

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: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 1/29/2020 8:09 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 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: 11/29/2018 7. Contractor No. 06101 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 NORTHERN ILLINOIS MEDICAL CENTER (14-0116) for the cost reporting period beginning 07/01/2018 and ending 08/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

 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	4,595,078	839,726	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-38,315	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	4,556,763	839,726	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: 14-0116		Period: From 07/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/29/2020 8:09 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:				1.00		
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MC HENRY		
		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		NORTHERN ILLINOIS MEDICAL CENTER	140116	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		NIMC REHABILITATION UNIT	14T116	16974	5	07/01/1985	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	08/31/2019		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					Y	Y		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,872	2,335	0	17	8,425	43	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/29/2020 8:09 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	11	93	0	0	98		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					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		
				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)					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0116

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From 07/01/2018
To 08/31/2019Worksheet S-2
Part I
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1/29/2020 8:09 am

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

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Period:
From 07/01/2018
To 08/31/2019Worksheet S-2
Part I
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1/29/2020 8:09 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				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)	N	N	0		76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
			V 1.00	XIX 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.	Y	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	
		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
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 1/29/2020 8:09 am	
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,902,327	1,164,305	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		HB0640	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0116		Period: From 07/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/29/2020 8:09 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: NORTHWESTERN HEALTH		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00						
142.00	Street: 25 E HURON STREET		PO Box:				142.00						
143.00	City: CHICAGO		State: IL		Zip Code: 60611		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.					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		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC			N		N		N		N	161.00		
								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: 14-0116		Period: From 07/01/2018 To 08/31/2019		Worksheet S-2 Part II Date/Time Prepared: 1/29/2020 8:09 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/03/2019	Y	12/03/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 1/29/2020 8:09 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.	JOHN	VANDERLAAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-926-6618	JVANDERL@NM.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/29/2020 8:09 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.	PROGRAM MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/29/2020 8:09 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	266	113,582	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)		266	113,582	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	12,810	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		296	126,392	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	9,394		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		318				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		12	4,380			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/29/2020 8:09 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)	36,835	2,476	73,166			1.00
2.00 HMO and other (see instructions)	8,288	10,820				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	574	98				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)	36,835	2,476	73,166			7.00
8.00 INTENSIVE CARE UNIT	4,788	219	11,759			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,111	5,418			13.00
14.00 Total (see instructions)	41,623	3,806	90,343	16.00	2,154.54	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	5,671	11	7,541	0.00	35.65	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				16.00	2,190.19	27.00
28.00 Observation Bed Days		177	6,976			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	177	528			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			243			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: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/29/2020 8:09 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	9,483	810	20,825	1.00
2.00 HMO and other (see instructions)			1,598	1,832		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				9		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	9,483	810	20,825	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	393	1	561	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/29/2020 8:09 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	188,758,572	0	188,758,572	5,341,128.00	35.34	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,219,882	0	1,219,882	9,571.00	127.46	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		631,778	0	631,778	5,283.00	119.59	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		2,886,160	0	2,886,160	58,926.00	48.98	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,694,867	0	4,694,867	164,408.00	28.56	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		54,590,000	0	54,590,000	1,099,924.00	49.63	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		47,366,357	0	47,366,357			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,504,313	0	1,504,313			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		155,795	0	155,795			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		48,342	0	48,342			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		11,748,351	0	11,748,351			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,900,711	0	1,900,711	35,138.00	54.09	26.00
27.00	Administrative & General	5.00	24,013,372	0	24,013,372	469,855.00	51.11	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/29/2020 8:09 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	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,712,154	0	4,712,154	180,845.00	26.06 30.00
31.00	Laundry & Linen Service	8.00	178,361	0	178,361	9,257.00	19.27 31.00
32.00	Housekeeping	9.00	4,039,479	0	4,039,479	249,324.00	16.20 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,897,819	-1,894,929	2,002,890	109,158.00	18.35 34.00
35.00	Dietary under contract (see instructions)		0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,894,929	1,894,929	103,244.00	18.35 36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,241,168	0	4,241,168	133,026.00	31.88 38.00
39.00	Central Services and Supply	14.00	2,089,446	0	2,089,446	98,796.00	21.15 39.00
40.00	Pharmacy	15.00	7,211,738	0	7,211,738	166,493.00	43.32 40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part III
Date/Time Prepared:
1/29/2020 8:09 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)	185,240,634	0	185,240,634	5,276,919.00	35.10	1.00
