm	
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)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	3,060,410	995	3,075.79	0	0	0	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	6,729,680	5,155	1,305.47	0	0	0	43.02
43.03 CARDIO INTENSIVE CARE UNIT	29,838,272	20,773	1,436.40	10,959	15,741,508	43.03	43.03
44.00 CORONARY CARE UNIT	9,857,160	6,570	1,500.33	2,084	3,126,688	44.00	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					60,263,223	48.00	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					94,530,810	49.00	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)					3,127,467	50.00	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,862,156	51.00	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,989,623	52.00	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					87,541,187	53.00	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	54.00
55.00 Target amount per discharge					0.00	55.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	57.00
58.00 Bonus payment (see instructions)					0	58.00	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	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	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	61.00
62.00 Relief payment (see instructions)					0	62.00	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	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	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	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	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	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	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	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	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	71.00
72.00 Program routine service cost (line 9 x line 71)						72.00	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	80.00
81.00 Inpatient routine service cost per diem limitation						81.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	83.00
84.00 Program inpatient ancillary services (see instructions)						84.00	84.00
85.00 Utilization review - physician compensation (see instructions)						85.00	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					562	87.00	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					910.56	88.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					511,735	89.00	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 5:41 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,782,916	59,038,259	0.097952	511,735	50,125	90.00
91.00	Nursing School cost	0	59,038,259	0.000000	511,735	0	91.00
92.00	Allied health cost	493,284	59,038,259	0.008355	511,735	4,276	92.00
93.00	All other Medical Education	0	59,038,259	0.000000	511,735	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 5:41 pm
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)		64,837	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,837	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)		64,275	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)		1,321	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)		2,265	15.00
16.00	Nursery days (title V or XIX only)		193	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)		59,038,259	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)		59,038,259	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)		59,038,259	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)		910.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,202,850	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,202,850	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 5:41 pm	
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)	794,055	2,265	350.58	193	67,662	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	3,060,410	995	3,075.79	49	150,714	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	6,729,680	5,155	1,305.47	280	365,532	43.02
43.03 CARDIO INTENSIVE CARE UNIT	29,838,272	20,773	1,436.40	544	781,402	43.03
44.00 CORONARY CARE UNIT	9,857,160	6,570	1,500.33	102	153,034	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,762,103	48.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					293,084	49.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					181,184	50.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					474,268	51.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,009,029	52.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	53.00
55.00 Target amount per discharge					0.00	54.00
56.00 Target amount (line 54 x line 55)					0	55.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	56.00
58.00 Bonus payment (see instructions)					0	57.00
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	58.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	59.00
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	60.00
62.00 Relief payment (see instructions)					0	61.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	62.00
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	63.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	65.00
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	66.00
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	67.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	68.00
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)						69.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						70.00
72.00 Program routine service cost (line 9 x line 71)						71.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						72.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						73.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						74.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						75.00
77.00 Program capital-related costs (line 9 x line 76)						76.00
78.00 Inpatient routine service cost (line 74 minus line 77)						77.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						78.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						79.00
81.00 Inpatient routine service cost per diem limitation						80.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						81.00
83.00 Reasonable inpatient routine service costs (see instructions)						82.00
84.00 Program inpatient ancillary services (see instructions)						83.00
85.00 Utilization review - physician compensation (see instructions)						84.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						85.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					562	86.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					910.56	87.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					511,735	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 5:41 pm	
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	5,782,916	59,038,259	0.097952	511,735	50,125	90.00
91.00	Nursing School cost	0	59,038,259	0.000000	511,735	0	91.00
92.00	Allied health cost	493,284	59,038,259	0.008355	511,735	4,276	92.00
93.00	All other Medical Education	0	59,038,259	0.000000	511,735	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 5:41 pm	
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		30,377,830	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		35,937,275	31.03
32.00	03200	CORONARY CARE UNIT		9,292,182	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.086068	91,414,348	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.263467	27,494	52.00
53.00	05300	ANESTHESIOLOGY	0.013944	11,289,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107345	18,324,380	54.00
54.01	05401	PET SCAN	0.027676	55,662	54.01
56.00	05600	RADIOISOTOPE	0.046803	2,752,104	56.00
57.00	05700	CT SCAN	0.029576	18,049,502	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.106768	46,734,701	60.00
65.00	06500	RESPIRATORY THERAPY	0.121311	28,135,039	65.00
66.00	06600	PHYSICAL THERAPY	0.268098	8,349,754	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.009249	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.431809	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029454	14,163,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147034	354,138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.068125	40,086,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.275868	76,764,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090143	101,491,401	73.00
74.00	07400	RENAL DIALYSIS	0.339848	6,916,742	74.00
76.00	03140	CARDIO CATH LAB	0.087759	15,504,178	76.00
76.01	03050	ENDOSCOPY	0.046388	3,249,831	76.01
76.02	03950	CARDIAC REHAB	0.303768	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.361166	31,873	90.00
91.00	09100	EMERGENCY	0.094486	15,746,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.024955	1,567,107	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		501,009,309	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)		501,009,309	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 5:41 pm	
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		2,403,039	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		211,725	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		981,750	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		2,146,393	31.03
32.00	03200	CORONARY CARE UNIT		448,671	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		190,266	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.086068	4,267,858	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.263467	967,907	52.00
53.00	05300	ANESTHESIOLOGY	0.013944	634,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107345	1,098,243	54.00
54.01	05401	PET SCAN	0.027676	0	54.01
56.00	05600	RADIOISOTOPE	0.046803	130,638	56.00
57.00	05700	CT SCAN	0.029576	1,047,406	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.106768	3,148,397	60.00
65.00	06500	RESPIRATORY THERAPY	0.121311	2,486,237	65.00
66.00	06600	PHYSICAL THERAPY	0.268098	437,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.009249	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.431809	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029454	521,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147034	37,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.068125	1,791,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.275868	770,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090143	7,918,963	73.00
74.00	07400	RENAL DIALYSIS	0.339848	166,081	74.00
76.00	03140	CARDIO CATH LAB	0.087759	160,544	76.00
76.01	03050	ENDOSCOPY	0.046388	142,295	76.01
76.02	03950	CARDIAC REHAB	0.303768	25,568	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.361166	565	90.00
91.00	09100	EMERGENCY	0.094486	676,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.024955	81,743	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,512,064	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)		26,512,064	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

