

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 10:36 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 10:36 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER (14-0018) 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)

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	-122,016	268,288	0	0	1.00
2.00	Subprovider - IPF	0	33,396	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-88,620	268,288	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 10:36 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 15TH STREET & CALIFORNIA AVE			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60608-		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MOUNT SINAI HOSPITAL MEDICAL CENTER		140018	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		MOUNT SINAI HOSPITAL MEDICAL CENTER		14S018	16974	4	07/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis		MOUNT SINAI HOSPITAL MEDICAL CENTER		142302	16974		01/01/2004			
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018		06/30/2019		
21.00	Type of Control (see instructions)						2				
							1.00		2.00		
							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				
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y				
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				
22.03	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		
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.					1	N				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 10:36 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
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.	8,422	2,767	6	30	19,651	360	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural St	Date of Geogra	
					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)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	Y
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 10:36 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.02
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	
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
61.01	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
61.20	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
					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
62.01	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
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

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 10:36 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	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.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00
						1.00	2.00
						1.00	2.00
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
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.				0		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		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.				N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	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		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 10:36 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		155.00	
156.00	Subprovider - IPF	N		N		N		156.00	
157.00	Subprovider - IRF	N		N		N		157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N		N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		N		160.00	
161.00	CMHC			N		N		161.00	
161.10	CORF			N		N		161.10	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 10:36 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2019	Y 10/31/2019
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
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 10:36 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		N	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.		N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NASIM	CORY	41.00
42.00	Enter the employer/company name of the cost report preparer	MOUNT SINAI HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206	NASIM.CORY@SINAI.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 10:36 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR GOVT REIMBURSEMENT & RPTNG	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		236	86,140	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		264				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,622	5,093	32,544			1.00
2.00	HMO and other (see instructions)	4,658	20,011				2.00
3.00	HMO IPF Subprovider	21	4,451				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,622	5,093	32,544			7.00
8.00	INTENSIVE CARE UNIT	916	985	4,380			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	2,630	4,605			8.01
9.00	CORONARY CARE UNIT	2,917	724	3,802			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,479	2,902			13.00
14.00	Total (see instructions)	6,455	10,911	48,233	102.74	1,390.10	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	723	967	7,118	0.00	37.90	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				102.74	1,428.00	27.00
28.00	Observation Bed Days		2,496	5,286			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	278	1,787			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: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,277	2,211	10,851	1.00
2.00 HMO and other (see instructions)			798	4,915		2.00
3.00 HMO IPF Subprovider				916		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 NEONATAL INTENSIVE CARE UNIT						8.01
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	1,277	2,211	10,851	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	143	180	1,480	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 10:36 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	97,557,450	8,107,544	105,664,994	3,167,163.00	33.36
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		3,719,622	0	3,719,622	24,745.00	150.32
4.01	Physicians - Part A - Teaching		2,734,276	0	2,734,276	19,371.00	141.15
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	6,537,493	0	6,537,493	238,451.00	27.42
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)		3,011,870	395,957	3,407,827	94,695.00	35.99
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		228,775	0	228,775	2,749.00	83.22
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		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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)		14,818,893	0	14,818,893		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		498,234	0	498,234		
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)		1,081,455	0	1,081,455		
25.50	Home office wage-related (core)		0	0	0		
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	110,051	1,130,718	1,240,769	28,401.00	43.69
27.00	Administrative & General	5.00	4,891,571	6,230,863	11,122,434	268,196.00	41.47
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 10:36 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,083,709	0	2,083,709	67,311.00	30.96
31.00	Laundry & Linen Service	8.00	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,605,916	0	2,605,916	172,787.00	15.08
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,008,121	-803,249	1,204,872	90,631.00	13.29
35.00	Dietary under contract (see instructions)		0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	803,249	803,249	60,421.00	13.29
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,365,462	0	2,365,462	48,893.00	48.38
39.00	Central Services and Supply	14.00	436,730	0	436,730	26,948.00	16.21
40.00	Pharmacy	15.00	4,140,602	-140,795	3,999,807	94,901.00	42.15
41.00	Medical Records & Medical Records Library	16.00	41,374	0	41,374	519.00	79.72
42.00	Social Service	17.00	325,071	0	325,071	9,874.00	32.92
43.00	Other General Service	18.00	0	258,960	258,960	15,239.00	16.99

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 10:36 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	88,285,681	8,107,544	96,393,225	2,909,341.00	33.13	1.00
2.00	Excluded area salaries (see instructions)	3,011,870	395,957	3,407,827	94,695.00	35.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,273,811	7,711,587	92,985,398	2,814,646.00	33.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	228,775	0	228,775	2,749.00	83.22	4.00
5.00	Subtotal wage-related costs (see inst.)	14,818,893	0	14,818,893	0.00	15.94	5.00
6.00	Total (sum of lines 3 thru 5)	100,321,479	7,711,587	108,033,066	2,817,395.00	38.35	6.00
7.00	Total overhead cost (see instructions)	19,008,607	7,479,746	26,488,353	884,121.00	29.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2019 10:36 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		757,417	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)		3,104,504	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,183,398	9.00
10.00	Dental, Hearing and Vision Plan		144,041	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		458,880	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		-131,335	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,465,482	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		7,069,184	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		323,743	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		23,268	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,398,582	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	228,775	16,398,582	1.00
2.00	Hospital	228,775	16,398,582	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

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

Worksheet S-5

Date/Time Prepared:
11/25/2019 10:36 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	85	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	11	0	0	0			6.00	
7.00	Treatment capacity per day per station	4	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)					0	0	10.03	
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list					0		11.00	
12.00	Number of patients transplanted during the cost reporting period					0		12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		0	0	0	0	22.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

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

Worksheet S-5

Date/Time Prepared:
11/25/2019 10:36 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 10:36 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.180699	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			180,146,035	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			631,847,930	6.00
7.00	Medicaid cost (line 1 times line 6)			114,174,289	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)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	94,836,006	0	94,836,006	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,136,771	0	17,136,771	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	17,136,771	0	17,136,771	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)			28,148,623	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,357,755	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,088,854	27.01
28.00	Non-Medicare bad debt expense (see instructions)			26,059,769	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,440,073	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			22,576,844	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,576,844	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A

Date/Time Prepared:

11/25/2019 10:36 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,942,706	4,942,706	2,113,710	7,056,416
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,969,550	9,969,550	3,336,372	13,305,922
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	110,051	17,648,113	17,758,164	6,512	17,764,676
5.01	00540	NONPATIENT TELEPHONES	289,091	832,051	1,121,142	-134,618	986,524
5.02	00550	DATA PROCESSING	0	7,292,562	7,292,562	-1,684,219	5,608,343
5.03	00560	PURCHASING RECEIVING AND STORES	16,484	11,043	27,527	365,083	392,610
5.04	00570	ADMITTING	1,490,358	1,061,118	2,551,476	-489,801	2,061,675
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,723,250	2,723,250	0	2,723,250
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,095,638	31,110,851	34,206,489	2,293,910	36,500,399
6.00	00600	MAINTENANCE & REPAIRS	0	1,810,071	1,810,071	0	1,810,071
7.00	00700	OPERATION OF PLANT	2,083,709	8,585,666	10,669,375	-8,691	10,660,684
8.00	00800	LAUNDRY & LINEN SERVICE	0	892,262	892,262	0	892,262
9.00	00900	HOUSEKEEPING	2,605,916	1,066,727	3,672,643	0	3,672,643
10.00	01000	DIETARY	2,008,121	2,584,868	4,592,989	-2,685,568	1,907,421
11.00	01100	CAFETERIA	0	0	0	2,685,568	2,685,568
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,365,462	730,238	3,095,700	0	3,095,700
14.00	01400	CENTRAL SERVICES & SUPPLY	436,730	131,796	568,526	-63,410	505,116
15.00	01500	PHARMACY	4,140,602	8,308,848	12,449,450	-8,779,092	3,670,358
16.00	01600	MEDICAL RECORDS & LIBRARY	41,374	2,411,127	2,452,501	0	2,452,501
17.00	01700	SOCIAL SERVICE	325,071	104,948	430,019	0	430,019
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	2,367,419	2,367,419	258,960	2,626,379
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,537,493	0	6,537,493	0	6,537,493
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	497,662	497,662	2,734,276	3,231,938
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	186,029	22,551	208,580	149,483	358,063
23.04	02304	MEDICAL STUDENT EDUCATION	0	1,279,788	1,279,788	0	1,279,788
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,058,952	5,034,355	23,093,307	-2,628,051	20,465,256
31.00	03100	INTENSIVE CARE UNIT	3,031,026	467,367	3,498,393	-338,503	3,159,890
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,165,660	202,993	3,368,653	-142,054	3,226,599
32.00	03200	CORONARY CARE UNIT	2,860,092	602,019	3,462,111	-448,385	3,013,726
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	2,825,841	1,012,616	3,838,457	0	3,838,457
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	984,491	995	985,486	-469	985,017
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,974,878	12,686,280	20,661,158	-9,357,668	11,303,490
51.00	05100	RECOVERY ROOM	1,225,058	62,539	1,287,597	-44,311	1,243,286
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,053,160	780,986	3,834,146	-289,008	3,545,138
53.00	05300	ANESTHESIOLOGY	543,361	3,610,100	4,153,461	-494,361	3,659,100
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,297,002	1,554,430	6,851,432	-747,032	6,104,400
55.00	05500	RADIOLOGY-THERAPEUTIC	622,875	377,012	999,887	-33,978	965,909
56.00	05600	RADIOISOTOPE	229,726	227,953	457,679	0	457,679
57.00	05700	CT SCAN	752,686	213,201	965,887	-82,665	883,222
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	272,377	87,625	360,002	-33,187	326,815
59.00	05900	CARDIAC CATHETERIZATION	547,753	1,581,069	2,128,822	-1,429,640	699,182
60.00	06000	LABORATORY	4,759,087	5,606,737	10,365,824	-401,389	9,964,435
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	581,062	1,539,703	2,120,765	-130,977	1,989,788
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,983,414	767,063	2,750,477	-623,366	2,127,111
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	195,654	195,654
66.00	06600	PHYSICAL THERAPY	322,748	3,466	326,214	0	326,214
67.00	06700	OCCUPATIONAL THERAPY	286,489	1,544	288,033	0	288,033
68.00	06800	SPEECH PATHOLOGY	148,263	2,658	150,921	0	150,921
69.00	06900	ELECTROCARDIOLOGY	980,671	946,640	1,927,311	-748,913	1,178,398
70.00	07000	ELECTROENCEPHALOGRAPHY	322,230	15,609	337,839	0	337,839
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,710,129	7,710,129
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,077,019	7,077,019

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,333,558	14,333,558	73.00
74.00	07400	RENAL DIALYSIS	1,425,236	1,109,786	2,535,022	-42,039	2,492,983	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,093,807	7,008,392	8,102,199	-5,607,522	2,494,677	90.01
90.02	04951	MSH SPECIALTY CLINIC	404,356	43,002	447,358	0	447,358	90.02
90.03	04952	UNDER THE RAINBOW	1,175,512	594,814	1,770,326	0	1,770,326	90.03
90.04	09002	SPASTICITY CLINIC	128,825	293,498	422,323	-284,142	138,181	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	991,639	458,165	1,449,804	0	1,449,804	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	123,499	27,278	150,777	0	150,777	90.06
91.00	09100	EMERGENCY	5,653,545	4,244,614	9,898,159	-573,527	9,324,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	4,933,648	4,933,648	-4,933,648	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,557,450	162,483,372	260,040,822	0	260,040,822	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	1,354,377	1,354,377	0	1,354,377	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	349,109	349,109	0	349,109	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	97,557,450	164,186,858	261,744,308	0	261,744,308	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-468,703	6,587,713	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-383	13,305,539	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-287,099	17,477,577	4.00
5.01	00540	NONPATIENT TELEPHONES	-97,827	888,697	5.01
5.02	00550	DATA PROCESSING	0	5,608,343	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	392,610	5.03
5.04	00570	ADMITTING	0	2,061,675	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,723,250	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-6,161,193	30,339,206	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,810,071	6.00
7.00	00700	OPERATION OF PLANT	-2,068,178	8,592,506	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	892,262	8.00
9.00	00900	HOUSEKEEPING	0	3,672,643	9.00
10.00	01000	DIETARY	0	1,907,421	10.00
11.00	01100	CAFETERIA	-1,637,464	1,048,104	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-8,432	3,087,268	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	505,116	14.00
15.00	01500	PHARMACY	-1,405,804	2,264,554	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,559	2,450,942	16.00
17.00	01700	SOCIAL SERVICE	0	430,019	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	2,626,379	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-2,533,990	4,003,503	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-121,200	3,110,738	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	358,063	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-1,279,788	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-820,866	19,644,390	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,159,890	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,226,599	31.01
32.00	03200	CORONARY CARE UNIT	0	3,013,726	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-112,047	3,726,410	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	985,017	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-672,598	10,630,892	50.00
51.00	05100	RECOVERY ROOM	0	1,243,286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,545,138	52.00
53.00	05300	ANESTHESIOLOGY	-1,411,104	2,247,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-153,920	5,950,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	965,909	55.00
56.00	05600	RADIOISOTOPE	0	457,679	56.00
57.00	05700	CT SCAN	0	883,222	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	326,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	699,182	59.00
60.00	06000	LABORATORY	-1,397,699	8,566,736	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-30,805	1,958,983	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,127,111	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	195,654	65.01
66.00	06600	PHYSICAL THERAPY	0	326,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	288,033	67.00
68.00	06800	SPEECH PATHOLOGY	0	150,921	68.00
69.00	06900	ELECTROCARDIOLOGY	-43,362	1,135,036	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	337,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-585,750	7,124,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-537,667	6,539,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-5,163,000	9,170,558	73.00
74.00	07400	RENAL DIALYSIS	0	2,492,983	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	-2,775,498	-280,821	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	447,358	90.02
90.03	04952	UNDER THE RAINBOW	-20	1,770,306	90.03
90.04	09002	SPASTICITY CLINIC	0	138,181	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	-9,336	1,440,468	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	150,777	90.06
91.00	09100	EMERGENCY	0	9,324,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,785,292	230,255,530	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-919,142	435,235	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	349,109	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,704,434	231,039,874	200.00

RECLASSIFICATIONS

Provider CCN: 14-0018

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 10:36 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - PHYSICIAN TEACHING RECLASS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,734,276	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
			2,734,276	0		
	C - THORACIC MED SALARY RECLASS					
1.00	PULMONARY FUNCTION TESTING	65.01	195,654	0		1.00
			195,654	0		
	D - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,960,585		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,973,063		2.00
			0	4,933,648		
	E - MEDICAL SUPPLY & IMPL DEVICES RECLAS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,710,129		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,077,019		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
			0	14,787,148		
	F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,333,558		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
			0	14,333,558		
	G - EQUIPMENT RENTAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,358,154		1.00
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