2.00	Excluded area salaries (see instructions)	4,694,867	0	4,694,867	164,408.00	28.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	180,545,767	0	180,545,767	5,112,511.00	35.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	54,590,000	0	54,590,000	1,099,924.00	49.63	4.00
5.00	Subtotal wage-related costs (see inst.)	59,270,503	0	59,270,503	0.00	32.83	5.00
6.00	Total (sum of lines 3 thru 5)	294,406,270	0	294,406,270	6,212,435.00	47.39	6.00
7.00	Total overhead cost (see instructions)	52,284,248	0	52,284,248	1,555,136.00	33.62	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
1/29/2020 8:09 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	9,966,409	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,266,124	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,222,625	9.00
10.00	Dental, Hearing and Vision Plan	839,599	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	151,395	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)	1,286,324	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,978,507	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	13,142,382	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	218,143	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	376,093	22.00
23.00	Tuition Reimbursement	624,206	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	49,071,807	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: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet S-3
Part V
Date/Time Prepared:
1/29/2020 8:09 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	0	49,071,807	1.00
2.00	Hospital	0	47,561,210	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	1,510,597	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet S-10 Date/Time Prepared: 1/29/2020 8:09 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)			0.239677	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			38,274,200	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			210,684,090	6.00
7.00	Medicaid cost (line 1 times line 6)			50,496,131	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			12,221,931	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)			12,221,931	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)	42,936,151	1,544,910	44,481,061	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,290,808	1,544,910	11,835,718	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)	10,290,808	1,544,910	11,835,718	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)			48,726,166	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,834,471	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,822,264	27.01
28.00	Non-Medicare bad debt expense (see instructions)			45,903,902	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			11,989,903	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			23,825,621	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			36,047,552	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
1/29/2020 8:09 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		31,857,137	31,857,137	-9,552,877	22,304,260	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	11,744,789	11,744,789	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,900,711	46,840,423	48,741,134	1,978,505	50,719,639	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,013,372	132,117,116	156,130,488	-1,939,556	154,190,932	5.00
7.00	00700	OPERATION OF PLANT	4,712,154	10,017,254	14,729,408	-563	14,728,845	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	178,361	1,852,125	2,030,486	0	2,030,486	8.00
9.00	00900	HOUSEKEEPING	4,039,479	2,140,928	6,180,407	-25,516	6,154,891	9.00
10.00	01000	DIETARY	3,897,819	4,872,773	8,770,592	-4,264,116	4,506,476	10.00
11.00	01100	CAFETERIA	0	0	0	4,263,833	4,263,833	11.00
13.00	01300	NURSING ADMINISTRATION	4,241,168	1,033,503	5,274,671	-407,374	4,867,297	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,089,446	4,803,849	6,893,295	-31,917	6,861,378	14.00
15.00	01500	PHARMACY	7,211,738	33,656,794	40,868,532	-29,457,575	11,410,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,289	21,289	0	21,289	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,886,160	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	229,729	3,656,140	3,885,869	-2,886,160	999,709	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,905,792	13,350,392	57,256,184	-9,560,930	47,695,254	30.00
31.00	03100	INTENSIVE CARE UNIT	8,364,884	1,952,522	10,317,406	-916,603	9,400,803	31.00
41.00	04100	SUBPROVIDER - IRF	3,111,895	279,832	3,391,727	-47,295	3,344,432	41.00
43.00	04300	NURSERY	0	0	0	3,827,319	3,827,319	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,648,057	34,911,991	47,560,048	-19,778,095	27,781,953	50.00
51.00	05100	RECOVERY ROOM	2,191,703	186,151	2,377,854	-44,147	2,333,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,149,013	4,149,013	52.00
53.00	05300	ANESTHESIOLOGY	0	1,061,274	1,061,274	-129,695	931,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,254,826	6,172,302	16,427,128	-532,274	15,894,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,693,376	895,488	3,588,864	-12,170	3,576,694	55.00
56.00	05600	RADIOISOTOPE	789,422	1,891,436	2,680,858	-594,777	2,086,081	56.00
57.00	05700	CT SCAN	1,828,813	1,591,078	3,419,891	-194,511	3,225,380	57.00
58.00	05800	MRI	888,261	607,698	1,495,959	-6,021	1,489,938	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,816,207	11,370,033	14,186,240	-8,688,735	5,497,505	59.00
60.00	06000	LABORATORY	6,463,076	10,044,440	16,507,516	-407,257	16,100,259	60.00
65.00	06500	RESPIRATORY THERAPY	3,219,011	798,174	4,017,185	-73,827	3,943,358	65.00
66.00	06600	PHYSICAL THERAPY	12,279,294	2,976,817	15,256,111	-6,588	15,249,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,804,235	84,929	1,889,164	-396	1,888,768	67.00
68.00	06800	SPEECH PATHOLOGY	986,616	10,435	997,051	-466	996,585	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	834,194	431,907	1,266,101	-73,517	1,192,584	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,858,736	8,858,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,174,397	24,174,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,687,730	16,687,730	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	16,463,956	16,463,956	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,713,147	1,713,147	74.00
76.00	03951	CARDIOLOGY	2,085,478	220,416	2,305,894	-11,691	2,294,203	76.00
76.01	03950	WOUND CARE	1,384,929	3,097,185	4,482,114	-1,173,848	3,308,266	76.01
76.97	07697	CARDIAC REHABILITATION	854,217	456,917	1,311,134	-1,415	1,309,719	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	490,957	20,061,403	20,552,360	-2,875,549	17,676,811	90.00
90.01	09001	DIABETES CENTER	413,237	40,706	453,943	-542	453,401	90.01
90.02	04951	BEHAVIOIRAL HEALTH	674,502	43,604	718,106	-52	718,054	90.02
91.00	09100	EMERGENCY	13,110,681	7,311,320	20,422,001	-481,990	19,940,011	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	567,960	800,079	1,368,039	-337,100	1,030,939	97.00
101.00	10100	HOME HEALTH AGENCY	0	38,949	38,949	-38,949	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,191,912	2,191,912	-2,191,912	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	187,175,600	395,748,721	582,924,321	1,579	582,925,900	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	1,559,394	405,603	1,964,997	0	1,964,997	192.01
192.02	19202	FLIGHT FOR LIFE	0	18,987	18,987	-1,579	17,408	192.02
192.04	19204	WELLNESS PROGRAM	23,578	1,570	25,148	0	25,148	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	188,758,572	396,174,881	584,933,453	0	584,933,453	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
1/29/2020 8:09 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	-1,147,797	21,156,463	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	11,744,789	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	50,719,639	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,200,141	165,391,073	5.00
7.00	00700	OPERATION OF PLANT	-703,489	14,025,356	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,030,486	8.00