Period: From 07/01/2018 To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/2/2019 5:41 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	PPS
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	573	910.56	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	3,075.79	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,305.47	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	43,209	1,436.40	11	15,800	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,500.33	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		43,782		11	15,800	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.086068	1,367,827	117,726	8.00
9.00	RECOVERY ROOM	51.00		0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.263467	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.013944	116,327	1,622	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.107345	303,716	32,602	12.00
12.01	PET SCAN	54.01		0.027676	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.046803	833,248	38,999	14.00
15.00	CT SCAN	57.00		0.029576	545,602	16,137	15.00
16.00	MRI	58.00		0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.000000	0	0	17.00
18.00	LABORATORY	60.00		0.106768	1,372,296	146,517	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.121311	158,247	19,197	23.00
24.00	PHYSICAL THERAPY	66.00		0.268098	624	167	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.009249	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.431809	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.029454	255,717	7,532	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.147034	1,605	236	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0.068125	218,967	14,917	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.275868	7,001	1,931	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.090143	308,425	27,802	31.00
32.00	RENAL DIALYSIS	74.00		0.339848	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	CARDIO CATH LAB	76.00		0.087759	8,484	745	34.00
34.01	ENDOSCOPY	76.01		0.046388	3,555	165	34.01
34.02	CARDIAC REHAB	76.02		0.303768	0	0	34.02
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		1.361166	59,638	81,177	37.00
38.00	EMERGENCY	91.00		0.094486	5,135	485	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00		0.024955	12,139	303	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				5,578,553	508,260	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

Period: 07/01/2018

Worksheet D-4

Component CCN:

To 06/30/2019

Date/Time Prepared: 12/2/2019 5:41 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	11	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			11	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	59,638	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	5,135	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	12,139	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		76,912		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	524,060		5,622,335			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,886,215		1,883,601			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,410,275		7,505,936			61.00
62.00	Total Usable Organs (see instructions)		40				62.00
63.00	Medicare Usable Organs (see instructions)		28				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.700000				64.00
65.00	Medicare Cost/Charges (see instructions)	1,687,193		5,254,155			65.00
66.00	Revenue for Organs Sold	50,319		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,636,874		5,254,155			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,636,874	0	5,254,155	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		8	15			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	17			73.00
74.00	Total (sum of lines 70 through 73)		8	32			74.00
75.00	Organs Transplanted		8	17	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	15	50,319		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		8	32			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

Period: From 07/01/2018 To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/2/2019 5:41 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	910.56	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	3,075.79	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,305.47	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	1,436.40	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,500.33	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.086068	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.263467	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.013944	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.107345	6,438	691	12.00	
12.01	PET SCAN	54.01	0.027676	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.046803	0	0	14.00	
15.00	CT SCAN	57.00	0.029576	11,902	352	15.00	
16.00	MRI	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.106768	25,025	2,672	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.121311	1,952	237	23.00	
24.00	PHYSICAL THERAPY	66.00	0.268098	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.009249	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.431809	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.029454	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.147034	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.068125	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.275868	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.090143	310	28	31.00	
32.00	RENAL DIALYSIS	74.00	0.339848	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	CARDIO CATH LAB	76.00	0.087759	0	0	34.00	
34.01	ENDOSCOPY	76.01	0.046388	0	0	34.01	
34.02	CARDIAC REHAB	76.02	0.303768	0	0	34.02	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.361166	1,824	2,483	37.00	
38.00	EMERGENCY	91.00	0.094486	2,407	227	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.024955	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			49,858	6,690	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