RECLASSIFICATIONS

Provider CCN: 14-0018

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 10:36 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	0		0	1,358,154		
H - ER REGISTRATION RECLASS						
1.00	EMERGENCY	91.00	230,841	0		1.00
	0		230,841	0		
I - INSURANCE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	155,868		1.00
2.00		0.00	0	0		2.00
	0		0	155,868		
J - O/P REGISTRATION RECLASS						
1.00	OUTPATIENT ACCOUNTING	18.01	258,960	0		1.00
	0		258,960	0		
K - NURSING CONTINUITY RECLASS						
1.00	OPERATING ROOM	50.00	1,000	0		1.00
	0		1,000	0		
M - DIETARY / CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	803,249	0		1.00
2.00	CAFETERIA	11.00	0	1,882,319		2.00
	0		803,249	1,882,319		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	140,795	0		1.00
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	5,945		2.00
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743		3.00
	0		140,795	8,688		
O - RECLASS SINAI HLTH SYS EXPENSES						
1.00	DATA PROCESSING	5.02	2,937,580	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,513,795	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,130,718	0		3.00
4.00	NONPATIENT TELEPHONES	5.01	155,845	0		4.00
5.00	PURCHASING RECEIVING AND STORES	5.03	113,444	0		5.00
6.00	DEVELOPMENT	192.04	255,162	0		6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,512		7.00
8.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,969,527		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		8,106,544	1,977,039		
R - COMMONWEALTH EDISON METER RENTAL RCL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,691		1.00
	0		0	8,691		
S - RENAL DIALYSIS PHYSICIAN RCL						
1.00	RENAL DIALYSIS	74.00	59,753	0		1.00
	0		59,753	0		
U - INVENTORY RECLASS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	365,083		1.00
	TOTALS		0	365,083		
500.00	Grand Total: Increases		12,531,072	39,810,196		500.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 10:36 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - PHYSICIAN TEACHING RECLASS						
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,761,401	0	0		2.00
3.00	OPERATING ROOM	50.00	718,359	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	54,554	0	0		4.00
5.00	ANESTHESIOLOGY	53.00	132,289	0	0		5.00
6.00	LABORATORY	60.00	59,310	0	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	8,363	0	0		7.00
	0		2,734,276	0			
	C - THORACIC MED SALRARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	195,654	0	0		1.00
	0		195,654	0			
	D - INTEREST EXPENSE RECLASS						
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	4,933,648	0		2.00
	0		0	4,933,648			
	E - MEDICAL SUPPLY & IMPL DEVICES RECLAS						
1.00	ADULTS & PEDIATRICS	30.00	0	771,194	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	309,484	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	141,754	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	425,733	0		4.00
5.00	NURSERY	43.00	0	469	0		5.00
6.00	OPERATING ROOM	50.00	0	3,516,228	0		6.00
7.00	RECOVERY ROOM	51.00	0	44,171	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	222,124	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	339,955	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	411,282	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33,187	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	219,749	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	109,548	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	5,737	0		14.00
15.00	EMERGENCY	91.00	0	791,741	0		15.00
16.00	OUTPATIENT CHEMOTHERAPY	90.01	0	190,412	0		16.00
17.00	RENAL DIALYSIS	74.00	0	99,693	0		17.00
18.00	CT SCAN	57.00	0	77,668	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	16,881	0		19.00
20.00	CORONARY CARE UNIT	32.00	0	2,832	0		20.00
21.00	OPERATING ROOM	50.00	0	4,788,605	0		21.00
22.00	RECOVERY ROOM	51.00	0	140	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	56,590	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	22,117	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	227,774	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	1,209,891	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	734,813	0		27.00
28.00	RENAL DIALYSIS	74.00	0	45	0		28.00
29.00	OUTPATIENT CHEMOTHERAPY	90.01	0	46	0		29.00
30.00	EMERGENCY	91.00	0	10,510	0		30.00
31.00	ADULTS & PEDIATRICS	30.00	0	1,769	0		31.00
32.00	CT SCAN	57.00	0	4,997	0		32.00
33.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	9	0		33.00
	0		0	14,787,148			
	F - PHARMACY RECLASS						
1.00		0.00	0	0	0		1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	5,417,064	0		2.00
3.00	PHARMACY	15.00	0	8,632,352	0		3.00
4.00	SPASTICITY CLINIC	90.04	0	284,142	0		4.00
	0		0	14,333,558			
	G - EQUIPMENT RENTAL RECLASS						
1.00		0.00	0	0	14		1.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,410	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	33,934	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	12,138	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	19,820	0		6.00
7.00	OPERATING ROOM	50.00	0	335,476	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,294	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,422	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,978	0		10.00
11.00	LABORATORY	60.00	0	342,079	0		11.00
12.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	130,977	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	318,164	0		13.00
14.00	RENAL DIALYSIS	74.00	0	2,054	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	291	0		15.00

RECLASSIFICATIONS

Provider CCN: 14-0018

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 10:36 am

		Decreases				Wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
16.00	EMERGENCY		91.00	0	2,117	0	16.00
	0			0	1,358,154		
H - ER REGISTRATION RECLASS							
1.00	ADMITTING		5.04	230,841	0	0	1.00
	0			230,841	0		
I - INSURANCE RECLASS							
1.00			0.00	0	0	12	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	155,868	0	2.00
	0			0	155,868		
J - O/P REGISTRATION RECLASS							
1.00	ADMITTING		5.04	258,960	0	0	1.00
	0			258,960	0		
K - NURSING CONTINUITY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	1,000	0	1.00
	0			0	1,000		
M - DIETARY / CAFETERIA RECLASS							
1.00	DIETARY		10.00	803,249	0	0	1.00
2.00	DIETARY		10.00	0	1,882,319	0	2.00
	0			803,249	1,882,319		
N - PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY		15.00	140,795	0	0	1.00
2.00	PHARMACY		15.00	0	5,945	0	2.00
3.00	CAP REL COSTS-BLDG & FIXT		1.00	0	2,743	9	3.00
	0			140,795	8,688		
O - RECLASS SINAI HLTH SYS EXPENSES							
1.00	DATA PROCESSING		5.02	0	2,937,580	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	3,513,795	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	1,130,718	0	3.00
4.00	NONPATIENT TELEPHONES		5.01	0	155,845	0	4.00
5.00	PURCHASING RECEIVING AND STORES		5.03	0	113,444	0	5.00
6.00	DEVELOPMENT		192.04	0	255,162	0	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	7,512	0	7.00
8.00	NONPATIENT TELEPHONES		5.01	0	134,618	9	8.00
9.00	DATA PROCESSING		5.02	0	1,684,219	0	9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	150,690	0	10.00
	0			0	10,083,583		
R - COMMONWEALTH EDISON METER RENTAL RCL							
1.00	OPERATION OF PLANT		7.00	0	8,691	14	1.00
	0			0	8,691		
S - RENAL DIALYSIS PHYSICIAN RCL							
1.00	ADULTS & PEDIATRICS		30.00	59,753	0	0	1.00
	0			59,753	0		
U - INVENTORY RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	365,083	0	1.00
	TOTALS			0	365,083		
500.00	Grand Total: Decreases			4,423,528	47,917,740		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 10:36 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0	0	0	0	1.00	
2.00	Land Improvements	2,922,248	0	0	0	0	2.00	
3.00	Buildings and Fixtures	164,863,040	916,986	0	916,986	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	96,986,765	2,810,063	0	2,810,063	0	5.00	
6.00	Movable Equipment	0	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	266,497,703	3,727,049	0	3,727,049	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	266,497,703	3,727,049	0	3,727,049	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0				1.00	
2.00	Land Improvements	2,922,248	0				2.00	
3.00	Buildings and Fixtures	165,780,026	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	99,796,828	0				5.00	
6.00	Movable Equipment	0	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	270,224,752	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	270,224,752	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,942,706	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,969,550	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,912,256	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,942,706				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,969,550				2.00
3.00	Total (sum of lines 1-2)	0	14,912,256				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,942,706	0	4,942,706	0.331453	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,969,550	0	9,969,550	0.668547	0	2.00
3.00	Total (sum of lines 1-2)	14,912,256	0	14,912,256	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	4,933,903	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,938,694	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,872,597	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,497,942	155,868	0	0	6,587,713	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,366,845	13,305,539	2.00
3.00	Total (sum of lines 1-2)	1,497,942	155,868	0	1,366,845	19,893,252	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,937,937			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	0UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0	0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OP BEHAVIORAL HEALTH A8-1	B	-9,336	MSH OP BEHAVIORAL HEALTH	90.05	0	33.00
33.01	MICROBIOLOGY ICT HCH A/C 4498 A8-1	B	-519,986	LABORATORY	60.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 10:36 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.02 CHEMISTRY ICT HCH A/C 4498 A8-1	B	-608,463	LABORATORY	60.00		0 33.02
33.03 HEMATOLOGY ICT A8-1	B	-233,127	LABORATORY	60.00		0 33.03
33.04 EMPLOYEE BENE OOR A8-1	B	-11,470	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.04
33.05 OP MED ONCOLOGY 340 B	B	-2,775,498	OUTPATIENT CHEMOTHERAPY	90.01		0 33.05
33.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.06
33.07 BLOOD BANK OTHER OPER A/C 4498 A8-1	B	-30,805	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0 33.07
33.08 OTHER OPER. - SRH A/C 4320 A8-1	B	-167	RADIOLOGY-DIAGNOSTIC	54.00		0 33.08
33.09 IMAGING OTHER OPER REV A8-1	B	-60	RADIOLOGY-DIAGNOSTIC	54.00		0 33.09
33.10 NURSING ADMIN OTH OPER REV A8-1	B	-2,850	NURSING ADMINISTRATION	13.00		0 33.10
33.12 MED EDUC OTHER OPER REV 4472 A8-1	B	-6,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 33.12
33.13 MED EDUC OTHER OPER REV 4499 A8-1	B	-115,200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 33.13
33.14 SECURITY OOR A8-1	B	-1,812	OPERATION OF PLANT	7.00		0 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.16
33.18 PHARMACY OTHER OPER A/C 4499 A8-1	B	-10,000	DRUGS CHARGED TO PATIENTS	73.00		0 33.18
33.19 PHARMACY OTHER OPER A/C 4463 A8-1	B	-5,082,097	DRUGS CHARGED TO PATIENTS	73.00		0 33.19
33.20 PHARMACY OTHER OPER A/C 4462 A8-1	B	0	DRUGS CHARGED TO PATIENTS	73.00		0 33.20
33.21 UNDER THE RAINBOW A8-1	B	-20	UNDER THE RAINBOW	90.03		0 33.21
33.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.22
33.26 MEDICAL RECORDS A/C 4452 A8-1	B	-1,559	MEDICAL RECORDS & LIBRARY	16.00		0 33.26
33.29 CAFETERIA MISC A/C 4402 A8-1	B	-1,637,464	CAFETERIA	11.00		0 33.29
33.30 GEN OTH OPR REV A/C 4499 A8-1	B	-81,714	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.30
33.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.31
33.32 OP PHARMACY OTH OPR REV A8-1	B	-1,405,804	PHARMACY	15.00		0 33.32
33.33 OOR 4483 A8-1	B	-120,423	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.33
33.34 RNTL OTHER A/C 4414 A8-1	B	-604,860	OPERATION OF PLANT	7.00		0 33.34
33.35 RENTAL ICT A/C 4416 A8-1	B	-553,910	OPERATION OF PLANT	7.00		0 33.35
33.36 OTHER OPER REV 4449 A8-2	B	-5,344	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.36
33.37 PREMIER PURCH A8-2	B	-585,750	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0 33.37
33.38 PREMIER PURCH A8-2	B	-537,667	IMPL. DEV. CHARGED TO PATIENTS	72.00		0 33.38
33.39 ADM OTH OPR A/C 4499 A8-2	B	-58,894	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.39
33.40 CAPITAL EQUIPMENT A8-2	B	-383	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.40
33.43 REAL ESTATE TAXES A8-5	A	-24,790	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.43
33.44 ACCELERATED DEPR A8-6	A	1,941	CAP REL COSTS-BLDG & FIXT	1.00		9 33.44
33.45 CAREMARK REBATE A8-2	B	-70,903	DRUGS CHARGED TO PATIENTS	73.00		0 33.45
33.46 SATELLITE DEPR EXP A8-7	A	-3,274	CAP REL COSTS-BLDG & FIXT	1.00		9 33.46
33.47 SELF INS EXP A8-9	A	-4,704,307	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.47
33.48 INVESTMENT INC INTEREST A8-11	B	-462,643	CAP REL COSTS-BLDG & FIXT	1.00	11	33.48
33.49 INVESTMENT INC INTEREST A8-11	B	-701,559	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.49
33.50 PATIENT TRANSPORTATION A8-17	B	-49,155	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.50
33.51 TELEPHONE OFFSET A8-14	A	-97,827	NONPATIENT TELEPHONES	5.01		0 33.51
33.52 UNEMPLOYMENT INS A8-16	A	-81,082	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.52
33.53 PATIENT TRANSPORTATION A8-17	A	-907,167	OPERATION OF PLANT	7.00		0 33.53
33.56 DAY PSYCH OFFSET A8-20	A	-919,142	RESEARCH	191.00		0 33.56
33.57 PARKING FAC REV OFFSET A8-24	A	-4,727	CAP REL COSTS-BLDG & FIXT	1.00		9 33.57
33.58 PARKING FAC REV OOFSET A8-24	B	-429	OPERATION OF PLANT	7.00		0 33.58
33.59 DONATION OFFSET A8-25	B	-23,373	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.59
33.60 NURSE ANESTHETISTS OFFSET A8-27	A	-1,311,856	ANESTHESIOLOGY	53.00		0 33.60
33.61 NURSE ANESTHETISTS OFFSET A8-27	A	-194,547	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.61
33.62 MARKETING OFFSET A8-28	A	-211,405	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.62
33.63 GOVERNMENTAL LOBBYIST EXP A8-31	A	-156,900	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.63

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 10:36 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.64 LOBBYING EXPENSE OFFSET A8-32	A	-23,329	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.64
33.66 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.66
33.70 ACLS FEE OFFSET A8-18	B	-5,582	NURSING ADMINISTRATION	13.00	0	33.70
33.78 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.78
33.87 MEDICAL STUDENT REVENUE OFFSET A8 - 3	B	-2,533,990	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.87
33.88 MEDICAL STUDENT COST OFFSET A8-3	A	-1,279,788	MEDICAL STUDENT EDUCATION	23.04	0	33.88
33.91 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.91
33.97 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.97
33.98 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.98
33.99 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.99
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
34.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.01
34.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,704,434				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0018

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 10:36 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY AND OTHER	3,207,040	3,207,040	1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	922,479	922,479	2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	9,132,959	9,132,959	3.00
4.00	5.03	PURCHASING RECEIVING AND STO	SALARY AND OTHER	349,219	349,219	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	SALARY AND OTHER	6,925,864	6,925,864	4.01
4.02	7.00	OPERATION OF PLANT	SALARY AND OTHER	-53,876	-53,876	4.02
4.03	10.00	DIETARY	SALARY AND OTHER	-506,392	-506,392	4.03
4.04	13.00	NURSING ADMINISTRATION	SALARY AND OTHER	454,485	454,485	4.04
4.05	30.00	ADULTS & PEDIATRICS	SALARY AND OTHER	3,424,765	3,424,765	4.05
4.06	50.00	OPERATING ROOM	SALARY AND OTHER	2,715,025	2,715,025	4.06
4.07	53.00	ANESTHESIOLOGY	SALARY AND OTHER	3,183,284	3,183,284	4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND OTHER	360,774	360,774	4.08
4.09	0.00			0	0	4.09
4.10	60.00	LABORATORY	SALARY AND OTHER	601,890	601,890	4.10
4.11	0.00			0	0	4.11
4.12	191.00	RESEARCH	SALARY AND OTHER	13,000	13,000	4.12
4.13	23.04	MEDICAL STUDENT EDUCATION	SALARY AND OTHER	600,000	600,000	4.13
4.14	192.04	DEVELOPMENT	SALARY AND OTHER	576,226	576,226	4.14
4.15	5.04	ADMITTING	SALARY AND OTHER	1,028,113	1,028,113	4.15
4.16	5.05	CASHIERING/ACCOUNTS RECEIVAB	SALARY AND OTHER	4,089,498	4,089,498	4.16
4.17	16.00	MEDICAL RECORDS & LIBRARY	SALARY AND OTHER	3,321,471	3,321,471	4.17
4.18	40.00	SUBPROVIDER - IPF	SALARY AND OTHER	870,705	870,705	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,216,529	41,216,529	5.00

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

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

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

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

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

6.00	E	SINAI HLTH SYS	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	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.