9.00	00900	HOUSEKEEPING	-239,663	5,915,228	9.00
10.00	01000	DIETARY	0	4,506,476	10.00
11.00	01100	CAFETERIA	-1,874,992	2,388,841	11.00
13.00	01300	NURSING ADMINISTRATION	1,025,864	5,893,161	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,861,378	14.00
15.00	01500	PHARMACY	-1,275	11,409,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	235,173	256,462	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	999,709	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,492,786	40,202,468	30.00
31.00	03100	INTENSIVE CARE UNIT	-100,375	9,300,428	31.00
41.00	04100	SUBPROVIDER - IRF	-72,996	3,271,436	41.00
43.00	04300	NURSERY	0	3,827,319	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-512,317	27,269,636	50.00
51.00	05100	RECOVERY ROOM	0	2,333,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,149,013	52.00
53.00	05300	ANESTHESIOLOGY	0	931,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,788,143	14,106,711	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-50,831	3,525,863	55.00
56.00	05600	RADIOISOTOPE	0	2,086,081	56.00
57.00	05700	CT SCAN	0	3,225,380	57.00
58.00	05800	MRI	0	1,489,938	58.00
59.00	05900	CARDIAC CATHETERIZATION	-80,374	5,417,131	59.00
60.00	06000	LABORATORY	-424,687	15,675,572	60.00
65.00	06500	RESPIRATORY THERAPY	-9,068	3,934,290	65.00
66.00	06600	PHYSICAL THERAPY	-464,324	14,785,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	-80,266	1,808,502	67.00
68.00	06800	SPEECH PATHOLOGY	0	996,585	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	-23,775	1,168,809	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,858,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,174,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,687,730	73.00
73.01	03952	INJECTABLE DRUGS	0	16,463,956	73.01
74.00	07400	RENAL DIALYSIS	0	1,713,147	74.00
76.00	03951	CARDIOLOGY	0	2,294,203	76.00
76.01	03950	WOUND CARE	-181,528	3,126,738	76.01
76.97	07697	CARDIAC REHABILITATION	-221,551	1,088,168	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,805,969	15,870,842	90.00
90.01	09001	DIABETES CENTER	0	453,401	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	718,054	90.02
91.00	09100	EMERGENCY	-4,585,050	15,354,961	91.00
91.01	09101	EMERGENCY	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,030,939	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,400,078	573,525,822	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	CRISIS LINE	0	1,964,997	192.01
192.02	19202	FLIGHT FOR LIFE	0	17,408	192.02
192.04	19204	WELLNESS PROGRAM	0	25,148	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,400,078	575,533,375	200.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-6

Date/Time Prepared:
1/29/2020 8:09 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,744,789		1.00
	TOTALS		0	11,744,789		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,894,929	2,368,904		1.00
	TOTALS		1,894,929	2,368,904		
	C - MED SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	8,858,736		1.00
	PATIENT					
2.00	IMPL. DEV. CHARGED TO	72.00	0	24,174,397		2.00
	PATIENTS					
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		0	33,033,133		
	D - NURSERY					
1.00	NURSERY	43.00	2,249,782	1,577,537		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,438,881	1,710,132		2.00
	TOTALS		4,688,663	3,287,669		
	E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,191,912		1.00
	TOTALS		0	2,191,912		
	F - CHARGABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,687,730		1.00
2.00	INJECTABLE DRUGS	73.01	0	16,463,956		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
	TOTALS		0	33,151,686		
	G - TERMINATED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38,949		1.00
	TOTALS		0	38,949		

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-6

Date/Time Prepared:
1/29/2020 8:09 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	1,713,147	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	
	TOTALS		0	1,713,147		
	J - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,978,505	1.00	
	TOTALS		0	1,978,505		
	K - RESIDENT RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,886,160	1.00	
	TOTALS		0	2,886,160		
500.00	Grand Total: Increases		6,583,592	92,394,854	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/29/2020 8:09 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CAPITAL RECLASS						1.00
	CAP REL COSTS-BLDG & FIXT	1.00	0	11,744,789	9		
	TOTALS		0	11,744,789			
1.00	B - CAFETERIA RECLASS						1.00
	DIETARY	10.00	1,894,929	2,368,904	0		
	TOTALS		1,894,929	2,368,904			
1.00	C - MED SUPPLIES & IMPLANTS						1.00
	OPERATION OF PLANT	7.00	0	563	0		
	HOUSEKEEPING	9.00	0	25,516	0		
3.00	DIETARY	10.00	0	283	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	407,374	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,917	0	5.00	
6.00	PHARMACY	15.00	0	111,362	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	699,561	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	274,711	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	22,663	0	9.00	
10.00	OPERATING ROOM	50.00	0	19,600,661	0	10.00	
11.00	RECOVERY ROOM	51.00	0	42,718	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	128,272	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	486,122	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,020	0	14.00	
15.00	RADIOISOTOPE	56.00	0	3,392	0	15.00	
16.00	CT SCAN	57.00	0	92,374	0	16.00	
17.00	MRI	58.00	0	6,021	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	8,688,735	0	18.00	
19.00	LABORATORY	60.00	0	133,995	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	73,486	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	3,389	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	396	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	466	0	23.00	
24.00	SLEEP LAB/NEUROLOGY	70.01	0	10,275	0	24.00	
25.00	CARDIOLOGY	76.00	0	11,691	0	25.00	
26.00	WOUND CARE	76.01	0	1,150,131	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	1,415	0	27.00	
28.00	CLINIC	90.00	0	211,590	0	28.00	
29.00	DIABETES CENTER	90.01	0	542	0	29.00	
30.00	EMERGENCY	91.00	0	462,761	0	30.00	
31.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	337,100	0	31.00	
32.00	FLIGHT FOR LIFE	192.02	0	1,579	0	32.00	
33.00	BEHAVOIRAL HEALTH	90.02	0	52	0	33.00	
	TOTALS		0	33,033,133			
1.00	D - NURSERY						1.00
	ADULTS & PEDIATRICS	30.00	4,688,663	3,287,669	0		
		0.00	0	0	0		
2.00	TOTALS		4,688,663	3,287,669		2.00	
1.00	E - INTEREST EXPENSE						1.00
	INTEREST EXPENSE	113.00	0	2,191,912	11		
	TOTALS		0	2,191,912			
1.00	F - CHARGABLE DRUG COSTS						1.00
	ADULTS & PEDIATRICS	30.00	0	15,797	0		
	INTENSIVE CARE UNIT	31.00	0	51	0		
3.00	RECOVERY ROOM	51.00	0	1,429	0	3.00	
4.00	ANESTHESIOLOGY	53.00	0	1,423	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,152	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	150	0	6.00	
7.00	RADIOISOTOPE	56.00	0	591,385	0	7.00	
8.00	CT SCAN	57.00	0	102,137	0	8.00	
9.00	LABORATORY	60.00	0	273,262	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	341	0	10.00	
11.00	PHYSICAL THERAPY	66.00	0	3,199	0	11.00	
12.00	SLEEP LAB/NEUROLOGY	70.01	0	63,242	0	12.00	
13.00	WOUND CARE	76.01	0	23,717	0	13.00	
14.00	CLINIC	90.00	0	2,663,959	0	14.00	
15.00	EMERGENCY	91.00	0	19,229	0	15.00	
16.00	PHARMACY	15.00	0	29,346,213	0	16.00	
	TOTALS		0	33,151,686			
1.00	G - TERMINATED COSTS						1.00
	HOME HEALTH AGENCY	101.00	0	38,949	0		
	TOTALS		0	38,949			
1.00	H - RENAL DIALYSIS						1.00
	ADULTS & PEDIATRICS	30.00	0	869,240	0		
	INTENSIVE CARE UNIT	31.00	0	641,841	0		
3.00	SUBPROVIDER - IRF	41.00	0	24,632	0	3.00	
4.00	OPERATING ROOM	50.00	0	177,434	0	4.00	

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-6

Date/Time Prepared:
1/29/2020 8:09 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		0	1,713,147		
	J - WORKERS COMP INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,978,505	0	1.00
	TOTALS		0	1,978,505		
	K - RESIDENT RECLASS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	2,886,160	0	1.00
	COSTS APPRV					
	TOTALS		0	2,886,160		
500.00	Grand Total: Decreases		6,583,592	92,394,854		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