Period: From 07/01/2018 To 06/30/2019

Worksheet D-4

Date/Time Prepared: 12/2/2019 5:41 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	1,824	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	2,407	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		4,231		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	6,690		49,858			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	565,994		567,590			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	572,684		617,448			61.00
62.00	Total Usable Organs (see instructions)		4				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000				64.00
65.00	Medicare Cost/Charges (see instructions)	286,342		308,724			65.00
66.00	Revenue for Organs Sold	5,971		0			66.00
67.00	Subtotal (line 65 minus line 66)	280,371		308,724			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	280,371	0	308,724	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	2			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	2			73.00
74.00	Total (sum of lines 70 through 73)		0	4			74.00
75.00	Organs Transplanted		0	2	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	2	5,971		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	4			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 5:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		14,889,484	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,550,856	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)		5,840,649	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
3.00	Managed Care Simulated Payments		39,196,251	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		394.46	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)		10.13	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).		7.67	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)		17.80	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.92	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)		17.80	12.00
13.00	Total allowable FTE count for the prior year.		17.80	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.		6.42	14.00
15.00	Sum of lines 12 through 14 divided by 3.		14.01	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		14.01	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.035517	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.045125	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.035517	21.00
22.00	IME payment adjustment (see instructions)		1,103,831	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		753,234	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		3.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.12	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.007605	26.00
27.00	IME payments adjustment factor. (see instructions)		0.002028	27.00
28.00	IME add-on adjustment amount (see instructions)		116,489	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		79,490	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,220,320	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		832,724	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.65	31.00
32.00	Sum of lines 30 and 31		24.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.39	33.00
34.00	Disproportionate share adjustment (see instructions)		1,348,412	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 5:41 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,199,930	2,915,733	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		806,558	2,180,808	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,987,366		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		68,837,087		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)		69,669,811		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,504,926		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).		399,046		52.00
53.00	Nursing and Allied Health Managed Care payment		331,151		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)		1,917,245		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).		202,369		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		48,942		58.00
59.00	Total (sum of amounts on lines 49 through 58)		78,073,490		59.00
60.00	Primary payer payments		107,277		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		77,966,213		61.00
62.00	Deductibles billed to program beneficiaries		5,070,612		62.00
63.00	Coinurance billed to program beneficiaries		244,537		63.00
64.00	Allowable bad debts (see instructions)		237,686		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		154,496		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		42,479		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		72,805,560		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	MSP PASS THROUGH RECONCILIATION		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)		-319,801		70.93
70.94	HRR adjustment amount (see instructions)		-86,160		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 5:41 pm
		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)		747,688	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		71,651,911	71.00
71.01	Sequestration adjustment (see instructions)		1,433,038	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		69,730,343	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		488,530	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,986,186	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	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	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	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.			
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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 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	14,889,484	14,889,484		14,889,484	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,550,856		42,550,856	42,550,856	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	5,840,649	1,464,783	4,375,866	5,840,649	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	39,196,251	0	39,196,251	39,196,251	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.035517	0.035517	0.035517		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,103,831	286,131	817,700	1,103,831	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	753,234	0	753,234	753,234	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	0.002028	0.002028	0.002028		7.00	
8.00	IME adjustment (see instructions)	28.00	116,489	30,196	86,293	116,489	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	79,490	0	79,490	79,490	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,220,320	316,327	903,993	1,220,320	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	832,724	0	832,724	832,724	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0939	0.0939	0.0939		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,348,412	349,531	998,881	1,348,412	11.00	
11.01	Uncompensated care payments	36.00	2,987,366	806,558	2,180,808	2,987,366	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	68,837,087	17,826,683	51,010,404	68,837,087	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	69,669,811	17,826,683	51,843,128	69,669,811	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,504,926	1,527,388	3,977,538	5,504,926	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			19,354,071	55,820,666	75,174,737	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,614,446	1,279,716	3,334,730	4,614,446	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	574,852	160,139	414,713	574,852	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	0.0177	0.0177	0.0177		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	81,676	22,651	59,025	81,676	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0507	0.0507	0.0507		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	233,952	64,882	169,070	233,952	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,504,926	1,527,388	3,977,538	5,504,926	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	-319,801	-61,436	-258,365	-319,801	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	-86,160	-18,578	-67,582	-86,160	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		192,741	554,947	747,688	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 5:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,738	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,075,618	2.00
3.00	OPPS payments		20,873,710	3.00
4.00	Outlier payment (see instructions)		67,294	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		16,498	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,738	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		135,748	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)		135,748	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)		135,748	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		122,010	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)		13,738	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)		20,957,502	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		52,950	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,714,126	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)		17,204,164	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		83,262	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)		17,287,426	30.00
31.00	Primary payer payments		4,078	31.00
32.00	Subtotal (line 30 minus line 31)		17,283,348	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)		521,333	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		338,866	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		391,778	36.00
37.00	Subtotal (see instructions)		17,622,214	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-43	38.00
39.00	OTHER ADJUSTMENTS		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)		17,622,257	40.00
40.01	Sequestration adjustment (see instructions)		352,445	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,495,024	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-225,212	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
12/2/2019 5:41 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		69,417,643		17,444,524	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	01/28/2019	312,700	01/28/2019	50,500	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)		312,700		50,500	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)		69,730,343		17,495,024	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		488,530		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		225,212	6.02	
7.00	Total Medicare program liability (see instructions)		70,218,873		17,269,812	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		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 12/2/2019 5:41 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			1,229,954	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,229,954	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	1,229,954	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		26,512,064	9,810,159	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		26,512,064	9,810,159	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		26,512,064	9,810,159	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		26,512,064	8,580,205	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	1,229,954	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		20,737	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		20,737	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		20,737	1,229,954	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		20,737	1,229,954	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		20,737	1,229,954	36.00
37.00	PPS PAYMENT METHODOLOGY ADJUSTMENT		-20,737	-1,229,954	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 5:41 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			8.15	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			17.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.96	6.00
7.00	Enter the lesser of line 5 or line 6			17.10	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	21.96	0.00	21.96	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	17.10	0.00	17.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	17.10	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.70	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	5.70	0.00		17.00
18.00	Per resident amount	104,376.40	100,218.87		18.00
19.00	Approved amount for resident costs	594,945	0	594,945	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.70	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.86	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.70	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,737.47	23.00
24.00	Multiply line 22 time line 23			376,429	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			971,374	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	29,955	21,856		26.00
27.00	Total Inpatient Days (see instructions)	98,128	98,128		27.00
28.00	Ratio of inpatient days to total inpatient days	0.305265	0.222729		28.00
29.00	Program direct GME amount	296,526	216,353		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		30,571		30.00
31.00	Net Program direct GME amount			482,308	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 5:41 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		12,667,416	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		94,530,810	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,917,245	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		107,277	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		96,340,778	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,105,854	42.00
43.00	Primary payer payments (see instructions)		4,078	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,101,776	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		116,442,554	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.827367	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.172633	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		482,308	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		399,046	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		83,262	50.00