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

Provider CCN: 14-0018

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 10:36 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
5.00	0	0		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0018

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 10:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,348,201	0	3,348,201	197,500	26,617	1.00
2.00	40.00	SUBPROVIDER - IPF	257,261	0	257,261	181,300	1,666	2.00
3.00	50.00	OPERATING ROOM	1,746,097	0	1,746,097	246,400	9,062	3.00
4.00	53.00	ANESTHESIOLOGY	468,246	0	468,246	239,400	3,206	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	454,613	0	454,613	271,900	2,302	5.00
6.00	60.00	LABORATORY	353,113	0	353,113	260,300	2,533	6.00
7.00	69.00	ELECTROCARDIOLOGY	83,628	0	83,628	211,500	396	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,711,159	0	6,711,159		45,782	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	30.00	ADULTS & PEDIATRICS	2,527,335	126,367	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	145,214	7,261	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,073,499	53,675	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	368,998	18,450	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	300,920	15,046	0	0	0	5.00
6.00	60.00	LABORATORY	316,990	15,850	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	40,266	2,013	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,773,222	238,662	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	30.00	ADULTS & PEDIATRICS	0	2,527,335	820,866	820,866		1.00
2.00	40.00	SUBPROVIDER - IPF	0	145,214	112,047	112,047		2.00
3.00	50.00	OPERATING ROOM	0	1,073,499	672,598	672,598		3.00
4.00	53.00	ANESTHESIOLOGY	0	368,998	99,248	99,248		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	300,920	153,693	153,693		5.00
6.00	60.00	LABORATORY	0	316,990	36,123	36,123		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	40,266	43,362	43,362		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	4,773,222	1,937,937	1,937,937		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,587,713	6,587,713			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,305,539	13,305,539			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,477,577	38,184	77,122	17,592,883	4.00
5.01	00540	NONPATIENT TELEPHONES	888,697	6,914	13,965	74,961	984,537
5.02	00550	DATA PROCESSING	5,608,343	54,474	110,024	494,909	39,608
5.03	00560	PURCHASING RECEIVING AND STORES	392,610	96,359	194,622	21,890	19,804
5.04	00570	ADMITTING	2,061,675	17,355	35,052	168,569	16,975
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,723,250	27,359	55,259	0	33,950
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	30,339,206	604,538	1,221,017	1,113,524	87,137
6.00	00600	MAINTENANCE & REPAIRS	1,810,071	250,929	506,815	0	27,160
7.00	00700	OPERATION OF PLANT	8,592,506	107,638	217,403	351,053	46,964
8.00	00800	LAUNDRY & LINEN SERVICE	892,262	187,900	379,511	0	2,829
9.00	00900	HOUSEKEEPING	3,672,643	12,292	24,826	439,032	15,277
10.00	01000	DIETARY	1,907,421	42,235	85,304	202,991	13,014
11.00	01100	CAFETERIA	1,048,104	309,698	625,513	135,327	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,087,268	121,868	246,143	398,521	18,106
14.00	01400	CENTRAL SERVICES & SUPPLY	505,116	361,501	730,142	73,578	8,487
15.00	01500	PHARMACY	2,264,554	49,009	98,986	673,867	25,462
16.00	01600	MEDICAL RECORDS & LIBRARY	2,450,942	62,732	126,704	6,970	13,014
17.00	01700	SOCIAL SERVICE	430,019	36,962	74,654	54,766	7,356
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	2,626,379	76,246	153,998	43,628	22,067
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,003,503	0	0	1,101,404	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,110,738	64,356	129,983	460,657	0
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	358,063	1,589	3,209	55,062	0
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,644,390	1,676,508	3,386,121	2,735,674	226,896
31.00	03100	INTENSIVE CARE UNIT	3,159,890	96,744	195,398	510,652	9,619
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,226,599	30,903	62,417	533,335	9,619
32.00	03200	CORONARY CARE UNIT	3,013,726	111,637	225,478	481,854	11,882
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	3,726,410	190,257	384,272	476,084	15,843
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	985,017	24,391	49,264	165,862	3,961
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,630,892	447,577	903,993	1,222,711	50,924
51.00	05100	RECOVERY ROOM	1,243,286	21,912	44,256	206,392	8,487
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,545,138	103,605	209,257	514,381	22,633
53.00	05300	ANESTHESIOLOGY	2,247,996	30,467	61,536	69,255	11,317
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,950,480	266,416	538,094	883,221	23,765
55.00	05500	RADIOLOGY-THERAPEUTIC	965,909	62,296	125,822	104,939	3,961
56.00	05600	RADIOISOTOPE	457,679	41,449	83,717	38,703	5,658
57.00	05700	CT SCAN	883,222	16,569	33,466	126,809	4,527
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	326,815	17,564	35,476	45,889	5,092
59.00	05900	CARDIAC CATHETERIZATION	699,182	36,106	72,926	92,283	4,527
60.00	06000	LABORATORY	8,566,736	409,305	826,694	791,795	44,134
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,958,983	13,985	28,246	97,894	2,829
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,127,111	39,965	80,719	301,193	4,527
65.01	03560	PULMONARY FUNCTION TESTING	195,654	22,366	45,173	32,963	566
66.00	06600	PHYSICAL THERAPY	326,214	45,325	91,545	54,375	4,527
67.00	06700	OCCUPATIONAL THERAPY	288,033	52,937	106,921	48,266	3,395
68.00	06800	SPEECH PATHOLOGY	150,921	12,099	24,438	24,979	1,697
69.00	06900	ELECTROCARDIOLOGY	1,135,036	64,932	131,147	163,810	9,619
70.00	07000	ELECTROENCEPHALOGRAPHY	337,839	21,632	43,692	54,288	11,882