1/29/2020 8:09 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	336,223	0	0	0	0	1.00	
2.00	Land Improvements	16,754,918	0	0	0	0	2.00	
3.00	Buildings and Fixtures	267,106,222	0	0	0	0	3.00	
4.00	Building Improvements	77,235,896	0	0	0	0	4.00	
5.00	Fixed Equipment	11,215,876	0	0	0	0	5.00	
6.00	Movable Equipment	172,312,739	1,240,723	0	1,240,723	0	6.00	
7.00	HIT designated Assets	18,673,302	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	563,635,176	1,240,723	0	1,240,723	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	563,635,176	1,240,723	0	1,240,723	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	336,223	0				1.00	
2.00	Land Improvements	16,754,918	0				2.00	
3.00	Buildings and Fixtures	267,106,222	0				3.00	
4.00	Building Improvements	77,235,896	0				4.00	
5.00	Fixed Equipment	11,215,876	0				5.00	
6.00	Movable Equipment	173,553,462	0				6.00	
7.00	HIT designated Assets	18,673,302	0				7.00	
8.00	Subtotal (sum of lines 1-7)	564,875,899	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	564,875,899	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
1/29/2020 8:09 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	31,857,137	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	31,857,137	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	31,857,137				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	31,857,137				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
1/29/2020 8:09 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	282,995,617	0	282,995,617	0.663460	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	143,549,810	0	143,549,810	0.336540	0	2.00
3.00	Total (sum of lines 1-2)	426,545,427	0	426,545,427	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	18,964,551	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,744,789	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,709,340	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	2,191,912	0	0	0	21,156,463	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,744,789	2.00
3.00	Total (sum of lines 1-2)	2,191,912	0	0	0	32,901,252	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
1/29/2020 8:09 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,147,797	CAP REL COSTS-BLDG & FIXT	1.00		9 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00	Investment income - other (chapter 2)		0		0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-164,144	OPERATION OF PLANT	7.00		0 7.00
8.00	Television and radio service (chapter 21)	A	-478,357	OPERATION OF PLANT	7.00		0 8.00
9.00	Parking lot (chapter 21)		0		0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-15,981,770				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	32,683,367				0 12.00
13.00	Laundry and linen service		0		0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-1,874,992	CAFETERIA	11.00		0 14.00
15.00	Rental of quarters to employee and others		0		0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00	Sale of drugs to other than patients		0		0.00		0 17.00
18.00	Sale of medical records and abstracts		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	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00	OTHER INCOME	B	-2,011,714	ADMINISTRATIVE & GENERAL	5.00		0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
1/29/2020 8:09 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		
34.00 SURGERY OTHER INCOME	B	-7,301	OPERATING ROOM	50.00	0	34.00
35.00 NURSING EDUCATION INCOME	B	-793	NURSING ADMINISTRATION	13.00	0	35.00
36.00 OB EDUCATION INCOME	B	-14,733	ADULTS & PEDIATRICS	30.00	0	36.00
37.00 RADIOLOGY OTHER INCOME	B	-1,204,740	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00 EDUCATION INCOME	B	82,356	EMERGENCY	91.00	0	38.00
39.00 EMS TUITION INCOME	B	-45,090	EMERGENCY	91.00	0	39.00
40.00 LABORATORY OTHER INCOME	B	-18,019	LABORATORY	60.00	0	40.00
41.00 PT OTHER INCOME	B	-6,160	PHYSICAL THERAPY	66.00	0	41.00
42.00 MAINTENANCE SERVICES	B	-60,988	OPERATION OF PLANT	7.00	0	42.00
43.00 HOUSEKEEPING SERVICES	B	-239,663	HOUSEKEEPING	9.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
45.00 CLINIC OTHER INCOME	B	-1,912	CLINIC	90.00	0	45.00
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.01
45.02 IDPA PROVIDER TAX	B	-14,137,756	ADMINISTRATIVE & GENERAL	5.00	0	45.02
45.03 CHILD CARE CENTER	A	-1,016,972	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.04
45.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.05
45.06 RELATED RENTAL - ADMIN	A	-545,615	ADMINISTRATIVE & GENERAL	5.00	0	45.06
45.07 RELATED RENTAL - POM/BIOMED	A	-172,892	WOUND CARE	76.01	0	45.07
45.08 RELATED RENTAL - ANIT-COAG	A	-1,275	PHARMACY	15.00	0	45.08
45.09 RELATED RENTAL - RADIOLOGY	A	-476,648	RADIOLOGY-DIAGNOSTIC	54.00	0	45.09
45.10 RELATED RENTAL - ONCOLOGY ADMIN	A	-46,286	RADIOLOGY-THERAPEUTIC	55.00	0	45.10
45.11 RELATED RENTAL - PHYSICIAN THERAPY	A	-431,901	PHYSICAL THERAPY	66.00	0	45.11
45.12 RELATED RENTAL - OCCUPATIONAL THERAPY	A	-80,266	OCCUPATIONAL THERAPY	67.00	0	45.12
45.13 RELATED RENTAL - CARDIAC REHAB	A	-221,551	CARDIAC REHABILITATION	76.97	0	45.13
45.14 RELATED RENTAL - VARIOUS CLINICS	A	-1,776,466	CLINIC	90.00	0	45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,400,078				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: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:
1/29/2020 8:09 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	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE	108,846,916	79,728,642	1.00
2.00	50.00	OPERATING ROOM	CENTEGRA HEALTH SYSTEM	1,432,163	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	CENTEGRA HEALTH SYSTEM	235,173	0	3.00
4.00	91.00	EMERGENCY	CENTEGRA HEALTH SYSTEM	871,100	0	4.00
4.01	13.00	NURSING ADMINISTRATION	CENTEGRA HEALTH SYSTEM	1,026,657	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			112,412,009	79,728,642	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	
	1.00	2.00	3.00	Name	Percentage of Ownership
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	CENTEGRA HEALTH	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:					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: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:
1/29/2020 8:09 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	29,118,274	0		1.00
2.00	1,432,163	0		2.00
3.00	235,173	0		3.00
4.00	871,100	0		4.00
4.01	1,026,657	0		4.01
5.00	32,683,367			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	HOME OFFICE		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: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet A-8-2

Date/Time Prepared:
1/29/2020 8:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	523,015	206,076	316,939	211,500	4,076	1.00
2.00	30.00	ADULTS & PEDIATRICS	7,548,182	7,398,387	149,795	246,400	592	2.00
3.00	31.00	INTENSIVE CARE UNIT	163,328	0	163,328	197,500	663	3.00
4.00	41.00	SUBPROVIDER - IRF	72,996	72,996	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,987,612	1,884,760	99,382	260,300	403	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	237,144	0	237,144	246,400	4,065	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	454,342	59,346	394,996	271,900	2,659	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	49,998	4,545	45,453	271,900	487	8.00
9.00	59.00	CARDIAC CATHETERIZATION	268,874	0	268,874	271,900	1,442	9.00
10.00	60.00	LABORATORY	476,123	401,552	74,571	260,300	555	10.00
11.00	65.00	RESPIRATORY THERAPY	9,068	9,068	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	34,601	0	34,601	211,500	82	12.00
13.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	23,775	23,775	0	0	0	13.00
14.00	76.01	WOUND CARE	24,600	0	24,600	211,500	157	14.00
15.00	76.97	CARDIAC REHABILITATION	11,650	0	11,650	260,300	109	15.00
16.00	90.00	CLINIC	34,505	0	34,505	211,500	68	16.00
17.00	90.01	DIABETES CENTER	34,505	0	34,505	211,500	609	17.00
18.00	91.00	AGGREGATE-EMERGENCY	5,601,200	5,455,457	145,743	211,500	1,060	18.00