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

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
12/2/2019 5:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-3,014,304	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	179,311,350	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-59,367,372	0	0	0	6.00
7.00	Inventory	16,013,573	0	0	0	7.00
8.00	Prepaid expenses	8,444,151	0	0	0	8.00
9.00	Other current assets	1,434,361	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)	142,821,759	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,479,606	0	0	0	12.00
13.00	Land improvements	5,167,135	0	0	0	13.00
14.00	Accumulated depreciation	-2,164,278	0	0	0	14.00
15.00	Buildings	237,758,483	0	0	0	15.00
16.00	Accumulated depreciation	-55,801,103	0	0	0	16.00
17.00	Leasehold improvements	53,106,916	0	0	0	17.00
18.00	Accumulated depreciation	-15,425,458	0	0	0	18.00
19.00	Fixed equipment	14,577,842	0	0	0	19.00
20.00	Accumulated depreciation	-6,501,372	0	0	0	20.00
21.00	Automobiles and trucks	1,688,877	0	0	0	21.00
22.00	Accumulated depreciation	-1,478,235	0	0	0	22.00
23.00	Major movable equipment	109,776,978	0	0	0	23.00
24.00	Accumulated depreciation	-59,830,205	0	0	0	24.00
25.00	Minor equipment depreciable	39,717,913	0	0	0	25.00
26.00	Accumulated depreciation	-20,594,508	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)	313,478,591	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	44,252,533	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	44,252,533	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	500,552,883	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	23,184,232	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,185,745	0	0	0	38.00
39.00	Payroll taxes payable	1,256,635	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,471,586	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	-1,089,144,199	0	0	0	43.00
44.00	Other current liabilities	6,252,497	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-1,043,793,504	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	76,667	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,499,286	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,575,953	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-1,034,217,551	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,534,770,434				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)	1,534,770,434	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	500,552,883	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
12/2/2019 5:41 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,453,234,188		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		71,958,357			2.00
3.00	Total (sum of line 1 and line 2)		1,525,192,545		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,525,192,545		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,525,192,545		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/2/2019 5:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	121,925,710		121,925,710	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	121,925,710		121,925,710	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,363,911		30,363,911	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	7,058,808		7,058,808	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	14,155,410		14,155,410	11.02
11.03	CARDIO INTENSIVE CARE UNIT	60,538,075		60,538,075	11.03
12.00	CORONARY CARE UNIT	18,580,792		18,580,792	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	130,696,996		130,696,996	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	252,622,706		252,622,706	17.00
18.00	Ancillary services	1,611,519,962	959,707,059	2,571,227,021	18.00
19.00	Outpatient services	67,250,066	119,032,635	186,282,701	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	10,723,882	10,723,882	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,931,392,734	1,089,463,576	3,020,856,310	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		472,649,005		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)		472,649,005		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
12/2/2019 5:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,020,856,310	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,478,077,090	2.00
3.00	Net patient revenues (line 1 minus line 2)	542,779,220	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	472,649,005	4.00
5.00	Net income from service to patients (line 3 minus line 4)	70,130,215	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	OTHER REVENUE	1,828,142	24.00
25.00	Total other income (sum of lines 6-24)	1,828,142	25.00
26.00	Total (line 5 plus line 25)	71,958,357	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	71,958,357	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0017	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 12/2/2019 5:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,614,446	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		574,852	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)		274.87	3.00
4.00	Number of interns & residents (see instructions)		17.01	4.00
5.00	Indirect medical education percentage (see instructions)		1.77	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)		81,676	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.65	8.00
9.00	Sum of lines 7 and 8		24.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.07	10.00
11.00	Disproportionate share adjustment (see instructions)		233,952	11.00
12.00	Total prospective capital payments (see instructions)		5,504,926	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