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,124,379	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,539,352	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,170,558	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,492,983	22,401	45,244	250,184	6,790	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	-280,821	0	0	184,279	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	447,358	0	0	68,124	0	90.02
90.03	04952	UNDER THE RAINBOW	1,770,306	0	0	198,044	28,291	90.03
90.04	09002	SPASTICITY CLINIC	138,181	0	0	21,704	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,440,468	0	0	167,066	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	150,777	0	0	20,806	0	90.06
91.00	09100	EMERGENCY	9,324,632	109,122	220,400	991,372	33,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	230,255,530	6,518,608	13,165,964	17,549,895	968,128	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	435,235	42,881	86,608	0	10,751	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	349,109	16,377	33,078	42,988	5,658	192.04
192.05	19205	DENTISTRY	0	9,847	19,889	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	231,039,874	6,587,713	13,305,539	17,592,883	984,537	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	6,307,358					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	394,210	1,119,495				5.03
5.04	00570	ADMITTING	328,508	1,877	2,630,011			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,116,929	0	0	3,956,747		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	525,613	0	0	0	33,891,035	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	2,594,975	6.00
7.00	00700	OPERATION OF PLANT	0	166,323	0	0	9,481,887	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	55,975	0	0	1,518,477	8.00
9.00	00900	HOUSEKEEPING	0	61,722	0	0	4,225,792	9.00
10.00	01000	DIETARY	0	4,895	0	0	2,255,860	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,118,642	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	12,210	0	0	3,884,116	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,222	0	0	1,687,046	14.00
15.00	01500	PHARMACY	262,807	10,013	0	0	3,384,698	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	328,508	0	0	0	2,988,870	16.00
17.00	01700	SOCIAL SERVICE	0	2	0	0	603,759	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	525,613	0	0	0	3,447,931	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,104,907	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,585	0	0	3,769,319	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	7	0	0	417,930	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	854,121	22,604	424,494	331,061	29,301,869	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,632	94,339	72,467	4,144,741	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	8,304	90,310	69,355	4,030,842	31.01
32.00	03200	CORONARY CARE UNIT	0	2,016	84,905	65,405	3,996,903	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	908	61,812	47,468	4,903,054	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	33	33,705	25,883	1,288,116	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	394,210	0	184,308	314,995	14,149,610	50.00
51.00	05100	RECOVERY ROOM	0	675	51,096	122,720	1,698,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,266	101,475	110,037	4,614,792	52.00
53.00	05300	ANESTHESIOLOGY	0	3,524	93,780	124,754	2,642,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,718	39,297	84,169	249,222	8,757,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,392	3,147	44,988	1,316,454	55.00
56.00	05600	RADIOISOTOPE	0	12,639	4,228	17,165	661,238	56.00
57.00	05700	CT SCAN	0	7,651	104,090	220,561	1,396,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,372	18,778	39,556	492,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,636	72,777	80,034	1,110,471	59.00
60.00	06000	LABORATORY	854,121	117,104	237,552	550,784	12,398,225	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,172	23,810	22,529	2,151,448	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,881	159,406	129,324	2,882,126	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	37,788	36,919	371,429	65.01
66.00	06600	PHYSICAL THERAPY	0	182	8,831	8,105	539,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38	11,595	9,768	520,953	67.00
68.00	06800	SPEECH PATHOLOGY	0	41	5,025	5,238	224,438	68.00
69.00	06900	ELECTROCARDIOLOGY	0	56,141	43,767	87,331	1,691,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	307	1,896	14,624	486,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	197,059	92,392	99,477	7,513,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	180,879	93,890	107,759	6,921,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	186,631	333,243	9,690,432	73.00
74.00	07400	RENAL DIALYSIS	0	22,796	11,142	71,491	2,923,031	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	850	84	22,761	-72,847	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	752	26	30,264	546,524	90.02
90.03	04952	UNDER THE RAINBOW	0	207	0	6,903	2,003,751	90.03
90.04	09002	SPASTICITY CLINIC	0	6	0	2,525	162,416	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	7,882	1,615,416	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	55	0	1,677	173,315	90.06
91.00	09100	EMERGENCY	0	0	208,763	472,472	11,360,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,307,358	1,117,250	2,630,011	3,956,747	229,985,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	2,245	0	0	577,720	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	447,210	192.04
192.05	19205	DENTISTRY	0	0	0	0	29,736	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,307,358	1,119,495	2,630,011	3,956,747	231,039,874	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,891,035					5.06
6.00	00600	MAINTENANCE & REPAIRS	445,926	3,040,901				6.00
7.00	00700	OPERATION OF PLANT	1,629,386	59,603	11,170,876			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	260,938	104,047	389,863	2,273,325		8.00
9.00	00900	HOUSEKEEPING	726,169	6,806	25,503	0	4,984,270	9.00
10.00	01000	DIETARY	387,651	23,387	87,630	0	40,609	10.00
11.00	01100	CAFETERIA	364,072	171,491	642,575	0	297,779	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	667,454	67,483	252,857	0	117,178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	289,905	200,176	750,058	0	347,588	14.00
15.00	01500	PHARMACY	581,633	27,138	101,686	0	47,123	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	513,613	34,737	130,160	0	60,318	16.00
17.00	01700	SOCIAL SERVICE	103,751	20,467	76,690	0	35,539	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	592,499	42,220	158,199	0	73,312	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	877,237	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	647,727	35,636	133,529	0	61,879	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	71,818	880	3,297	0	1,528	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,035,360	928,347	3,478,485	641,522	1,611,986	30.00
31.00	03100	INTENSIVE CARE UNIT	712,241	53,570	200,728	84,174	93,020	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	692,668	17,112	64,120	33,598	29,714	31.01
32.00	03200	CORONARY CARE UNIT	686,836	61,817	231,628	86,900	107,340	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	842,551	105,352	394,754	78,500	182,935	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	221,352	13,506	50,608	0	23,452	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,431,497	247,840	928,651	293,858	430,351	50.00
51.00	05100	RECOVERY ROOM	291,929	12,133	45,464	77,922	21,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	793,015	57,370	214,965	106,930	99,618	52.00
53.00	05300	ANESTHESIOLOGY	454,115	16,871	63,214	0	29,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,504,886	147,524	552,771	113,481	256,163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	226,222	34,495	129,254	29,583	59,898	55.00
56.00	05600	RADIOISOTOPE	113,628	22,952	86,000	21,261	39,854	56.00
57.00	05700	CT SCAN	240,045	9,175	34,378	34,909	15,931	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	84,639	9,726	36,443	15,136	16,888	58.00
59.00	05900	CARDIAC CATHETERIZATION	190,826	19,993	74,915	18,088	34,717	59.00
60.00	06000	LABORATORY	2,130,536	226,647	849,244	0	393,553	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	369,709	7,744	29,017	0	13,447	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	495,270	22,130	82,921	0	38,427	65.00
65.01	03560	PULMONARY FUNCTION TESTING	63,827	12,385	46,405	0	21,505	65.01
66.00	06600	PHYSICAL THERAPY	92,641	25,098	94,042	0	43,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	89,522	29,313	109,837	0	50,900	67.00
68.00	06800	SPEECH PATHOLOGY	38,568	6,700	25,105	0	11,634	68.00
69.00	06900	ELECTROCARDIOLOGY	290,719	35,955	134,724	26,562	62,433	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,543	11,979	44,884	1,367	20,800	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,291,102	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,189,470	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,665,223	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	502,299	12,404	46,478	122,567	21,539	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	93,916	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	344,329	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	27,910	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	277,596	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	29,783	0	0	0	0	90.06
91.00	09100	EMERGENCY	1,952,247	60,425	226,412	486,967	104,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,709,799	3,002,634	11,027,494	2,273,325	4,917,825	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	99,277	23,745	88,971	0	41,230	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	76,849	9,069	33,980	0	15,747	192.04
192.05	19205	DENTISTRY	5,110	5,453	20,431	0	9,468	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	33,891,035	3,040,901	11,170,876	2,273,325	4,984,270	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,795,137					10.00
11.00	01100	CAFETERIA	0	3,594,559				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	69,879	0	5,058,967		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,896	0	0	3,314,669	14.00
15.00	01500	PHARMACY	0	144,112	0	0	203,931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	772	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,606	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	22,634	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	356,127	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	12,074	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,933,467	744,120	0	1,883,261	346,487	30.00
31.00	03100	INTENSIVE CARE UNIT	246,674	116,228	0	333,474	119,830	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	111,566	0	320,122	54,886	31.01
32.00	03200	CORONARY CARE UNIT	214,130	104,680	0	300,428	165,101	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	400,866	117,000	0	326,974	4,631	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	38,846	0	111,492	182	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	268,894	0	762,577	0	50.00
51.00	05100	RECOVERY ROOM	0	40,575	0	116,454	17,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,711	0	278,240	86,619	52.00
53.00	05300	ANESTHESIOLOGY	0	6,207	0	0	131,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	210,965	0	0	174,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,392	0	0	794	55.00
56.00	05600	RADIOISOTOPE	0	8,430	0	0	1,591	56.00
57.00	05700	CT SCAN	0	29,088	0	0	30,073	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,696	0	0	12,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,755	0	0	85,085	59.00
60.00	06000	LABORATORY	0	200,960	0	0	19,883	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	26,896	0	0	13	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	79,513	0	0	42,416	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	8,399	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	14,143	0	0	101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,394	0	0	209	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,423	0	0	478	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,174	0	0	7,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,941	0	0	4,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	877,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	805,770	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	63,796	0	0	38,600	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	56,694	0	0	73,801	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	35,912	0	0	5,705	90.02
90.03	04952	UNDER THE RAINBOW	0	59,349	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	6,176	0	0	2,741	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	55,428	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	9,727	0	0	0	90.06
91.00	09100	EMERGENCY	0	280,381	0	625,945	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,795,137	3,594,559	0	5,058,967	3,313,995	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	674	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,795,137	3,594,559	0	5,058,967	3,314,669	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,490,321					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,728,470				16.00
17.00	01700	SOCIAL SERVICE	3,971	0	858,783			17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	4,336,795	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,800	311,934	418,919	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,455	68,280	41,892	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,148	65,348	52,365	0	0	31.01
32.00	03200	CORONARY CARE UNIT	7,145	61,626	20,946	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10	44,726	146,621	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	24,388	15,709	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,179	296,797	0	0	390,986	50.00
51.00	05100	RECOVERY ROOM	996	115,630	0	0	188,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,793	103,680	15,709	0	74,537	52.00
53.00	05300	ANESTHESIOLOGY	8,266	117,546	0	0	118,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,318	234,824	0	0	413,912	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8	42,389	0	0	95,959	55.00
56.00	05600	RADIOISOTOPE	179	16,173	0	0	31,373	56.00
57.00	05700	CT SCAN	1,360	207,818	0	0	316,981	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	149	37,271	0	0	56,658	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,183	75,410	0	0	54,424	59.00
60.00	06000	LABORATORY	7	519,282	0	0	830,552	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,227	0	0	9,565	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	411	121,853	0	0	15,575	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	34,786	0	0	17,806	65.01
66.00	06600	PHYSICAL THERAPY	0	7,636	0	0	2,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,204	0	0	1,948	67.00
68.00	06800	SPEECH PATHOLOGY	132	4,936	0	0	3,110	68.00
69.00	06900	ELECTROCARDIOLOGY	352	82,286	0	0	121,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,780	0	0	29,683	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	93,729	0	0	64,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	101,533	0	0	80,373	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			OTHER GENERAL SERVICE					
			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTER		OUTPATIENT ACCOUNTING
			15.00	16.00	17.00	18.00	18.01	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,352,803	313,990	0	0	428,097	73.00
74.00	07400	RENAL DIALYSIS	0	67,361	83,784	0	141,860	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	21,446	0	0	51,159	90.01
90.02	04951	MSH SPECIALTY CLINIC	3,230	28,515	0	0	68,171	90.02
90.03	04952	UNDER THE RAINBOW	0	6,504	0	0	15,560	90.03
90.04	09002	SPASTICITY CLINIC	0	2,379	0	0	5,692	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	7,427	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	6,118	1,580	0	0	3,781	90.06
91.00	09100	EMERGENCY	29,180	445,176	62,838	0	703,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,480,193	3,728,470	858,783	0	4,336,795	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	10,128	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,490,321	3,728,470	858,783	0	4,336,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			6,338,271			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				4,648,090		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM						23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	4,415,696	3,238,194	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	222,271	163,000	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	197,496	144,831	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	106,888	78,385	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	802,017	588,149	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	65,832	48,277	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	82,113	60,216	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	91,315	66,965	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
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To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	354,643	260,073	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	6,338,271	4,648,090	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	6,338,271	4,648,090	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	507,527					23.02
23.04	02304	MEDICAL STUDENT EDUCATION		0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,074	0	54,445,521	-7,653,890	46,791,631	30.00
31.00	03100	INTENSIVE CARE UNIT	58,822	0	6,670,400	-385,271	6,285,129	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,767	0	5,844,583	-342,327	5,502,256	31.01
32.00	03200	CORONARY CARE UNIT	52,631	0	6,283,384	-185,273	6,098,111	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,547,974	0	7,547,974	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,787,651	0	1,787,651	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	21,612,406	-1,390,166	20,222,240	50.00
51.00	05100	RECOVERY ROOM	0	0	2,626,271	0	2,626,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,565,979	0	6,565,979	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,702,750	-114,109	3,588,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,367,453	0	12,367,453	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,954,448	0	1,954,448	55.00
56.00	05600	RADIOISOTOPE	0	0	1,002,679	0	1,002,679	56.00
57.00	05700	CT SCAN	0	0	2,316,653	0	2,316,653	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	771,998	0	771,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,682,867	0	1,682,867	59.00
60.00	06000	LABORATORY	0	0	17,568,889	0	17,568,889	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,629,066	0	2,629,066	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,780,642	0	3,780,642	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	576,542	0	576,542	65.01
66.00	06600	PHYSICAL THERAPY	0	0	819,328	0	819,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	823,280	0	823,280	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	321,524	0	321,524	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,635,702	-142,329	2,493,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	872,557	-158,280	714,277	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,840,260	0	9,840,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,099,026	0	9,099,026	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	114,498	0	16,565,043	0	16,565,043	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,023,719	0	4,023,719	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	130,253	0	130,253	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	781,973	0	781,973	90.02
90.03	04952	UNDER THE RAINBOW	0	0	2,429,493	0	2,429,493	90.03
90.04	09002	SPASTICITY CLINIC	0	0	207,314	0	207,314	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	1,955,867	0	1,955,867	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	86,584	0	310,888	0	310,888	90.06
91.00	09100	EMERGENCY	37,151	0	16,990,693	-614,716	16,375,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	507,527	0	229,545,076	-10,986,361	218,558,715	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	841,745	0	841,745	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	582,855	0	582,855	192.04
192.05	19205	DENTISTRY	0	0	70,198	0	70,198	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	507,527	0	231,039,874	-10,986,361	220,053,513	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	38,184	77,122	115,306	115,306 4.00
5.01	00540	NONPATIENT TELEPHONES	0	6,914	13,965	20,879	491 5.01
5.02	00550	DATA PROCESSING	0	54,474	110,024	164,498	3,243 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	96,359	194,622	290,981	143 5.03
5.04	00570	ADMITTING	0	17,355	35,052	52,407	1,105 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	27,359	55,259	82,618	0 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	604,538	1,221,017	1,825,555	7,297 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	250,929	506,815	757,744	0 6.00
7.00	00700	OPERATION OF PLANT	0	107,638	217,403	325,041	2,300 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	187,900	379,511	567,411	0 8.00
9.00	00900	HOUSEKEEPING	0	12,292	24,826	37,118	2,877 9.00
10.00	01000	DIETARY	0	42,235	85,304	127,539	1,330 10.00
11.00	01100	CAFETERIA	0	309,698	625,513	935,211	887 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	121,868	246,143	368,011	2,611 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	361,501	730,142	1,091,643	482 14.00
15.00	01500	PHARMACY	0	49,009	98,986	147,995	4,416 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62,732	126,704	189,436	46 16.00
17.00	01700	SOCIAL SERVICE	0	36,962	74,654	111,616	359 17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	76,246	153,998	230,244	286 18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,217 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	64,356	129,983	194,339	3,019 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	1,589	3,209	4,798	361 23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,676,508	3,386,121	5,062,629	17,947 30.00
31.00	03100	INTENSIVE CARE UNIT	0	96,744	195,398	292,142	3,346 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	30,903	62,417	93,320	3,495 31.01
32.00	03200	CORONARY CARE UNIT	0	111,637	225,478	337,115	3,158 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	190,257	384,272	574,529	3,120 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	24,391	49,264	73,655	1,087 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	447,577	903,993	1,351,570	8,012 50.00
51.00	05100	RECOVERY ROOM	0	21,912	44,256	66,168	1,352 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	103,605	209,257	312,862	3,371 52.00
53.00	05300	ANESTHESIOLOGY	0	30,467	61,536	92,003	454 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	266,416	538,094	804,510	5,788 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	62,296	125,822	188,118	688 55.00
56.00	05600	RADIOISOTOPE	0	41,449	83,717	125,166	254 56.00
57.00	05700	CT SCAN	0	16,569	33,466	50,035	831 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,564	35,476	53,040	301 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,106	72,926	109,032	605 59.00
60.00	06000	LABORATORY	0	409,305	826,694	1,235,999	5,189 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	13,985	28,246	42,231	641 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	39,965	80,719	120,684	1,974 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	22,366	45,173	67,539	216 65.01
66.00	06600	PHYSICAL THERAPY	0	45,325	91,545	136,870	356 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	52,937	106,921	159,858	316 67.00
68.00	06800	SPEECH PATHOLOGY	0	12,099	24,438	36,537	164 68.00
69.00	06900	ELECTROCARDIOLOGY	0	64,932	131,147	196,079	1,073 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,632	43,692	65,324	356 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
				1.00	2.00		
			0			2A	4.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	22,401	45,244	67,645	1,639 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	1,208	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	446	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	1,298	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	142	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	1,095	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	136	90.06
91.00	09100	EMERGENCY	0	109,122	220,400	329,522	6,496 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,518,608	13,165,964	19,684,572	115,024 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	42,881	86,608	129,489	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0 192.01
192.02	19202	DAY PSYCH	0	0	0	0	0 192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0 192.03
192.04	19204	DEVELOPMENT	0	16,377	33,078	49,455	282 192.04
192.05	19205	DENTISTRY	0	9,847	19,889	29,736	0 192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,587,713	13,305,539	19,893,252	115,306 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	21,370					5.01
5.02	00550	DATA PROCESSING	860	168,601				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	430	10,538	302,092			5.03
5.04	00570	ADMITTING	368	8,781	507	63,168		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	737	29,857	0	0	113,212	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,891	14,050	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	590	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,019	0	44,881	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61	0	15,105	0	0	8.00
9.00	00900	HOUSEKEEPING	332	0	16,655	0	0	9.00
10.00	01000	DIETARY	282	0	1,321	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	393	0	3,295	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	184	0	2,219	0	0	14.00
15.00	01500	PHARMACY	553	7,025	2,702	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	282	8,781	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	160	0	1	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	479	14,050	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	967	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	2	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,926	22,831	6,100	10,400	9,513	30.00
31.00	03100	INTENSIVE CARE UNIT	209	0	1,520	2,257	2,082	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	209	0	2,241	2,161	1,993	31.01
32.00	03200	CORONARY CARE UNIT	258	0	544	2,031	1,879	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	344	0	245	1,479	1,364	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	86	0	9	806	744	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,105	10,538	0	4,410	9,052	50.00
51.00	05100	RECOVERY ROOM	184	0	182	1,223	3,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	491	0	2,230	2,428	3,162	52.00
53.00	05300	ANESTHESIOLOGY	246	0	951	2,244	3,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	516	19,319	10,604	2,014	7,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	86	0	1,455	75	1,293	55.00
56.00	05600	RADIOISOTOPE	123	0	3,411	101	493	56.00
57.00	05700	CT SCAN	98	0	2,065	2,490	6,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	111	0	910	449	1,137	58.00
59.00	05900	CARDIAC CATHETERIZATION	98	0	14,203	1,741	2,300	59.00
60.00	06000	LABORATORY	958	22,831	31,600	5,684	15,337	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	61	0	856	570	647	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	98	0	10,762	3,814	3,716	65.00
65.01	03560	PULMONARY FUNCTION TESTING	12	0	0	904	1,061	65.01
66.00	06600	PHYSICAL THERAPY	98	0	49	211	233	66.00
67.00	06700	OCCUPATIONAL THERAPY	74	0	10	277	281	67.00
68.00	06800	SPEECH PATHOLOGY	37	0	11	120	151	68.00
69.00	06900	ELECTROCARDIOLOGY	209	0	15,149	1,047	2,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	258	0	83	45	420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	53,176	2,211	2,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	48,809	2,246	3,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,465	9,576	73.00
74.00	07400	RENAL DIALYSIS	147	0	6,151	267	2,054	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	229	2	654	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	203	1	870	90.02
90.03	04952	UNDER THE RAINBOW	614	0	56	0	198	90.03
90.04	09002	SPASTICITY CLINIC	0	0	2	0	73	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	227	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	15	0	48	90.06
91.00	09100	EMERGENCY	737	0	0	4,995	13,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,014	168,601	301,486	63,168	113,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	233	0	606	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	123	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,370	168,601	302,092	63,168	113,212	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,848,793					5.06
6.00	00600	MAINTENANCE & REPAIRS	24,325	782,659				6.00
7.00	00700	OPERATION OF PLANT	88,883	15,341	477,465			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,234	26,779	16,664	640,254		8.00
9.00	00900	HOUSEKEEPING	39,613	1,752	1,090	0	99,437	9.00
10.00	01000	DIETARY	21,146	6,019	3,745	0	810	10.00
11.00	01100	CAFETERIA	19,860	44,138	27,465	0	5,941	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	36,410	17,369	10,808	0	2,338	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,814	51,521	32,059	0	6,934	14.00
15.00	01500	PHARMACY	31,728	6,985	4,346	0	940	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,018	8,941	5,563	0	1,203	16.00
17.00	01700	SOCIAL SERVICE	5,660	5,268	3,278	0	709	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	32,321	10,867	6,762	0	1,463	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	47,853	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	35,334	9,172	5,707	0	1,235	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	3,918	226	141	0	30	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	274,713	238,935	148,678	180,676	32,160	30.00
31.00	03100	INTENSIVE CARE UNIT	38,853	13,788	8,579	23,707	1,856	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	37,785	4,404	2,741	9,462	593	31.01
32.00	03200	CORONARY CARE UNIT	37,467	15,910	9,900	24,474	2,141	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	45,961	27,115	16,873	22,109	3,650	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,075	3,476	2,163	0	468	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,638	63,788	39,692	82,762	8,586	50.00
51.00	05100	RECOVERY ROOM	15,925	3,123	1,943	21,946	420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,259	14,766	9,188	30,116	1,987	52.00
53.00	05300	ANESTHESIOLOGY	24,772	4,342	2,702	0	584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,092	37,969	23,627	31,960	5,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,340	8,878	5,525	8,332	1,195	55.00
56.00	05600	RADIOISOTOPE	6,198	5,907	3,676	5,988	795	56.00
57.00	05700	CT SCAN	13,094	2,361	1,469	9,832	318	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,617	2,503	1,558	4,263	337	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,410	5,146	3,202	5,094	693	59.00
60.00	06000	LABORATORY	116,221	58,334	36,298	0	7,851	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,168	1,993	1,240	0	268	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,017	5,696	3,544	0	767	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,482	3,188	1,983	0	429	65.01
66.00	06600	PHYSICAL THERAPY	5,054	6,460	4,020	0	869	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,883	7,545	4,695	0	1,015	67.00
68.00	06800	SPEECH PATHOLOGY	2,104	1,724	1,073	0	232	68.00
69.00	06900	ELECTROCARDIOLOGY	15,859	9,254	5,758	7,481	1,246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,557	3,083	1,918	385	415	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,430	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,886	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,838	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	27,400	3,193	1,987	34,519	430	74.00