200.00			17,555,518	15,515,962	2,036,086		17,027	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	414,459	20,723	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	70,129	3,506	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	62,953	3,148	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	50,433	2,522	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	481,546	24,077	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	347,587	17,379	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	63,661	3,183	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	188,500	9,425	0	0	0	9.00
10.00	60.00	LABORATORY	69,455	3,473	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	8,338	417	0	0	0	12.00
13.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	0	0	0	0	0	13.00
14.00	76.01	WOUND CARE	15,964	798	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	13,641	682	0	0	0	15.00
16.00	90.00	CLINIC	6,914	346	0	0	0	16.00
17.00	90.01	DIABETES CENTER	61,925	3,096	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	107,784	5,389	0	0	0	18.00
200.00			1,963,289	98,164	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	414,459	0	206,076		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	70,129	79,666	7,478,053		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	62,953	100,375	100,375		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	72,996		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	50,433	48,949	1,937,179		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	481,546	0	0		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	347,587	47,409	106,755		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	63,661	0	4,545		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	188,500	80,374	80,374		9.00
10.00	60.00	LABORATORY	0	69,455	5,116	406,668		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	9,068		11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	8,338	26,263	26,263		12.00
13.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	0	0	0	23,775		13.00
14.00	76.01	WOUND CARE	0	15,964	8,636	8,636		14.00
15.00	76.97	CARDIAC REHABILITATION	0	13,641	0	0		15.00
16.00	90.00	CLINIC	0	6,914	27,591	27,591		16.00
17.00	90.01	DIABETES CENTER	0	61,925	0	0		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	107,784	37,959	5,493,416		18.00
200.00			0	1,963,289	462,338	15,981,770		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	21,156,463	21,156,463			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,744,789	11,744,789			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	50,719,639	5,519	3,064	50,728,222	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	165,391,073	7,526,125	4,178,049	6,519,150	5.00
7.00	00700	OPERATION OF PLANT	14,025,356	2,070,601	1,149,472	1,279,256	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,030,486	25,673	14,252	48,421	8.00
9.00	00900	HOUSEKEEPING	5,915,228	264,804	147,003	1,096,638	9.00
10.00	01000	DIETARY	4,506,476	606,587	336,741	543,745	10.00
11.00	01100	CAFETERIA	2,388,841	0	0	514,435	11.00
13.00	01300	NURSING ADMINISTRATION	5,893,161	105,286	58,449	1,151,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,861,378	473,161	262,670	567,243	14.00
15.00	01500	PHARMACY	11,409,682	268,923	149,290	1,957,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	256,462	101,878	56,557	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,886,160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	999,709	3,052	1,694	62,367	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,202,468	3,507,582	1,947,197	10,646,712	30.00
31.00	03100	INTENSIVE CARE UNIT	9,300,428	400,238	222,188	2,270,899	31.00
41.00	04100	SUBPROVIDER - IRF	3,271,436	179,756	99,790	844,817	41.00
43.00	04300	NURSERY	3,827,319	278,477	154,594	610,771	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,269,636	1,622,988	900,985	3,433,695	50.00
51.00	05100	RECOVERY ROOM	2,333,707	359,804	199,742	595,004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,149,013	340,131	188,820	662,107	52.00
53.00	05300	ANESTHESIOLOGY	931,579	20,530	11,397	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,106,711	525,867	291,929	2,783,980	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,525,863	236,518	131,300	731,198	55.00
56.00	05600	RADIOISOTOPE	2,086,081	111,684	62,000	214,312	56.00
57.00	05700	CT SCAN	3,225,380	117,642	65,308	496,486	57.00
58.00	05800	MRI	1,489,938	105,182	58,391	241,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,417,131	265,641	147,468	764,544	59.00
60.00	06000	LABORATORY	15,675,572	230,517	127,969	1,754,596	60.00
65.00	06500	RESPIRATORY THERAPY	3,934,290	54,295	30,141	873,897	65.00
66.00	06600	PHYSICAL THERAPY	14,785,199	43,507	24,152	3,333,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,808,502	0	0	489,814	67.00
68.00	06800	SPEECH PATHOLOGY	996,585	0	0	267,847	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,168,809	22,182	12,314	226,467	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,858,736	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,174,397	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,687,730	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	16,463,956	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,713,147	0	0	0	74.00
76.00	03951	CARDIOLOGY	2,294,203	183,582	101,914	566,166	76.00
76.01	03950	WOUND CARE	3,126,738	0	0	375,981	76.01
76.97	07697	CARDIAC REHABILITATION	1,088,168	7,861	4,364	231,903	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,870,842	37,569	20,856	133,285	90.00
90.01	09001	DIABETES CENTER	453,401	0	0	112,186	90.01
90.02	04951	BEHAVIOIRAL HEALTH	718,054	148,082	82,206	183,114	90.02
91.00	09100	EMERGENCY	15,354,961	793,493	440,500	3,559,288	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,030,939	0	0	154,190	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	573,525,822	21,044,737	11,682,766	50,298,477	572,922,328
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	39,953	22,179	0	62,132
192.01	19201	CRISIS LINE	1,964,997	26,071	14,473	423,344	2,428,885
192.02	19202	FLIGHT FOR LIFE	17,408	45,702	25,371	0	88,481
192.04	19204	WELLNESS PROGRAM	25,148	0	0	6,401	31,549
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	575,533,375	21,156,463	11,744,789	50,728,222	575,533,375

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	183,614,397					5.00
7.00	00700	OPERATION OF PLANT	8,678,833	27,203,518				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	992,675	60,446	3,171,953			8.00
9.00	00900	HOUSEKEEPING	3,477,998	623,462	0	11,525,133		9.00
10.00	01000	DIETARY	2,807,984	1,428,163	16,331	620,664	10,866,691	10.00
11.00	01100	CAFETERIA	1,360,188	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,377,090	247,888	0	107,730	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,825,054	1,114,020	16,331	484,141	0	14.00
15.00	01500	PHARMACY	6,458,632	633,159	0	275,164	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	194,380	239,865	0	104,243	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,352,169	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	499,807	7,187	0	3,123	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,378,424	8,258,330	1,208,167	3,588,979	8,724,080	30.00
31.00	03100	INTENSIVE CARE UNIT	5,712,785	942,330	348,915	409,526	1,305,445	31.00
41.00	04100	SUBPROVIDER - IRF	2,059,436	423,221	15,389	183,927	837,166	41.00
43.00	04300	NURSERY	2,282,144	655,654	31,720	284,940	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,567,025	3,821,200	430,568	1,660,652	0	50.00
51.00	05100	RECOVERY ROOM	1,634,252	847,132	110,548	368,154	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,501,829	800,813	31,720	348,025	0	52.00
53.00	05300	ANESTHESIOLOGY	451,404	48,337	0	21,007	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,296,444	1,238,112	234,599	538,070	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,166,760	556,862	15,389	242,006	0	55.00
56.00	05600	RADIOISOTOPE	1,159,108	262,951	47,108	114,275	0	56.00
57.00	05700	CT SCAN	1,829,410	276,979	0	120,372	0	57.00
58.00	05800	MRI	887,648	247,642	0	107,623	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,089,663	625,430	95,158	271,805	0	59.00
60.00	06000	LABORATORY	8,334,002	542,735	0	235,867	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,292,199	127,833	0	55,555	0	65.00
66.00	06600	PHYSICAL THERAPY	8,520,366	102,434	0	44,517	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,076,763	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	592,388	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	669,850	52,226	31,720	22,697	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,150,327	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,325,729	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,818,218	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	7,713,380	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	802,611	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	1,473,841	432,229	63,440	187,842	0	76.00
76.01	03950	WOUND CARE	1,641,027	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	624,182	18,508	0	8,043	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,525,322	88,454	15,389	38,441	0	90.00
90.01	09001	DIABETES CENTER	264,978	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	530,088	348,648	0	151,519	0	90.02
91.00	09100	EMERGENCY	9,439,472	1,868,219	459,461	811,907	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	555,234	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	182,391,119	26,940,469	3,171,953	11,410,814	10,866,691	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	29,109	94,066	0	40,880	0	190.00
192.01	19201	CRISIS LINE	1,137,935	61,381	0	26,676	0	192.01
192.02	19202	FLIGHT FOR LIFE	41,453	107,602	0	46,763	0	192.02
192.04	19204	WELLNESS PROGRAM	14,781	0	0	0	0	192.04
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)	183,614,397	27,203,518	3,171,953	11,525,133	10,866,691	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	4,263,464				11.00
13.00	01300	NURSING ADMINISTRATION	138,870	11,079,866			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103,127	0	13,707,125		14.00
15.00	01500	PHARMACY	173,803	0	0	21,326,496	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,561	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,344,450	6,669,591	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	233,486	1,143,929	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	90,284	442,331	0	0	41.00
43.00	04300	NURSERY	8,106	39,715	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	334,763	0	0	0	50.00
51.00	05100	RECOVERY ROOM	46,104	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,790	43,066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	284,150	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	59,100	0	0	0	55.00
56.00	05600	RADIOISOTOPE	19,278	0	0	0	56.00
57.00	05700	CT SCAN	50,537	0	0	0	57.00
58.00	05800	MRI	20,494	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,260	0	0	0	59.00
60.00	06000	LABORATORY	228,875	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	83,064	406,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	338,892	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,204	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,027	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	26,041	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,675,941	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,031,184	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,735,233	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	10,591,263	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	52,463	257,033	0	0	76.00
76.01	03950	WOUND CARE	43,166	211,485	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	22,242	108,969	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,326	0	0	0	90.00
90.01	09001	DIABETES CENTER	12,818	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	0	0	0	90.02
91.00	09100	EMERGENCY	358,576	1,756,788	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	19,607	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,263,464	11,079,866	13,707,125	21,326,496	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,263,464	11,079,866	13,707,125	21,326,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,238,329					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,576,939				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,456,745	914,071	115,964,124	-3,370,816	112,593,308	30.00
31.00	03100	INTENSIVE CARE UNIT	534,652	198,926	23,043,627	-733,578	22,310,049	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,453,559	0	8,453,559	41.00
43.00	04300	NURSERY	0	0	8,179,194	0	8,179,194	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	277,047	103,080	55,541,082	-380,127	55,160,955	50.00
51.00	05100	RECOVERY ROOM	0	0	6,506,827	0	6,506,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,080,552	0	9,080,552	52.00
53.00	05300	ANESTHESIOLOGY	79,093	29,428	1,620,002	-108,521	1,511,481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,093	29,428	28,470,314	-108,521	28,361,793	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	59,209	22,030	7,763,343	-81,239	7,682,104	55.00
56.00	05600	RADIOISOTOPE	0	0	4,098,301	0	4,098,301	56.00
57.00	05700	CT SCAN	0	0	6,271,214	0	6,271,214	57.00
58.00	05800	MRI	0	0	3,197,640	0	3,197,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	10,746,580	0	10,746,580	59.00
60.00	06000	LABORATORY	0	0	27,223,270	0	27,223,270	60.00
65.00	06500	RESPIRATORY THERAPY	98,977	36,826	8,007,460	-135,803	7,871,657	65.00
66.00	06600	PHYSICAL THERAPY	0	0	27,241,885	0	27,241,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,425,033	0	3,425,033	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,882,671	0	1,882,671	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	2,233,250	0	2,233,250	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,703,540	0	16,703,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,561,471	0	45,561,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	35,281,289	0	35,281,289	73.00
73.01	03952	INJECTABLE DRUGS	0	0	34,796,954	0	34,796,954	73.01
74.00	07400	RENAL DIALYSIS	0	0	2,516,830	0	2,516,830	74.00
76.00	03951	CARDIOLOGY	336,698	125,274	6,082,136	-461,972	5,620,164	76.00
76.01	03950	WOUND CARE	0	0	5,401,800	0	5,401,800	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	2,116,593	0	2,116,593	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	197,954	73,652	24,029,358	-271,606	23,757,752	90.00
90.01	09001	DIABETES CENTER	0	0	843,637	0	843,637	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	2,164,758	0	2,164,758	90.02
91.00	09100	EMERGENCY	118,861	44,224	35,111,123	-163,085	34,948,038	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,762,265	0	1,762,265	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,238,329	1,576,939	571,321,682	-5,815,268	565,506,414	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	226,187	0	226,187	190.00
192.01	19201	CRISIS LINE	0	0	3,654,877	0	3,654,877	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	284,299	0	284,299	192.02
192.04	19204	WELLNESS PROGRAM	0	0	46,330	0	46,330	192.04
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)	4,238,329	1,576,939	575,533,375	-5,815,268	569,718,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
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	205	5,519	3,064	8,788	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,666,000	7,526,125	4,178,049	15,370,174	5.00
7.00	00700	OPERATION OF PLANT	231,273	2,070,601	1,149,472	3,451,346	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,673	14,252	39,925	8.00
9.00	00900	HOUSEKEEPING	7,278	264,804	147,003	419,085	9.00
10.00	01000	DIETARY	74,791	606,587	336,741	1,018,119	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	173,862	105,286	58,449	337,597	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,817,859	473,161	262,670	2,553,690	14.00
15.00	01500	PHARMACY	2,013,688	268,923	149,290	2,431,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,502	101,878	56,557	161,937	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	121,054	3,052	1,694	125,800	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	383,050	3,507,582	1,947,197	5,837,829	30.00