ALLOCATION OF CAPITAL RELATED COSTS

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11/25/2019 10:36 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	5,123	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	18,783	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	1,522	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	15,143	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,625	0	0	0	0	90.06
91.00	09100	EMERGENCY	106,495	15,552	9,677	137,148	2,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,838,906	772,811	471,337	640,254	98,111	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	5,416	6,111	3,803	0	823	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	4,192	2,334	1,452	0	314	192.04
192.05	19205	DENTISTRY	279	1,403	873	0	189	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,848,793	782,659	477,465	640,254	99,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	162,192					10.00
11.00	01100	CAFETERIA	0	1,033,502				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	20,092	0	461,327		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,471	0	0	1,212,327	14.00
15.00	01500	PHARMACY	0	41,435	0	0	74,587	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	222	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,199	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	6,508	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	102,393	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	3,471	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,192	213,945	0	171,735	126,726	30.00
31.00	03100	INTENSIVE CARE UNIT	14,314	33,418	0	30,409	43,827	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	32,077	0	29,192	20,074	31.01
32.00	03200	CORONARY CARE UNIT	12,425	30,097	0	27,396	60,385	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	23,261	33,640	0	29,817	1,694	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	11,169	0	10,167	66	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	77,312	0	69,539	0	50.00
51.00	05100	RECOVERY ROOM	0	11,666	0	10,619	6,255	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,844	0	25,373	31,681	52.00
53.00	05300	ANESTHESIOLOGY	0	1,785	0	0	48,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,656	0	0	63,723	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,576	0	0	290	55.00
56.00	05600	RADIOISOTOPE	0	2,424	0	0	582	56.00
57.00	05700	CT SCAN	0	8,363	0	0	10,999	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,788	0	0	4,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,105	0	0	31,120	59.00
60.00	06000	LABORATORY	0	57,780	0	0	7,272	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,733	0	0	5	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,862	0	0	15,514	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,415	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	4,066	0	0	37	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,276	0	0	76	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,847	0	0	175	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,551	0	0	2,668	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,158	0	0	1,514	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	321,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	294,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	18,343	0	0	14,118	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	16,301	0	0	26,992	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	10,325	0	0	2,087	90.02
90.03	04952	UNDER THE RAINBOW	0	17,064	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	1,776	0	0	1,002	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	15,937	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	2,797	0	0	0	90.06
91.00	09100	EMERGENCY	0	80,615	0	57,080	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	162,192	1,033,502	0	461,327	1,212,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	247	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	162,192	1,033,502	0	461,327	1,212,327	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	322,712					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	242,492				16.00
17.00	01700	SOCIAL SERVICE	285	0	131,535			17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	302,980	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,639	20,328	64,164	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	823	4,450	6,416	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	370	4,259	8,020	0	0	31.01
32.00	03200	CORONARY CARE UNIT	514	4,016	3,208	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1	2,915	22,457	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,589	2,406	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,522	19,342	0	0	27,335	50.00
51.00	05100	RECOVERY ROOM	72	7,535	0	0	13,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	201	6,757	2,406	0	5,211	52.00
53.00	05300	ANESTHESIOLOGY	594	7,660	0	0	8,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	95	15,303	0	0	28,938	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	2,762	0	0	6,709	55.00
56.00	05600	RADIOISOTOPE	13	1,054	0	0	2,193	56.00
57.00	05700	CT SCAN	98	13,543	0	0	22,161	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11	2,429	0	0	3,961	58.00
59.00	05900	CARDIAC CATHETERIZATION	85	4,914	0	0	3,805	59.00
60.00	06000	LABORATORY	0	33,355	0	0	57,847	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,383	0	0	669	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30	7,941	0	0	1,089	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,267	0	0	1,245	65.01
66.00	06600	PHYSICAL THERAPY	0	498	0	0	208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	600	0	0	136	67.00
68.00	06800	SPEECH PATHOLOGY	10	322	0	0	217	68.00
69.00	06900	ELECTROCARDIOLOGY	25	5,362	0	0	8,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	898	0	0	2,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,108	0	0	4,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,617	0	0	5,619	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			OTHER GENERAL SERVICE					
			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTER		OUTPATIENT ACCOUNTING
			15.00	16.00	17.00	18.00	18.01	
73.00	07300	DRUGS CHARGED TO PATIENTS	312,826	20,462	0	0	29,930	73.00
74.00	07400	RENAL DIALYSIS	0	4,390	12,833	0	9,918	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,398	0	0	3,577	90.01
90.02	04951	MSH SPECIALTY CLINIC	232	1,858	0	0	4,766	90.02
90.03	04952	UNDER THE RAINBOW	0	424	0	0	1,088	90.03
90.04	09002	SPASTICITY CLINIC	0	155	0	0	398	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	484	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	440	103	0	0	264	90.06
91.00	09100	EMERGENCY	2,097	29,011	9,625	0	49,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	321,984	242,492	131,535	0	302,980	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	728	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	322,712	242,492	131,535	0	302,980	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			157,463		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				249,773	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM				0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION					23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
42.00	04200	SUBPROVIDER					42.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
46.00	04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD LABORATORY					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	03560	PULMONARY FUNCTION TESTING					65.01
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951	MSH SPECIALTY CLINIC						90.02
90.03	04952	UNDER THE RAINBOW						90.03
90.04	09002	SPASTICITY CLINIC						90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH						90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB						90.06
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	KLING OFFICE BLDG						192.01
192.02	19202	DAY PSYCH						192.02
192.03	19203	FAMILY PLANNING						192.03
192.04	19204	DEVELOPMENT						192.04
192.05	19205	DENTISTRY						192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES						192.07
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	157,463	249,773	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	157,463	249,773	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	12,947					23.02
23.04	02304	MEDICAL STUDENT EDUCATION		0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			6,720,237	0	6,720,237	30.00
31.00	03100	INTENSIVE CARE UNIT			521,996	0	521,996	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			252,396	0	252,396	31.01
32.00	03200	CORONARY CARE UNIT			572,918	0	572,918	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF			810,574	0	810,574	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			119,966	0	119,966	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE			0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,907,203	0	1,907,203	50.00
51.00	05100	RECOVERY ROOM			165,295	0	165,295	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			529,333	0	529,333	52.00
53.00	05300	ANESTHESIOLOGY			198,375	0	198,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,199,386	0	1,199,386	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			243,323	0	243,323	55.00
56.00	05600	RADIOISOTOPE			158,378	0	158,378	56.00
57.00	05700	CT SCAN			144,095	0	144,095	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			83,115	0	83,115	58.00
59.00	05900	CARDIAC CATHETERIZATION			197,553	0	197,553	59.00
60.00	06000	LABORATORY			1,692,556	0	1,692,556	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			78,465	0	78,465	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY			0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY			225,508	0	225,508	65.00
65.01	03560	PULMONARY FUNCTION TESTING			84,741	0	84,741	65.01
66.00	06600	PHYSICAL THERAPY			159,029	0	159,029	66.00
67.00	06700	OCCUPATIONAL THERAPY			183,042	0	183,042	67.00
68.00	06800	SPEECH PATHOLOGY			44,724	0	44,724	68.00
69.00	06900	ELECTROCARDIOLOGY			283,737	0	283,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			86,489	0	86,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			460,341	0	460,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			425,981	0	425,981	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS			468,097	0	468,097	73.00
74.00	07400	RENAL DIALYSIS			205,034	0	205,034	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			50,361	0	50,361	90.01
90.02	04951	MSH SPECIALTY CLINIC			25,911	0	25,911	90.02
90.03	04952	UNDER THE RAINBOW			39,525	0	39,525	90.03
90.04	09002	SPASTICITY CLINIC			5,070	0	5,070	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH			32,886	0	32,886	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB			5,428	0	5,428	90.06
91.00	09100	EMERGENCY			853,913	0	853,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	19,234,981	0	19,234,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			147,456	0	147,456	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	KLING OFFICE BLDG			0	0	0	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			0	0	0	192.03
192.04	19204	DEVELOPMENT			58,152	0	58,152	192.04
192.05	19205	DENTISTRY			32,480	0	32,480	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	12,947	0	420,183	0	420,183	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,947	0	19,893,252	0	19,893,252	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MOVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	104,424,225		4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	444,936	1,740	5.01
5.02	00550	DATA PROCESSING	3,120	3,120	2,937,580	70	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	129,928	35	5.03
5.04	00570	ADMITTING	994	994	1,000,557	30	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	0	60	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,625	34,625	6,609,433	154	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	0	48	6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	2,083,709	83	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	5	8.00
9.00	00900	HOUSEKEEPING	704	704	2,605,916	27	9.00
10.00	01000	DIETARY	2,419	2,419	1,204,872	23	10.00
11.00	01100	CAFETERIA	17,738	17,738	803,249	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	2,365,462	32	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	436,730	15	14.00
15.00	01500	PHARMACY	2,807	2,807	3,999,807	45	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	41,374	23	16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	325,071	13	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	258,960	39	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,537,493	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,734,276	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	326,824	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	16,237,798	401	30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	3,031,026	17	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,165,660	17	31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	2,860,092	21	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	2,825,841	28	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,397	1,397	984,491	7	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,635	25,635	7,257,519	90	50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,225,058	15	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	3,053,160	40	52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	411,072	20	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	5,242,448	42	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	622,875	7	55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	229,726	10	56.00
57.00	05700	CT SCAN	949	949	752,686	8	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	272,377	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	547,753	8	59.00
60.00	06000	LABORATORY	23,443	23,443	4,699,777	78	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	581,062	5	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	1,787,760	8	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	195,654	1	65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	322,748	8	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	286,489	6	67.00
68.00	06800	SPEECH PATHOLOGY	693	693	148,263	3	68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	972,308	17	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	322,230	21	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
			BLDG & FIXT (SQUARE FEET)	MBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,283	1,283	1,484,989	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,093,807	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	404,356	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	1,175,512	50	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	128,825	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	991,639	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	123,499	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	5,884,386	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,354	373,354	104,169,063	1,711	9,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	255,162	10	0	192.04
192.05	19205	DENTISTRY	564	564	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,587,713	13,305,539	17,592,883	984,537	6,307,358	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.459590	35.264023	0.168475	565.825862	657.016458	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			115,306	21,370	168,601	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001104	12.281609	17.562604	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	17,773,077					5.03
5.04	00570	ADMITTING	29,803	610,943,752				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,196,879,187			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-33,891,035	197,221,686	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	2,594,975	6.00
7.00	00700	OPERATION OF PLANT	2,640,551	0	0	0	9,481,887	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	888,657	0	0	0	1,518,477	8.00
9.00	00900	HOUSEKEEPING	979,895	0	0	0	4,225,792	9.00
10.00	01000	DIETARY	77,708	0	0	0	2,255,860	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,118,642	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	193,847	0	0	0	3,884,116	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	130,536	0	0	0	1,687,046	14.00
15.00	01500	PHARMACY	158,963	0	0	0	3,384,698	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,988,870	16.00
17.00	01700	SOCIAL SERVICE	38	0	0	0	603,759	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	3,447,931	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,104,907	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	56,920	0	0	0	3,769,319	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	119	0	0	0	417,930	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	358,862	98,628,057	100,139,385	0	29,301,869	30.00
31.00	03100	INTENSIVE CARE UNIT	89,417	21,913,820	21,919,718	0	4,144,741	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	131,833	20,978,027	20,978,472	0	4,030,842	31.01
32.00	03200	CORONARY CARE UNIT	32,009	19,722,361	19,783,734	0	3,996,903	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	14,409	14,358,228	14,358,228	0	4,903,054	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	527	7,829,162	7,829,202	0	1,288,116	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,812,610	95,279,858	0	14,149,610	50.00
51.00	05100	RECOVERY ROOM	10,715	11,869,065	37,120,273	0	1,698,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,227	23,571,478	33,284,174	0	4,614,792	52.00
53.00	05300	ANESTHESIOLOGY	55,944	21,783,971	37,735,535	0	2,642,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	623,879	19,551,489	75,384,807	0	8,757,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85,598	730,956	13,607,967	0	1,316,454	55.00
56.00	05600	RADIOISOTOPE	200,661	982,086	5,192,067	0	661,238	56.00
57.00	05700	CT SCAN	121,474	24,178,941	66,715,245	0	1,396,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,529	4,361,924	11,964,968	0	492,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	835,645	16,905,332	24,208,627	0	1,110,471	59.00
60.00	06000	LABORATORY	1,859,151	55,180,410	166,642,099	0	12,398,225	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	50,355	5,530,889	6,814,439	0	2,151,448	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	633,154	37,028,101	39,118,093	0	2,882,126	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	8,777,744	11,167,191	0	371,429	65.01
66.00	06600	PHYSICAL THERAPY	2,890	2,051,295	2,451,471	0	539,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	605	2,693,385	2,954,737	0	520,953	67.00
68.00	06800	SPEECH PATHOLOGY	657	1,167,176	1,584,522	0	224,438	68.00
69.00	06900	ELECTROCARDIOLOGY	891,303	10,166,643	26,415,928	0	1,691,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,871	440,387	4,423,616	0	486,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,128,454	21,461,525	30,089,709	0	7,513,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,871,650	21,809,510	32,594,940	0	6,921,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,352,150	100,799,476	0	9,690,432	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
74.00	07400	RENAL DIALYSIS	361,909	2,588,152	21,624,709	0	2,923,031	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	13,488	19,617	6,884,755	72,847	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	11,933	6,149	9,154,126	0	546,524	90.02
90.03	04952	UNDER THE RAINBOW	3,290	0	2,088,065	0	2,003,751	90.03
90.04	09002	SPASTICITY CLINIC	101	0	763,810	0	162,416	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	2,384,297	0	1,615,416	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	866	0	507,354	0	173,315	90.06
91.00	09100	EMERGENCY	0	48,493,112	142,913,590	0	11,360,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,737,443	610,943,752	1,196,879,187	-33,818,188	196,167,020	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	35,634	0	0	0	577,720	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	447,210	192.04
192.05	19205	DENTISTRY	0	0	0	0	29,736	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,119,495	2,630,011	3,956,747		33,891,035	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.062988	0.004305	0.003306		0.171842	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	302,092	63,168	113,212		1,848,793	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016997	0.000103	0.000095		0.009374	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	314,532					6.00
7.00	00700	OPERATION OF PLANT	6,165	308,367				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	731,575			8.00
9.00	00900	HOUSEKEEPING	704	704	0	296,901		9.00
10.00	01000	DIETARY	2,419	2,419	0	2,419	138,967	10.00
11.00	01100	CAFETERIA	17,738	17,738	0	17,738	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	0	6,980	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	0	20,705	0	14.00
15.00	01500	PHARMACY	2,807	2,807	0	2,807	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	0	3,593	0	16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	0	2,117	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	0	4,367	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	0	3,686	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	0	91	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	206,447	96,022	96,127	30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	27,088	5,541	12,264	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	10,812	1,770	0	31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	27,965	6,394	10,646	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	25,262	10,897	19,930	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,397	1,397	0	1,397	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,635	25,635	94,566	25,635	0	50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	25,076	1,255	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	34,411	5,934	0	52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	0	1,745	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	36,519	15,259	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	9,520	3,568	0	55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	6,842	2,374	0	56.00
57.00	05700	CT SCAN	949	949	11,234	949	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	4,871	1,006	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	5,821	2,068	0	59.00
60.00	06000	LABORATORY	23,443	23,443	0	23,443	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	0	801	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	0	2,289	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	0	1,281	0	65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	0	2,596	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	0	3,032	0	67.00
68.00	06800	SPEECH PATHOLOGY	693	693	0	693	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	8,548	3,719	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	440	1,239	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
74.00	07400	RENAL DIALYSIS	1,283	1,283	39,443	1,283	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	156,710	6,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,574	304,409	731,575	292,943	138,967	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205	DENTISTRY	564	564	0	564	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,040,901	11,170,876	2,273,325	4,984,270	2,795,137	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.668018	36.225913	3.107439	16.787650	20.113674	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	782,659	477,465	640,254	99,437	162,192	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.488329	1.548366	0.875172	0.334916	1.167126	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	116,408					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,263	0	1,190,870			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,292	0	0	8,560,774		14.00
15.00	01500	PHARMACY	4,667	0	0	526,692	16,510,789	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	473	0	0	0	14,601	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	733	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,533	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	391	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,098	0	443,316	894,869	83,836	30.00
31.00	03100	INTENSIVE CARE UNIT	3,764	0	78,499	309,484	42,121	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,613	0	75,356	141,754	18,929	31.01
32.00	03200	CORONARY CARE UNIT	3,390	0	70,720	426,406	26,273	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,789	0	76,969	11,960	37	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,258	0	26,245	469	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,708	0	179,509	0	77,876	50.00
51.00	05100	RECOVERY ROOM	1,314	0	27,413	44,171	3,662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,812	0	65,497	223,711	10,269	52.00
53.00	05300	ANESTHESIOLOGY	201	0	0	339,955	30,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,832	0	0	449,975	4,848	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	628	0	0	2,050	30	55.00
56.00	05600	RADIOISOTOPE	273	0	0	4,108	657	56.00
57.00	05700	CT SCAN	942	0	0	77,668	5,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	314	0	0	33,187	547	58.00
59.00	05900	CARDIAC CATHETERIZATION	575	0	0	219,749	4,349	59.00
60.00	06000	LABORATORY	6,508	0	0	51,351	25	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	871	0	0	33	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,575	0	0	109,548	1,510	65.00
65.01	03560	PULMONARY FUNCTION TESTING	272	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	458	0	0	261	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	369	0	0	539	0	67.00
68.00	06800	SPEECH PATHOLOGY	208	0	0	1,234	487	68.00
69.00	06900	ELECTROCARDIOLOGY	1,301	0	0	18,841	1,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	581	0	0	10,692	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,267,159	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,081,055	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,005,139	73.00
74.00	07400	RENAL DIALYSIS	2,066	0	0	99,693	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,836	0	0	190,605	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	1,163	0	0	14,735	11,875	90.02
90.03	04952	UNDER THE RAINBOW	1,922	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	200	0	0	7,078	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,795	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	315	0	0	0	22,496	90.06
91.00	09100	EMERGENCY	9,080	0	147,346	0	107,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,408	0	1,190,870	8,559,032	16,473,548	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	1,742	37,241	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,594,559	0	5,058,967	3,314,669	4,490,321	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.878969	0.000000	4.248127	0.387193	0.271963	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,033,502	0	461,327	1,212,327	322,712	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.878273	0.000000	0.387387	0.141614	0.019546	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
					COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00	18.00	18.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,196,879,187					16.00
17.00	01700	SOCIAL SERVICE	0	8,200				17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	581,972,024		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,139,385	4,000	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,919,718	400	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,978,472	500	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	19,783,734	200	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	14,358,228	1,400	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,829,202	150	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,279,858	0	0	52,467,248	0	50.00
51.00	05100	RECOVERY ROOM	37,120,273	0	0	25,251,208	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,284,174	150	0	10,002,253	0	52.00
53.00	05300	ANESTHESIOLOGY	37,735,535	0	0	15,951,564	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,384,807	0	0	55,543,761	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,607,967	0	0	12,877,011	0	55.00
56.00	05600	RADIOISOTOPE	5,192,067	0	0	4,209,981	0	56.00
57.00	05700	CT SCAN	66,715,245	0	0	42,536,304	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,964,968	0	0	7,603,014	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,208,627	0	0	7,303,295	0	59.00
60.00	06000	LABORATORY	166,642,099	0	0	111,461,689	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,814,439	0	0	1,283,550	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,118,093	0	0	2,089,992	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	11,167,191	0	0	2,389,447	0	65.01
66.00	06600	PHYSICAL THERAPY	2,451,471	0	0	400,176	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,954,737	0	0	261,352	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,584,522	0	0	417,346	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,415,928	0	0	16,249,285	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,423,616	0	0	3,983,229	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,089,709	0	0	8,628,184	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)		
				COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)			
		16.00	17.00	18.00	18.01	19.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,594,940	0	0	10,785,430	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,799,476	0	0	57,447,326	0	73.00
74.00	07400	RENAL DIALYSIS	21,624,709	800	0	19,036,557	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,884,755	0	0	6,865,138	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	9,154,126	0	0	9,147,977	0	90.02
90.03	04952	UNDER THE RAINBOW	2,088,065	0	0	2,088,065	0	90.03
90.04	09002	SPASTICITY CLINIC	763,810	0	0	763,810	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	2,384,297	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	507,354	0	0	507,354	0	90.06
91.00	09100	EMERGENCY	142,913,590	600	0	94,420,478	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,196,879,187	8,200	0	581,972,024	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,728,470	858,783	0	4,336,795	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003115	104.729634	0.000000	0.007452	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	242,492	131,535	0	302,980	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000203	16.040854	0.000000	0.000521	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (BLANK)	PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	
			NURSING SCHOOL (BLANK)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES (I/R TIME)	PRGM COSTS (I/R TIME)			
			20.00	21.00	22.00	23.00	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		8,954				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			8,954			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM					10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,238	6,238	0	2,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	314	314	0	1,159	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	279	279	0	488	31.01
32.00	03200	CORONARY CARE UNIT	0	151	151	0	1,037	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,133	1,133	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	93	93	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	116	116	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129	129	0	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (BLANK)	PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	
			NURSING SCHOOL (BLANK)	SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
				20.00	21.00			
						23.00	23.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	2,256	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	1,706	90.06
91.00	09100	EMERGENCY	0	501	501	0	732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,954	8,954	0	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	6,338,271	4,648,090	0	507,527	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	707.870337	519.107661	0.000000	50.752700	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	157,463	249,773	0	12,947	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	17.585772	27.895131	0.000000	1.294700	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		MEDICAL STUDENT EDUCATION (BLANK)	
		23.04	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			MEDICAL STUDENT EDUCATION (BLANK)	
			23.04	
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	90.02
90.03	04952	UNDER THE RAINBOW	0	90.03
90.04	09002	SPASTICITY CLINIC	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	KLING OFFICE BLDG	0	192.01
192.02	19202	DAY PSYCH	0	192.02
192.03	19203	FAMILY PLANNING	0	192.03
192.04	19204	DEVELOPMENT	0	192.04
192.05	19205	DENTISTRY	0	192.05
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300	NONPAID WORKERS	0	193.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/25/2019 10:36 am	
				Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,791,631		46,791,631	820,866	47,612,497
31.00	03100	INTENSIVE CARE UNIT	6,285,129		6,285,129	0	6,285,129
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,502,256		5,502,256	0	5,502,256
32.00	03200	CORONARY CARE UNIT	6,098,111		6,098,111	0	6,098,111
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	7,547,974		7,547,974	112,047	7,660,021
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	1,787,651		1,787,651	0	1,787,651
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,222,240		20,222,240	672,598	20,894,838
51.00	05100	RECOVERY ROOM	2,626,271		2,626,271	0	2,626,271
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,565,979		6,565,979	0	6,565,979
53.00	05300	ANESTHESIOLOGY	3,588,641		3,588,641	99,248	3,687,889
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,367,453		12,367,453	153,693	12,521,146
55.00	05500	RADIOLOGY-THERAPEUTIC	1,954,448		1,954,448	0	1,954,448
56.00	05600	RADIOISOTOPE	1,002,679		1,002,679	0	1,002,679
57.00	05700	CT SCAN	2,316,653		2,316,653	0	2,316,653
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	771,998		771,998	0	771,998
59.00	05900	CARDIAC CATHETERIZATION	1,682,867		1,682,867	0	1,682,867
60.00	06000	LABORATORY	17,568,889		17,568,889	36,123	17,605,012
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,629,066		2,629,066	0	2,629,066
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,780,642	0	3,780,642	0	3,780,642
65.01	03560	PULMONARY FUNCTION TESTING	576,542	0	576,542	0	576,542
66.00	06600	PHYSICAL THERAPY	819,328	0	819,328	0	819,328
67.00	06700	OCCUPATIONAL THERAPY	823,280	0	823,280	0	823,280
68.00	06800	SPEECH PATHOLOGY	321,524	0	321,524	0	321,524
69.00	06900	ELECTROCARDIOLOGY	2,493,373		2,493,373	43,362	2,536,735
70.00	07000	ELECTROENCEPHALOGRAPHY	714,277		714,277	0	714,277
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,840,260		9,840,260	0	9,840,260
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,099,026		9,099,026	0	9,099,026
73.00	07300	DRUGS CHARGED TO PATIENTS	16,565,043		16,565,043	0	16,565,043
74.00	07400	RENAL DIALYSIS	4,023,719		4,023,719	0	4,023,719
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	130,253		130,253	0	130,253
90.02	04951	MSH SPECIALTY CLINIC	781,973		781,973	0	781,973
90.03	04952	UNDER THE RAINBOW	2,429,493		2,429,493	0	2,429,493
90.04	09002	SPASTICITY CLINIC	207,314		207,314	0	207,314
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,955,867		1,955,867	0	1,955,867
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	310,888		310,888	0	310,888
91.00	09100	EMERGENCY	16,375,977		16,375,977	0	16,375,977
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,652,907		6,652,907	0	6,652,907
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0
108.00	10800	LUNG ACQUISITION	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	225,211,622	0	225,211,622	1,937,937	227,149,559	200.00
201.00		Less Observation Beds	6,652,907		6,652,907		6,652,907	201.00
202.00		Total (see instructions)	218,558,715	0	218,558,715	1,937,937	220,496,652	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/25/2019 10:36 am	
				Title XVIII		Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
		Inpatient	Outpatient	Total (col. 6 + col. 7)					
		6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	98,628,057		98,628,057				30.00
31.00	03100	INTENSIVE CARE UNIT	21,913,820		21,913,820				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,978,027		20,978,027				31.01
32.00	03200	CORONARY CARE UNIT	19,722,361		19,722,361				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	14,358,228		14,358,228				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	7,829,162		7,829,162				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	42,812,610	52,467,248	95,279,858	0.212240	0.000000	50.00	
51.00	05100	RECOVERY ROOM	11,869,065	25,251,208	37,120,273	0.070750	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,571,478	9,712,696	33,284,174	0.197270	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	21,783,971	15,951,564	37,735,535	0.095100	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,551,489	55,833,318	75,384,807	0.164058	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	730,956	12,877,011	13,607,967	0.143625	0.000000	55.00	
56.00	05600	RADIOISOTOPE	982,086	4,209,981	5,192,067	0.193118	0.000000	56.00	
57.00	05700	CT SCAN	24,178,941	42,536,304	66,715,245	0.034724	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,361,924	7,603,014	11,964,938	0.064522	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	16,905,332	7,303,295	24,208,627	0.069515	0.000000	59.00	
60.00	06000	LABORATORY	55,180,410	111,461,689	166,642,099	0.105429	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,530,889	1,283,550	6,814,439	0.385808	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	37,028,101	2,089,992	39,118,093	0.096647	0.000000	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	8,777,744	2,389,447	11,167,191	0.051628	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	2,051,295	400,176	2,451,471	0.334219	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,693,385	261,352	2,954,737	0.278631	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,167,176	417,346	1,584,522	0.202915	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	10,166,643	16,249,285	26,415,928	0.094389	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	440,387	3,983,229	4,423,616	0.161469	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,461,525	8,628,184	30,089,709	0.327031	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,809,510	10,785,430	32,594,940	0.279155	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	43,352,150	57,447,326	100,799,476	0.164337	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	2,588,152	19,036,557	21,624,709	0.186070	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	04950	OUTPATIENT CHEMOTHERAPY	19,617	6,865,138	6,884,755	0.018919	0.000000	90.01	
90.02	04951	MSH SPECIALTY CLINIC	6,149	9,147,977	9,154,126	0.085423	0.000000	90.02	
90.03	04952	UNDER THE RAINBOW	0	2,088,065	2,088,065	1.163514	0.000000	90.03	
90.04	09002	SPASTICITY CLINIC	0	763,810	763,810	0.271421	0.000000	90.04	
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	2,384,297	2,384,297	0.820312	0.000000	90.05	
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	507,354	507,354	0.612763	0.000000	90.06	
91.00	09100	EMERGENCY	48,493,112	94,420,478	142,913,590	0.114587	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,290,800	12,927,885	14,218,685	0.467899	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		10.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	612,234,552	597,284,206	1,209,518,758		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	612,234,552	597,284,206	1,209,518,758		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219300		50.00
51.00	05100	RECOVERY ROOM	0.070750		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.197270		52.00
53.00	05300	ANESTHESIOLOGY	0.097730		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166096		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.143625		55.00
56.00	05600	RADIOISOTOPE	0.193118		56.00
57.00	05700	CT SCAN	0.034724		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064522		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069515		59.00
60.00	06000	LABORATORY	0.105646		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.385808		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.096647		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.051628		65.01
66.00	06600	PHYSICAL THERAPY	0.334219		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.278631		67.00
68.00	06800	SPEECH PATHOLOGY	0.202915		68.00
69.00	06900	ELECTROCARDIOLOGY	0.096031		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161469		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327031		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279155		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164337		73.00
74.00	07400	RENAL DIALYSIS	0.186070		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.018919		90.01
90.02	04951	MSH SPECIALTY CLINIC	0.085423		90.02
90.03	04952	UNDER THE RAINBOW	1.163514		90.03
90.04	09002	SPASTICITY CLINIC	0.271421		90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.820312		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.612763		90.06
91.00	09100	EMERGENCY	0.114587		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467899		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
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: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/25/2019 10:36 am	
				Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,791,631		46,791,631	820,866	47,612,497
31.00	03100	INTENSIVE CARE UNIT	6,285,129		6,285,129	0	6,285,129
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,502,256		5,502,256	0	5,502,256
32.00	03200	CORONARY CARE UNIT	6,098,111		6,098,111	0	6,098,111
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	7,547,974		7,547,974	112,047	7,660,021
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	1,787,651		1,787,651	0	1,787,651
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,222,240		20,222,240	672,598	20,894,838
51.00	05100	RECOVERY ROOM	2,626,271		2,626,271	0	2,626,271
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,565,979		6,565,979	0	6,565,979
53.00	05300	ANESTHESIOLOGY	3,588,641		3,588,641	99,248	3,687,889
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,367,453		12,367,453	153,693	12,521,146
55.00	05500	RADIOLOGY-THERAPEUTIC	1,954,448		1,954,448	0	1,954,448
56.00	05600	RADIOISOTOPE	1,002,679		1,002,679	0	1,002,679
57.00	05700	CT SCAN	2,316,653		2,316,653	0	2,316,653
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	771,998		771,998	0	771,998
59.00	05900	CARDIAC CATHETERIZATION	1,682,867		1,682,867	0	1,682,867
60.00	06000	LABORATORY	17,568,889		17,568,889	36,123	17,605,012
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,629,066		2,629,066	0	2,629,066
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,780,642	0	3,780,642	0	3,780,642
65.01	03560	PULMONARY FUNCTION TESTING	576,542	0	576,542	0	576,542
66.00	06600	PHYSICAL THERAPY	819,328	0	819,328	0	819,328
67.00	06700	OCCUPATIONAL THERAPY	823,280	0	823,280	0	823,280
68.00	06800	SPEECH PATHOLOGY	321,524	0	321,524	0	321,524
69.00	06900	ELECTROCARDIOLOGY	2,493,373		2,493,373	43,362	2,536,735
70.00	07000	ELECTROENCEPHALOGRAPHY	714,277		714,277	0	714,277
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,840,260		9,840,260	0	9,840,260
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,099,026		9,099,026	0	9,099,026
73.00	07300	DRUGS CHARGED TO PATIENTS	16,565,043		16,565,043	0	16,565,043
74.00	07400	RENAL DIALYSIS	4,023,719		4,023,719	0	4,023,719
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	130,253		130,253	0	130,253
90.02	04951	MSH SPECIALTY CLINIC	781,973		781,973	0	781,973
90.03	04952	UNDER THE RAINBOW	2,429,493		2,429,493	0	2,429,493
90.04	09002	SPASTICITY CLINIC	207,314		207,314	0	207,314
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,955,867		1,955,867	0	1,955,867
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	310,888		310,888	0	310,888
91.00	09100	EMERGENCY	16,375,977		16,375,977	0	16,375,977
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,652,907		6,652,907	0	6,652,907
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0	0	0
106.00	10600	HEART ACQUISITION	0		0	0	0
107.00	10700	LIVER ACQUISITION	0		0	0	0
108.00	10800	LUNG ACQUISITION	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	225,211,622	0	225,211,622	1,937,937	227,149,559	200.00
201.00		Less Observation Beds	6,652,907		6,652,907		6,652,907	201.00
202.00		Total (see instructions)	218,558,715	0	218,558,715	1,937,937	220,496,652	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	98,628,057		98,628,057		30.00
31.00	03100	INTENSIVE CARE UNIT	21,913,820		21,913,820		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,978,027		20,978,027		31.01
32.00	03200	CORONARY CARE UNIT	19,722,361		19,722,361		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	14,358,228		14,358,228		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	7,829,162		7,829,162		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,812,610	52,467,248	95,279,858	0.212240	0.000000
51.00	05100	RECOVERY ROOM	11,869,065	25,251,208	37,120,273	0.070750	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,571,478	9,712,696	33,284,174	0.197270	0.000000
53.00	05300	ANESTHESIOLOGY	21,783,971	15,951,564	37,735,535	0.095100	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,551,489	55,833,318	75,384,807	0.164058	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	730,956	12,877,011	13,607,967	0.143625	0.000000
56.00	05600	RADIOISOTOPE	982,086	4,209,981	5,192,067	0.193118	0.000000
57.00	05700	CT SCAN	24,178,941	42,536,304	66,715,245	0.034724	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,361,924	7,603,014	11,964,938	0.064522	0.000000
59.00	05900	CARDIAC CATHETERIZATION	16,905,332	7,303,295	24,208,627	0.069515	0.000000
60.00	06000	LABORATORY	55,180,410	111,461,689	166,642,099	0.105429	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,530,889	1,283,550	6,814,439	0.385808	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	37,028,101	2,089,992	39,118,093	0.096647	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	8,777,744	2,389,447	11,167,191	0.051628	0.000000
66.00	06600	PHYSICAL THERAPY	2,051,295	400,176	2,451,471	0.334219	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,693,385	261,352	2,954,737	0.278631	0.000000
68.00	06800	SPEECH PATHOLOGY	1,167,176	417,346	1,584,522	0.202915	0.000000
69.00	06900	ELECTROCARDIOLOGY	10,166,643	16,249,285	26,415,928	0.094389	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	440,387	3,983,229	4,423,616	0.161469	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,461,525	8,628,184	30,089,709	0.327031	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,809,510	10,785,430	32,594,940	0.279155	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	43,352,150	57,447,326	100,799,476	0.164337	0.000000
74.00	07400	RENAL DIALYSIS	2,588,152	19,036,557	21,624,709	0.186070	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	04950	OUTPATIENT CHEMOTHERAPY	19,617	6,865,138	6,884,755	0.018919	0.000000
90.02	04951	MSH SPECIALTY CLINIC	6,149	9,147,977	9,154,126	0.085423	0.000000
90.03	04952	UNDER THE RAINBOW	0	2,088,065	2,088,065	1.163514	0.000000
90.04	09002	SPASTICITY CLINIC	0	763,810	763,810	0.271421	0.000000
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	2,384,297	2,384,297	0.820312	0.000000
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	507,354	507,354	0.612763	0.000000
91.00	09100	EMERGENCY	48,493,112	94,420,478	142,913,590	0.114587	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,290,800	12,927,885	14,218,685	0.467899	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	612,234,552	597,284,206	1,209,518,758			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	612,234,552	597,284,206	1,209,518,758			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000			90.01
90.02	04951	MSH SPECIALTY CLINIC	0.000000			90.02
90.03	04952	UNDER THE RAINBOW	0.000000			90.03
90.04	09002	SPASTICITY CLINIC	0.000000			90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.000000			90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,720,237	0	6,720,237	37,830	177.64	30.00
31.00	INTENSIVE CARE UNIT	521,996		521,996	4,380	119.18	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	252,396		252,396	4,605	54.81	31.01
32.00	CORONARY CARE UNIT	572,918		572,918	3,802	150.69	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	810,574	0	810,574	7,118	113.88	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	119,966		119,966	2,902	41.34	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	8,998,087		8,998,087	60,637		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	2,622	465,772				
31.00	INTENSIVE CARE UNIT	916	109,169				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	2,917	439,563				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	723	82,335				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	7,178	1,096,839	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 10:36 am

				Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,907,203	95,279,858	0.020017	6,656,471	133,243	50.00	
51.00	05100	RECOVERY ROOM	165,295	37,120,273	0.004453	1,638,968	7,298	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	529,333	33,284,174	0.015903	12,549	200	52.00	
53.00	05300	ANESTHESIOLOGY	198,375	37,735,535	0.005257	2,000,933	10,519	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,199,386	75,384,807	0.015910	2,429,751	38,657	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	243,323	13,607,967	0.017881	82,572	1,476	55.00	
56.00	05600	RADIOISOTOPE	158,378	5,192,067	0.030504	210,103	6,409	56.00	
57.00	05700	CT SCAN	144,095	66,715,245	0.002160	3,856,172	8,329	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	83,115	11,964,938	0.006947	799,955	5,557	58.00	
59.00	05900	CARDIAC CATHETERIZATION	197,553	24,208,627	0.008160	2,644,907	21,582	59.00	
60.00	06000	LABORATORY	1,692,556	166,642,099	0.010157	9,949,628	101,058	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	78,465	6,814,439	0.011515	486,996	5,608	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	225,508	39,118,093	0.005765	3,270,984	18,857	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	84,741	11,167,191	0.007588	1,509,072	11,451	65.01	
66.00	06600	PHYSICAL THERAPY	159,029	2,451,471	0.064871	414,140	26,866	66.00	
67.00	06700	OCCUPATIONAL THERAPY	183,042	2,954,737	0.061949	323,640	20,049	67.00	
68.00	06800	SPEECH PATHOLOGY	44,724	1,584,522	0.028226	268,268	7,572	68.00	
69.00	06900	ELECTROCARDIOLOGY	283,737	26,415,928	0.010741	2,153,864	23,135	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	86,489	4,423,616	0.019552	67,516	1,320	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	460,341	30,089,709	0.015299	5,302,809	81,128	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	425,981	32,594,940	0.013069	2,701,694	35,308	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	468,097	100,799,476	0.004644	6,570,160	30,512	73.00	
74.00	07400	RENAL DIALYSIS	205,034	21,624,709	0.009481	854,987	8,106	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
90.01	04950	OUTPATIENT CHEMOTHERAPY	50,361	6,884,755	0.007315	0	0	90.01	
90.02	04951	MSH SPECIALTY CLINIC	25,911	9,154,126	0.002831	0	0	90.02	
90.03	04952	UNDER THE RAINBOW	39,525	2,088,065	0.018929	0	0	90.03	
90.04	09002	SPASTICITY CLINIC	5,070	763,810	0.006638	0	0	90.04	
90.05	09001	MSH OP BEHAVIORAL HEALTH	32,886	2,384,297	0.013793	0	0	90.05	
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	5,428	507,354	0.010699	0	0	90.06	
91.00	09100	EMERGENCY	853,913	142,913,590	0.005975	6,410,735	38,304	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	939,018	14,218,685	0.066041	234,142	15,463	92.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00	
200.00		Total (lines 50 through 199)	11,175,912	1,026,089,103		60,851,016	658,007	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part III
Date/Time Prepared:
11/25/2019 10:36 am

				Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	133,074	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	58,822	0	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	24,767	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	52,631	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00		
200.00		Total (lines 30 through 199)	0	0	0	269,294	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	133,074	37,830	3.52	2,622	30.00		
31.00	03100	INTENSIVE CARE UNIT		58,822	4,380	13.43	916	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT		24,767	4,605	5.38	0	31.01		
32.00	03200	CORONARY CARE UNIT		52,631	3,802	13.84	2,917	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	7,118	0.00	723	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		0	2,902	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00		
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00		
200.00		Total (lines 30 through 199)		269,294	60,637		7,178	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	9,229							30.00
31.00	03100	INTENSIVE CARE UNIT	12,302							31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
32.00	03200	CORONARY CARE UNIT	40,371							32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
45.00	04500	NURSING FACILITY	0							45.00
200.00		Total (lines 30 through 199)	61,902							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 14-0018 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 11/25/2019 10:36 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	114,498	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	86,584	90.06
91.00	09100	EMERGENCY	0	0	0	37,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,595	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	256,828	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 14-0018
Period: From 07/01/2018 To 06/30/2019
Worksheet D Part IV Date/Time Prepared: 11/25/2019 10:36 am

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	95,279,858	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,120,273	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,284,174	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	37,735,535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	75,384,807	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,607,967	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,192,067	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	66,715,245	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,964,938	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,208,627	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	166,642,099	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	6,814,439	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,118,093	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	11,167,191	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,451,471	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,954,737	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,584,522	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,415,928	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,423,616	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	30,089,709	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,594,940	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	114,498	114,498	100,799,476	0.001136	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	21,624,709	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	6,884,755	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	9,154,126	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	2,088,065	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	763,810	0.000000	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	2,384,297	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	86,584	86,584	507,354	0.170658	90.06
91.00	09100	EMERGENCY	0	37,151	37,151	142,913,590	0.000260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,595	18,595	14,218,685	0.001308	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	256,828	256,828	1,026,089,103		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 10:36 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.000000	6,656,471	0	7,845,434	0	50.00		
51.00	05100	RECOVERY ROOM	0.000000	1,638,968	0	2,384,439	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	12,549	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.000000	2,000,933	0	1,438,872	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,429,751	0	3,665,932	0	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	82,572	0	1,871,600	0	55.00		
56.00	05600	RADIOISOTOPE	0.000000	210,103	0	659,352	0	56.00		
57.00	05700	CT SCAN	0.000000	3,856,172	0	3,992,185	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	799,955	0	526,947	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,644,907	0	1,274,180	0	59.00		
60.00	06000	LABORATORY	0.000000	9,949,628	0	3,436,668	0	60.00		
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01		
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	486,996	0	40,443	0	62.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00		
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00		
65.00	06500	RESPIRATORY THERAPY	0.000000	3,270,984	0	140,987	0	65.00		
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	1,509,072	0	522,689	0	65.01		
66.00	06600	PHYSICAL THERAPY	0.000000	414,140	0	36,361	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.000000	323,640	0	24,426	0	67.00		
68.00	06800	SPEECH PATHOLOGY	0.000000	268,268	0	21,989	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,153,864	0	2,146,518	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	67,516	0	13,940	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,302,809	0	1,146,045	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,701,694	0	1,501,589	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001136	6,570,160	7,464	10,659,137	12,109	73.00		
74.00	07400	RENAL DIALYSIS	0.000000	854,987	0	72,422	0	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00		
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00		
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000	0	0	810,179	0	90.01		
90.02	04951	MSH SPECIALTY CLINIC	0.000000	0	0	545,862	0	90.02		
90.03	04952	UNDER THE RAINBOW	0.000000	0	0	0	0	90.03		
90.04	09002	SPASTICITY CLINIC	0.000000	0	0	38,564	0	90.04		
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.05		
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.170658	0	0	33,885	5,783	90.06		
91.00	09100	EMERGENCY	0.000260	6,410,735	1,667	5,237,329	1,362	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001308	234,142	306	1,411,416	1,846	92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00		
95.00	09500	AMBULANCE SERVICES						95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00		
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00		
200.00		Total (lines 50 through 199)		60,851,016	9,437	51,499,390	21,100	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/25/2019 10:36 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.212240	7,845,434	0	0	1,665,115	50.00
51.00	05100	RECOVERY ROOM	0.070750	2,384,439	0	0	168,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.197270	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095100	1,438,872	0	0	136,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164058	3,665,932	0	0	601,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.143625	1,871,600	0	0	268,809	55.00
56.00	05600	RADIOISOTOPE	0.193118	659,352	0	0	127,333	56.00
57.00	05700	CT SCAN	0.034724	3,992,185	0	0	138,625	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064522	526,947	0	0	34,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069515	1,274,180	0	0	88,575	59.00
60.00	06000	LABORATORY	0.105429	3,436,668	0	0	362,324	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.385808	40,443	0	0	15,603	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.096647	140,987	0	0	13,626	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.051628	522,689	0	0	26,985	65.01
66.00	06600	PHYSICAL THERAPY	0.334219	36,361	0	0	12,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.278631	24,426	0	0	6,806	67.00
68.00	06800	SPEECH PATHOLOGY	0.202915	21,989	0	0	4,462	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094389	2,146,518	0	0	202,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161469	13,940	0	0	2,251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327031	1,146,045	0	0	374,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279155	1,501,589	0	0	419,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164337	10,659,137	0	0	1,751,691	73.00
74.00	07400	RENAL DIALYSIS	0.186070	72,422	0	0	13,476	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.018919	810,179	0	0	15,328	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.085423	545,862	0	0	46,629	90.02
90.03	04952	UNDER THE RAINBOW	1.163514	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0.271421	38,564	0	0	10,467	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.820312	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.612763	33,885	0	0	20,763	90.06
91.00	09100	EMERGENCY	0.114587	5,237,329	0	0	600,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467899	1,411,416	0	0	660,400	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		51,499,390	0	0	7,789,088	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		51,499,390	0	0	7,789,088	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/25/2019 10:36 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0					90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0					90.02
90.03	04952	UNDER THE RAINBOW	0	0					90.03
90.04	09002	SPASTICITY CLINIC	0	0					90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0					90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0					90.06
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
95.00	09500	AMBULANCE SERVICES	0	0					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0					98.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0					201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:

Worksheet D

Component CCN: 14-S018

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 10:36 am

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	1,907,203	95,279,858	0.020017	5,156	103	50.00
51.00	05100 RECOVERY ROOM	165,295	37,120,273	0.004453	2,771	12	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	529,333	33,284,174	0.015903	0	0	52.00
53.00	05300 ANESTHESIOLOGY	198,375	37,735,535	0.005257	2,659	14	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,199,386	75,384,807	0.015910	12,357	197	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	243,323	13,607,967	0.017881	0	0	55.00
56.00	05600 RADIOISOTOPE	158,378	5,192,067	0.030504	4,210	128	56.00
57.00	05700 CT SCAN	144,095	66,715,245	0.002160	21,578	47	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	83,115	11,964,938	0.006947	3,616	25	58.00
59.00	05900 CARDIAC CATHETERIZATION	197,553	24,208,627	0.008160	4,189	34	59.00
60.00	06000 LABORATORY	1,692,556	166,642,099	0.010157	273,956	2,783	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	78,465	6,814,439	0.011515	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	225,508	39,118,093	0.005765	2,416	14	65.00
65.01	03560 PULMONARY FUNCTION TESTING	84,741	11,167,191	0.007588	4,261	32	65.01
66.00	06600 PHYSICAL THERAPY	159,029	2,451,471	0.064871	579	38	66.00
67.00	06700 OCCUPATIONAL THERAPY	183,042	2,954,737	0.061949	101,886	6,312	67.00
68.00	06800 SPEECH PATHOLOGY	44,724	1,584,522	0.028226	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	283,737	26,415,928	0.010741	43,765	470	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	86,489	4,423,616	0.019552	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	460,341	30,089,709	0.015299	8,012	123	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	425,981	32,594,940	0.013069	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	468,097	100,799,476	0.004644	225,913	1,049	73.00
74.00	07400 RENAL DIALYSIS	205,034	21,624,709	0.009481	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	50,361	6,884,755	0.007315	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	25,911	9,154,126	0.002831	0	0	90.02
90.03	04952 UNDER THE RAINBOW	39,525	2,088,065	0.018929	0	0	90.03
90.04	09002 SPASTICITY CLINIC	5,070	763,810	0.006638	0	0	90.04
90.05	09001 MSH OP BEHAVIORAL HEALTH	32,886	2,384,297	0.013793	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	5,428	507,354	0.010699	0	0	90.06
91.00	09100 EMERGENCY	853,913	142,913,590	0.005975	285,622	1,707	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,218,685	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	10,236,894	1,026,089,103		1,002,946	13,088	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 10:36 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
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	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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 PATIENTS		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	114,498	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC		0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0	0	0	0	86,584	90.06
91.00	09100	EMERGENCY		0	0	0	0	37,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	238,233	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 10:36 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	95,279,858	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	37,120,273	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	33,284,174	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	37,735,535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	75,384,807	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	13,607,967	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	5,192,067	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	66,715,245	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	11,964,938	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	24,208,627	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	166,642,099	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	6,814,439	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	39,118,093	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	11,167,191	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	2,451,471	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,954,737	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,584,522	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	26,415,928	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,423,616	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	30,089,709	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	32,594,940	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	114,498	114,498	100,799,476	0.001136	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	21,624,709	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	6,884,755	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC		0	0	0	9,154,126	0.000000	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	2,088,065	0.000000	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	763,810	0.000000	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0	0	0	2,384,297	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0	86,584	86,584	507,354	0.170658	90.06
91.00	09100	EMERGENCY		0	37,151	37,151	142,913,590	0.000260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	14,218,685	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	238,233	238,233	1,026,089,103		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 10:36 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	5,156	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,771	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,659	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,357	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	4,210	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	21,578	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,616	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,189	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	273,956	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,416	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	4,261	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	579	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	101,886	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	43,765	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,012	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001136	225,913	257	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.000000	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0.000000	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.000000	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.170658	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000260	285,622	74	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		1,002,946	331	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,830	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,830	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)		32,544	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)		2,622	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)		47,612,497	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)		47,612,497	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)		47,612,497	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,258.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,300,023	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)		3,300,023	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,285,129	4,380	1,434.96	916	1,314,423	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	5,502,256	4,605	1,194.84	0	0	43.01
44.00	CORONARY CARE UNIT	6,098,111	3,802	1,603.92	2,917	4,678,635	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,304,286	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,597,367	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,076,406	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					667,444	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,743,850	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,853,517	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,286	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,258.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,652,907	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,720,237	47,612,497	0.141144	6,652,907	939,018
91.00	Nursing School cost	0	47,612,497	0.000000	6,652,907	0
92.00	Allied health cost	133,074	47,612,497	0.002795	6,652,907	18,595
93.00	All other Medical Education	0	47,612,497	0.000000	6,652,907	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,118	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,118	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,118	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)		723	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)		7,660,021	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)		7,660,021	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)		7,660,021	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,076.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		778,056	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)		778,056	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
			Component CCN: 14-S018		Date/Time Prepared: 11/25/2019 10:36 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					140,381
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					918,437
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					82,335
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,419
52.00 Total Program excludable cost (sum of lines 50 and 51)					95,754
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					822,683
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

Period:

Worksheet D-1

Component CCN: 14-S018

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 10:36 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	810,574	7,660,021	0.105819	0	0	90.00
91.00	Nursing School cost	0	7,660,021	0.000000	0	0	91.00
92.00	Allied health cost	0	7,660,021	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,660,021	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 10:36 am
Title XVIII			Hospital		PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,850,443	30.00
31.00	03100	INTENSIVE CARE UNIT		3,944,615	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		11,321,273	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219300	6,656,471	1,459,764 50.00
51.00	05100	RECOVERY ROOM	0.070750	1,638,968	115,957 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.197270	12,549	2,476 52.00
53.00	05300	ANESTHESIOLOGY	0.097730	2,000,933	195,551 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166096	2,429,751	403,572 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.143625	82,572	11,859 55.00
56.00	05600	RADIOISOTOPE	0.193118	210,103	40,575 56.00
57.00	05700	CT SCAN	0.034724	3,856,172	133,902 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064522	799,955	51,615 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069515	2,644,907	183,861 59.00
60.00	06000	LABORATORY	0.105646	9,949,628	1,051,138 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.385808	486,996	187,887 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.096647	3,270,984	316,131 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.051628	1,509,072	77,910 65.01
66.00	06600	PHYSICAL THERAPY	0.334219	414,140	138,413 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.278631	323,640	90,176 67.00
68.00	06800	SPEECH PATHOLOGY	0.202915	268,268	54,436 68.00
69.00	06900	ELECTROCARDIOLOGY	0.096031	2,153,864	206,838 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161469	67,516	10,902 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327031	5,302,809	1,734,183 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279155	2,701,694	754,191 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164337	6,570,160	1,079,720 73.00
74.00	07400	RENAL DIALYSIS	0.186070	854,987	159,087 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.018919	0	0 90.01
90.02	04951	MSH SPECIALTY CLINIC	0.085423	0	0 90.02
90.03	04952	UNDER THE RAINBOW	1.163514	0	0 90.03
90.04	09002	SPASTICITY CLINIC	0.271421	0	0 90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.820312	0	0 90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.612763	0	0 90.06
91.00	09100	EMERGENCY	0.114587	6,410,735	734,587 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467899	234,142	109,555 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		60,851,016	9,304,286 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		60,851,016	9,304,286 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 10:36 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		1,478,563		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.219300	5,156	1,131	50.00
51.00	05100 RECOVERY ROOM	0.070750	2,771	196	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.197270	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097730	2,659	260	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166096	12,357	2,052	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.143625	0	0	55.00
56.00	05600 RADIOISOTOPE	0.193118	4,210	813	56.00
57.00	05700 CT SCAN	0.034724	21,578	749	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064522	3,616	233	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.069515	4,189	291	59.00
60.00	06000 LABORATORY	0.105646	273,956	28,942	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.385808	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.096647	2,416	233	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.051628	4,261	220	65.01
66.00	06600 PHYSICAL THERAPY	0.334219	579	194	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.278631	101,886	28,389	67.00
68.00	06800 SPEECH PATHOLOGY	0.202915	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096031	43,765	4,203	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161469	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327031	8,012	2,620	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279155	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164337	225,913	37,126	73.00
74.00	07400 RENAL DIALYSIS	0.186070	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.018919	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0.085423	0	0	90.02
90.03	04952 UNDER THE RAINBOW	1.163514	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.271421	0	0	90.04
90.05	09001 MSH OP BEHAVIORAL HEALTH	0.820312	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.612763	0	0	90.06
91.00	09100 EMERGENCY	0.114587	285,622	32,729	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.467899	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,002,946	140,381	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,002,946		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	3,001,155		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,797,405		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)	229,965		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	8,585,289		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	221.52		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)		81.96	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)		33.00	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)		2.60	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		2.00	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)		114.36	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		97.65	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.09	11.00
12.00	Current year allowable FTE (see instructions)		102.74	12.00
13.00	Total allowable FTE count for the prior year.		116.39	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.		119.36	14.00
15.00	Sum of lines 12 through 14 divided by 3.		112.83	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		112.83	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.509345	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.537078	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.509345	21.00
22.00	IME payment adjustment (see instructions)		3,134,828	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,102,846	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-16.71	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		3,134,828	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,102,846	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		16.36	30.00
31.00	Percentage of Medicaid patient days (see instructions)		62.45	31.00
32.00	Sum of lines 30 and 31		78.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		54.23	33.00
34.00	Disproportionate share adjustment (see instructions)		1,735,165	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 10:36 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000984557	0.000773908	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,662,197	6,402,442	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,679,240	4,788,674	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,467,914		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)		1,420		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)		172	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		172	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		12.11		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		1,181		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.980897		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		75,553		46.00
47.00	Subtotal (see instructions)		24,441,985		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)		26,544,831		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,522,389		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).		1,793,784		52.00
53.00	Nursing and Allied Health Managed Care payment		1		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		61,902		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		9,437		58.00
59.00	Total (sum of amounts on lines 49 through 58)		29,932,344		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		29,932,344		61.00
62.00	Deductibles billed to program beneficiaries		1,170,592		62.00
63.00	Coinsurance billed to program beneficiaries		101,274		63.00
64.00	Allowable bad debts (see instructions)		929,642		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		604,267		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		628,528		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		29,264,745		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-49,377		70.93
70.94	HRR adjustment amount (see instructions)		-25,862		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 10:36 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		29,189,506	71.00	
71.01	Sequestration adjustment (see instructions)		583,790	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		28,727,732	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)		-122,016	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		876,630	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.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,767,988	2.00
3.00	OPPS payments		7,434,768	3.00
4.00	Outlier payment (see instructions)		42,561	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		21,100	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		7,498,429	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,499,582	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)		5,998,847	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		715,928	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)		6,714,775	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,714,775	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		121,535	33.00
34.00	Allowable bad debts (see instructions)		920,335	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		598,218	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		493,350	36.00
37.00	Subtotal (see instructions)		7,434,528	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,434,528	40.00
40.01	Sequestration adjustment (see instructions)		148,691	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		7,017,549	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		268,288	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: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 10:36 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		29,150,187		6,801,855	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	06/12/2019	407,074	06/15/2019	249,678	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	02/11/2019	829,529	02/11/2019	33,984	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)		-422,455		215,694	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)		28,727,732		7,017,549	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		268,288	6.01
6.02	SETTLEMENT TO PROGRAM		122,016		0	6.02
7.00	Total Medicare program liability (see instructions)		28,605,716		7,285,837	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0018

Period:

Worksheet E-1

Component CCN: 14-S018

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 10:36 am

Title XVIII

Subprovider -
IPF

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		561,101		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		561,101		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		33,396		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		594,497		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	690,924		1.00
2.00	Net IPF PPS Outlier Payments	0		2.00
3.00	Net IPF PPS ECT Payments	0		3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00		4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		4.01
5.00	New Teaching program adjustment. (see instructions)	0.00		5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00		6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00		7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00		8.00
9.00	Average Daily Census (see instructions)	19.501370		9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000		10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0		11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	690,924		12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		15.00
16.00	Subtotal (see instructions)	690,924		16.00
17.00	Primary payer payments	0		17.00
18.00	Subtotal (line 16 less line 17).	690,924		18.00
19.00	Deductibles	97,392		19.00
20.00	Subtotal (line 18 minus line 19)	593,532		20.00
21.00	Coinsurance	20,968		21.00
22.00	Subtotal (line 20 minus line 21)	572,564		22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	51,900		23.00
24.00	Adjusted reimbursable bad debts (see instructions)	33,735		24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	21,822		25.00
26.00	Subtotal (sum of lines 22 and 24)	606,299		26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0		27.00
28.00	Other pass through costs (see instructions)	331		28.00
29.00	Outlier payments reconciliation	0		29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		30.50
30.99	Demonstration payment adjustment amount before sequestration	0		30.99
31.00	Total amount payable to the provider (see instructions)	606,630		31.00
31.01	Sequestration adjustment (see instructions)	12,133		31.01
31.02	Demonstration payment adjustment amount after sequestration	0		31.02
32.00	Interim payments	561,101		32.00
33.00	Tentative settlement (for contractor use only)	0		33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	33,396		34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018		Period: From 07/01/2018 To 06/30/2019		Worksheet E-4 Date/Time Prepared: 11/25/2019 10:36 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					2.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.02	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)					122.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					102.74	6.00
7.00	Enter the lesser of line 5 or line 6					102.74	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.	74.18		19.76		93.94 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.	74.18		19.76		93.94 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			5.10		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			5.10		10.01	
11.00	Total weighted FTE count	74.18		24.86		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	78.31		33.45		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	85.41		39.20		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	79.30		32.50		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	79.30		32.50		17.00	
18.00	Per resident amount	110,450.09		104,586.51		18.00	
19.00	Approved amount for resident costs	8,758,692		3,399,062		12,157,754 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					12,157,754 25.00	
		Inpatient Part A		Managed care			
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	7,178		4,679		26.00	
27.00	Total Inpatient Days (see instructions)	54,236		54,236		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.132348		0.086271		28.00	
29.00	Program direct GME amount	1,609,054		1,048,862		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage			148,204		30.00	
31.00	Net Program direct GME amount					2,509,712 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Hospital	PPS
				1.00
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		21,624,709	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)		19,515,804	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		19,515,804	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		7,789,088	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		7,789,088	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		27,304,892	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.714737	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.285263	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,509,712	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,793,784	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		715,928	50.00

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

Provider CCN: 14-0018

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

Worksheet G

Date/Time Prepared:
11/25/2019 10:36 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	0	0	0	0	1.00
2.00	Temporary investments	1,869,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	93,368,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-30,606,000	0	0	0	6.00
7.00	Inventory	2,948,000	0	0	0	7.00
8.00	Prepaid expenses	3,698,000	0	0	0	8.00
9.00	Other current assets	3,152,000	2,272,000	0	0	9.00
10.00	Due from other funds	6,933,000	3,371,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,362,000	5,643,000	0	0	11.00
FIXED ASSETS						
12.00	Land	1,726,000	0	0	0	12.00
13.00	Land improvements	2,922,000	0	0	0	13.00
14.00	Accumulated depreciation	-1,358,000	0	0	0	14.00
15.00	Buildings	165,780,000	0	0	0	15.00
16.00	Accumulated depreciation	-120,864,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	99,797,000	0	0	0	23.00
24.00	Accumulated depreciation	-84,129,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	63,874,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	16,128,000	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	17,516,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	33,644,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	178,880,000	5,643,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,603,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,181,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	14,000,000	0	0	0	40.00
41.00	Deferred income	1,113,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	36,248,000	0	0	0	43.00
44.00	Other current liabilities	19,624,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	125,769,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	83,195,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	83,195,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	208,964,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-25,220,000	0	0	0	52.00
53.00	Specific purpose fund	0	779,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-25,220,000	779,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	183,744,000	779,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0018

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 10:36 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-46,343,000		6,522,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,700,000				2.00
3.00	Total (sum of line 1 and line 2)		-27,643,000		6,522,000		3.00
4.00	OTHER INCREASES	2,423,000		0		0	4.00
5.00	OTHER DECREASES	0		-5,743,000		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,423,000		-5,743,000		10.00
11.00	Subtotal (line 3 plus line 10)		-25,220,000		779,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-25,220,000		779,000		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	OTHER INCREASES		0				4.00
5.00	OTHER DECREASES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 10:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	105,309,000		105,309,000	1.00
2.00	SUBPROVIDER - IPF	14,358,000		14,358,000	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	119,667,000		119,667,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,951,000		12,951,000	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	19,964,000		19,964,000	11.01
12.00	CORONARY CARE UNIT	17,909,000		17,909,000	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	50,824,000		50,824,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	170,491,000		170,491,000	17.00
18.00	Ancillary services	441,743,000	1	441,743,001	18.00
19.00	Outpatient services	0	599,793,000	599,793,000	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	612,234,000	599,793,001	1,212,027,001	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		261,744,308		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)		261,744,308		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0018

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 10:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,212,027,001	1.00
2.00	Less contractual allowances and discounts on patients' accounts	883,103,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	328,924,001	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	261,744,308	4.00
5.00	Net income from service to patients (line 3 minus line 4)	67,179,693	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	26,000	6.00
7.00	Income from investments	1,093,000	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	ALL OTHER OPERATING INCOME	25,842,000	24.00
25.00	Total other income (sum of lines 6-24)	26,961,000	25.00
26.00	Total (line 5 plus line 25)	94,140,693	26.00
27.00	BAD DEBT	75,440,693	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	75,440,693	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,700,000	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0018

Period:

Worksheet I-1

Component CCN: 14-2302

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 10:36 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	1,023,445	HOURS OF SERVICE	24,546.00	11.80 1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	345,128	HOURS OF SERVICE	15,063.00	7.24 4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00 5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00 6.00
7.00	PHYSICIANS	59,753	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	56,663	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,484,989			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	45,817	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	313,820	REQUISITIONS		14.00
15.00	DRUGS	639,491	REQUISITIONS		15.00
16.00	OTHER	8,866	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,492,983			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	22,401	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	45,244	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	250,184	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	614,518	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	80,421	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	38,600	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	479,368	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,023,719			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,023,719			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0018

Period:

Worksheet I-2

Component CCN: 14-2302

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

Date/Time Prepared:

11/25/2019 10:36 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	102,822	91,061	1,023,445	345,128	250,184	639,491	1.00
MAINTENANCE								
2.00	Hemodialysis	88,221	78,130	878,116	296,120	214,658	548,683	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	14,601	12,931	145,329	49,008	35,526	90,808	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	102,822	91,061	1,023,445	345,128	250,184	639,491	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	352,420	0	2,804,551	1,219,168	4,023,719		1.00
MAINTENANCE								
2.00	Hemodialysis	302,376	0	2,406,304	1,046,046	3,452,350		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	50,044	0	398,247	173,122	571,369		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	352,420	0	2,804,551	1,219,168	4,023,719		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,023,719		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018
Component CCN: 14-2302Period:
From 07/01/2018
To 06/30/2019Worksheet I-3
Date/Time Prepared:
11/25/2019 10:36 am

						Renal Dialysis		11/23/2019 10:30 am	
			Capital Related Costs		Direct Patient Care Salary				
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			Employee Benefits Department (Salary)
		0	1.00	2.00	3.00	4.00	5.00		
1.00	Total Renal Department Costs			102,822	91,061	1,023,445	345,128	250,184	1.00
MAINTENANCE									
2.00	Hemodialysis			8,580	8,580.00	8,580.00	8,580.00	8,580	2.00
2.01	AKI-Hemodialysis			0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal			0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal			0	0.00	0.00	0.00	0	3.01
TRAINING									
4.00	Hemodialysis			0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal			0	0.00	0.00	0.00	0	5.00
6.00	CAPD			0	0.00	0.00	0.00	0	6.00
7.00	CCPD			0	0.00	0.00	0.00	0	7.00
HOME									
8.00	Hemodialysis			0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal			0	0.00	0.00	0.00	0	9.00
10.00	CAPD			0	0.00	0.00	0.00	0	10.00
11.00	CCPD			0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments		1,971	1,420	1,420.00	1,420.00	1,420.00	1,420	12.00
13.00	Method II Home Patient			0	0.00	0.00	0.00	0	13.00
14.00	ESAs								14.00
15.00									15.00
16.00	Other			0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis			10,000	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)			10.282200	9.106100	102.344500	34.512800	25.018400	18.00
			Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
			6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs		639,491	352,420	0	2,804,551	1,219,168		1.00
MAINTENANCE									
2.00	Hemodialysis		8,580	8,580	8,580				2.00
2.01	AKI-Hemodialysis		0	0	0				2.01
3.00	Intermittent Peritoneal		0	0	0				3.00
3.01	AKI-Intermittent Peritoneal		0	0	0				3.01
TRAINING									
4.00	Hemodialysis		0	0	0				4.00
5.00	Intermittent Peritoneal		0	0	0				5.00
6.00	CAPD		0	0	0				6.00
7.00	CCPD		0	0	0				7.00
HOME									
8.00	Hemodialysis		0	0	0				8.00
9.00	Intermittent Peritoneal		0	0	0				9.00
10.00	CAPD		0	0	0				10.00
11.00	CCPD		0	0	0				11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments		1,420	1,420	1,420				12.00
13.00	Method II Home Patient		0	0	0				13.00
14.00	ESAs								14.00
15.00									15.00
16.00	Other		0	0	0				16.00
17.00	Total Statistical Basis		10,000	10,000	10,000		2,804,551		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		63.949100	35.242000	0.000000		0.434711		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0018

Period:

Worksheet I-4

Component CCN: 14-2302

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 10:36 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	11,909	3,452,350	289.89	5,778	1,674,984
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	11,909	3,452,350		5,778	1,674,984
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	11,909				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,740,878	301.29			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,740,878				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 14-0018

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

Worksheet I-5

Date/Time Prepared:
11/25/2019 10:36 am

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,674,984		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,740,878	1,740,878	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,740,878	1,740,878	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	186,977	186,977	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	186,977	186,977	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	121,535		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	79,809		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-186,977	8.00
9.00	Program payment (see instructions)	0	1,392,702	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	121,535		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	3,452,350		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	3,452,350		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0018	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 10:36 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,041,492	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,310	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)		129.09	3.00
4.00	Number of interns & residents (see instructions)		112.83	4.00
5.00	Indirect medical education percentage (see instructions)		27.98	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)		291,409	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		16.36	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		62.45	8.00
9.00	Sum of lines 7 and 8		78.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		17.30	10.00
11.00	Disproportionate share adjustment (see instructions)		180,178	11.00
12.00	Total prospective capital payments (see instructions)		1,522,389	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