31.00	03100	INTENSIVE CARE UNIT	208,219	400,238	222,188	830,645	31.00
41.00	04100	SUBPROVIDER - IRF	22,647	179,756	99,790	302,193	41.00
43.00	04300	NURSERY	0	278,477	154,594	433,071	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	794,004	1,622,988	900,985	3,317,977	50.00
51.00	05100	RECOVERY ROOM	15,239	359,804	199,742	574,785	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	340,131	188,820	528,951	52.00
53.00	05300	ANESTHESIOLOGY	55,341	20,530	11,397	87,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,358,259	525,867	291,929	2,176,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	160,433	236,518	131,300	528,251	55.00
56.00	05600	RADIOISOTOPE	76,624	111,684	62,000	250,308	56.00
57.00	05700	CT SCAN	128,138	117,642	65,308	311,088	57.00
58.00	05800	MRI	139,745	105,182	58,391	303,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	360,910	265,641	147,468	774,019	59.00
60.00	06000	LABORATORY	49,544	230,517	127,969	408,030	60.00
65.00	06500	RESPIRATORY THERAPY	166,608	54,295	30,141	251,044	65.00
66.00	06600	PHYSICAL THERAPY	1,697,633	43,507	24,152	1,765,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,368	0	0	80,368	67.00
68.00	06800	SPEECH PATHOLOGY	670	0	0	670	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	54,443	22,182	12,314	88,939	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	37,965	183,582	101,914	323,461	76.00
76.01	03950	WOUND CARE	176,776	0	0	176,776	76.01
76.97	07697	CARDIAC REHABILITATION	404,719	7,861	4,364	416,944	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,574,844	37,569	20,856	4,633,269	90.00
90.01	09001	DIABETES CENTER	13,367	0	0	13,367	90.01
90.02	04951	BEHAVIOIRAL HEALTH	6,161	148,082	82,206	236,449	90.02
91.00	09100	EMERGENCY	179,734	793,493	440,500	1,413,727	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	55,119	0	0	55,119	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,310,072	21,044,737	11,682,766	52,037,575	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	39,953	22,179	62,132	190.00
192.01	19201	CRISIS LINE	0	26,071	14,473	40,544	192.01
192.02	19202	FLIGHT FOR LIFE	4,965	45,702	25,371	76,038	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,315,037	21,156,463	11,744,789	52,216,289	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	15,371,303					5.00
7.00	00700	OPERATION OF PLANT	726,557	4,178,124				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	83,103	9,284	132,320			8.00
9.00	00900	HOUSEKEEPING	291,164	95,756	0	806,195		9.00
10.00	01000	DIETARY	235,073	219,348	681	43,416	1,516,731	10.00
11.00	01100	CAFETERIA	113,869	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	282,716	38,073	0	7,536	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,218	171,100	681	33,866	0	14.00
15.00	01500	PHARMACY	540,690	97,245	0	19,248	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,273	36,840	0	7,292	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	113,198	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	41,842	1,104	0	218	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,208,148	1,268,378	50,401	251,051	1,217,674	30.00
31.00	03100	INTENSIVE CARE UNIT	478,251	144,730	14,555	28,647	182,209	31.00
41.00	04100	SUBPROVIDER - IRF	172,408	65,002	642	12,866	116,848	41.00
43.00	04300	NURSERY	191,052	100,700	1,323	19,932	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,303,208	586,889	17,961	116,164	0	50.00
51.00	05100	RECOVERY ROOM	136,813	130,109	4,612	25,753	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	209,443	122,995	1,323	24,345	0	52.00
53.00	05300	ANESTHESIOLOGY	37,790	7,424	0	1,469	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	694,545	190,159	9,786	37,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	181,392	85,527	642	16,929	0	55.00
56.00	05600	RADIOISOTOPE	97,036	40,386	1,965	7,994	0	56.00
57.00	05700	CT SCAN	153,151	42,541	0	8,420	0	57.00
58.00	05800	MRI	74,310	38,035	0	7,528	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	258,654	96,058	3,970	19,013	0	59.00
60.00	06000	LABORATORY	697,689	83,357	0	16,499	0	60.00
65.00	06500	RESPIRATORY THERAPY	191,894	19,634	0	3,886	0	65.00
66.00	06600	PHYSICAL THERAPY	713,290	15,733	0	3,114	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,142	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	49,592	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	56,077	8,021	1,323	1,588	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	347,448	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	948,144	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	654,509	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	645,733	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	67,191	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	123,384	66,385	2,646	13,140	0	76.00
76.01	03950	WOUND CARE	137,380	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	52,254	2,843	0	563	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	629,989	13,585	642	2,689	0	90.00
90.01	09001	DIABETES CENTER	22,183	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	44,377	53,548	0	10,599	0	90.02
91.00	09100	EMERGENCY	790,234	286,935	19,167	56,794	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	46,482	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,268,896	4,137,724	132,320	798,198	1,516,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,437	14,447	0	2,860	0	190.00
192.01	19201	CRISIS LINE	95,263	9,427	0	1,866	0	192.01
192.02	19202	FLIGHT FOR LIFE	3,470	16,526	0	3,271	0	192.02
192.04	19204	WELLNESS PROGRAM	1,237	0	0	0	0	192.04
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)	15,371,303	4,178,124	132,320	806,195	1,516,731	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	113,958					11.00
13.00	01300	NURSING ADMINISTRATION	3,712	669,833				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,756	0	3,082,409			14.00
15.00	01500	PHARMACY	4,646	0	0	3,094,069		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	737	0	0	0	223,079	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,935	403,209	0	0	26,794	30.00
31.00	03100	INTENSIVE CARE UNIT	6,241	69,156	0	0	4,540	31.00
41.00	04100	SUBPROVIDER - IRF	2,413	26,741	0	0	1,372	41.00
43.00	04300	NURSERY	217	2,401	0	0	1,314	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,948	0	0	0	26,338	50.00
51.00	05100	RECOVERY ROOM	1,232	0	0	0	2,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235	2,604	0	0	1,425	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,595	0	0	0	14,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,580	0	0	0	3,907	55.00
56.00	05600	RADIOISOTOPE	515	0	0	0	4,911	56.00
57.00	05700	CT SCAN	1,351	0	0	0	20,347	57.00
58.00	05800	MRI	548	0	0	0	9,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,397	0	0	0	3,992	59.00
60.00	06000	LABORATORY	6,118	0	0	0	21,269	60.00
65.00	06500	RESPIRATORY THERAPY	2,220	24,603	0	0	3,066	65.00
66.00	06600	PHYSICAL THERAPY	9,058	0	0	0	11,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,182	0	0	0	1,313	67.00
68.00	06800	SPEECH PATHOLOGY	615	0	0	0	645	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	696	0	0	0	216	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	826,635	0	4,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,255,774	0	6,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,557,472	9,159	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	1,536,597	6,475	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	245	74.00
76.00	03951	CARDIOLOGY	1,402	15,539	0	0	1,702	76.00
76.01	03950	WOUND CARE	1,154	12,785	0	0	777	76.01
76.97	07697	CARDIAC REHABILITATION	594	6,588	0	0	537	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	410	0	0	0	2,802	90.00
90.01	09001	DIABETES CENTER	343	0	0	0	58	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	0	0	0	696	90.02
91.00	09100	EMERGENCY	9,584	106,207	0	0	24,064	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	524	0	0	0	524	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,958	669,833	3,082,409	3,094,069	223,079	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	113,958	669,833	3,082,409	3,094,069	223,079	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	113,198					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		168,975				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			11,301,270	0	11,301,270	30.00
31.00	03100	INTENSIVE CARE UNIT			1,759,367	0	1,759,367	31.00
41.00	04100	SUBPROVIDER - IRF			700,631	0	700,631	41.00
43.00	04300	NURSERY			750,116	0	750,116	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			5,378,079	0	5,378,079	50.00
51.00	05100	RECOVERY ROOM			876,234	0	876,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			891,436	0	891,436	52.00
53.00	05300	ANESTHESIOLOGY			140,169	0	140,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			3,130,404	0	3,130,404	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			818,355	0	818,355	55.00
56.00	05600	RADIOISOTOPE			403,152	0	403,152	56.00
57.00	05700	CT SCAN			536,984	0	536,984	57.00
58.00	05800	MRI			432,819	0	432,819	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,157,235	0	1,157,235	59.00
60.00	06000	LABORATORY			1,233,266	0	1,233,266	60.00
65.00	06500	RESPIRATORY THERAPY			496,498	0	496,498	65.00
66.00	06600	PHYSICAL THERAPY			2,518,308	0	2,518,308	66.00
67.00	06700	OCCUPATIONAL THERAPY			173,090	0	173,090	67.00
68.00	06800	SPEECH PATHOLOGY			51,568	0	51,568	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY			156,899	0	156,899	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,178,316	0	1,178,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			3,210,806	0	3,210,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,221,140	0	2,221,140	73.00
73.01	03952	INJECTABLE DRUGS			2,188,805	0	2,188,805	73.01
74.00	07400	RENAL DIALYSIS			67,436	0	67,436	74.00
76.00	03951	CARDIOLOGY			547,757	0	547,757	76.00
76.01	03950	WOUND CARE			328,937	0	328,937	76.01
76.97	07697	CARDIAC REHABILITATION			480,363	0	480,363	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			5,283,409	0	5,283,409	90.00
90.01	09001	DIABETES CENTER			35,970	0	35,970	90.01
90.02	04951	BEHAVOIRAL HEALTH			345,701	0	345,701	90.02
91.00	09100	EMERGENCY			2,707,328	0	2,707,328	91.00
91.01	09101	EMERGENCY			0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			102,676	0	102,676	97.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	51,604,524	0	51,604,524	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			81,876	0	81,876	190.00
192.01	19201	CRISIS LINE			147,173	0	147,173	192.01
192.02	19202	FLIGHT FOR LIFE			99,305	0	99,305	192.02
192.04	19204	WELLNESS PROGRAM			1,238	0	1,238	192.04
200.00		Cross Foot Adjustments	113,198	168,975	282,173	0	282,173	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	113,198	168,975	52,216,289	0	52,216,289	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,011,946					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,011,946				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	264	264	186,857,861			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	359,986	359,986	24,013,372	-183,614,397	391,918,978	5.00
7.00	00700	OPERATION OF PLANT	99,040	99,040	4,712,154	0	18,524,685	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,228	1,228	178,361	0	2,118,832	8.00
9.00	00900	HOUSEKEEPING	12,666	12,666	4,039,479	0	7,423,673	9.00
10.00	01000	DIETARY	29,014	29,014	2,002,890	0	5,993,549	10.00
11.00	01100	CAFETERIA	0	0	1,894,929	0	2,903,276	11.00
13.00	01300	NURSING ADMINISTRATION	5,036	5,036	4,241,168	0	7,208,288	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,632	22,632	2,089,446	0	8,164,452	14.00
15.00	01500	PHARMACY	12,863	12,863	7,211,738	0	13,785,738	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,873	4,873	0	0	414,897	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	146	146	229,729	0	1,066,822	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	167,773	167,773	39,217,129	0	56,303,959	30.00
31.00	03100	INTENSIVE CARE UNIT	19,144	19,144	8,364,884	0	12,193,753	31.00
41.00	04100	SUBPROVIDER - IRF	8,598	8,598	3,111,895	0	4,395,799	41.00
43.00	04300	NURSERY	13,320	13,320	2,249,782	0	4,871,161	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,630	77,630	12,648,057	0	33,227,304	50.00
51.00	05100	RECOVERY ROOM	17,210	17,210	2,191,703	0	3,488,257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,269	16,269	2,438,881	0	5,340,071	52.00
53.00	05300	ANESTHESIOLOGY	982	982	0	0	963,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,153	25,153	10,254,826	0	17,708,487	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	11,313	2,693,376	0	4,624,879	55.00
56.00	05600	RADIOISOTOPE	5,342	5,342	789,422	0	2,474,077	56.00
57.00	05700	CT SCAN	5,627	5,627	1,828,813	0	3,904,816	57.00
58.00	05800	MRI	5,031	5,031	888,261	0	1,894,656	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,706	12,706	2,816,207	0	6,594,784	59.00
60.00	06000	LABORATORY	11,026	11,026	6,463,076	0	17,788,654	60.00
65.00	06500	RESPIRATORY THERAPY	2,597	2,597	3,219,011	0	4,892,623	65.00
66.00	06600	PHYSICAL THERAPY	2,081	2,081	12,279,294	0	18,186,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,804,235	0	2,298,316	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	986,616	0	1,264,432	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,061	1,061	834,194	0	1,429,772	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,858,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	24,174,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,687,730	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	16,463,956	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,713,147	74.00
76.00	03951	CARDIOLOGY	8,781	8,781	2,085,478	0	3,145,865	76.00
76.01	03950	WOUND CARE	0	0	1,384,929	0	3,502,719	76.01
76.97	07697	CARDIAC REHABILITATION	376	376	854,217	0	1,332,296	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,797	1,797	490,957	0	16,062,552	90.00
90.01	09001	DIABETES CENTER	0	0	413,237	0	565,587	90.01
90.02	04951	BEHAVIOIRAL HEALTH	7,083	7,083	674,502	0	1,131,456	90.02
91.00	09100	EMERGENCY	37,954	37,954	13,110,681	0	20,148,242	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	567,960	0	1,185,129	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,006,602	1,006,602	185,274,889	-183,614,397	389,307,931	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,911	1,911	0	0	62,132	190.00
192.01	19201	CRISIS LINE	1,247	1,247	1,559,394	0	2,428,885	192.01
192.02	19202	FLIGHT FOR LIFE	2,186	2,186	0	0	88,481	192.02
192.04	19204	WELLNESS PROGRAM	0	0	23,578	0	31,549	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	21,156,463	11,744,789	50,728,222		183,614,397	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.906711	11.606142	0.271480		0.468501	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,788		15,371,303	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000047		0.039221	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: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	552,656				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,228	1,658,682			8.00
9.00	00900	HOUSEKEEPING	12,666	0	538,762		9.00
10.00	01000	DIETARY	29,014	8,540	29,014	526,093	10.00
11.00	01100	CAFETERIA	0	0	0	168,303	11.00
13.00	01300	NURSING ADMINISTRATION	5,036	0	5,036	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,632	8,540	22,632	0	14.00
15.00	01500	PHARMACY	12,863	0	12,863	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,873	0	4,873	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	146	0	146	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	167,773	631,777	167,773	422,362	30.00
31.00	03100	INTENSIVE CARE UNIT	19,144	182,455	19,144	63,201	31.00
41.00	04100	SUBPROVIDER - IRF	8,598	8,047	8,598	40,530	41.00
43.00	04300	NURSERY	13,320	16,587	13,320	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,630	225,153	77,630	0	50.00
51.00	05100	RECOVERY ROOM	17,210	57,808	17,210	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,269	16,587	16,269	0	52.00
53.00	05300	ANESTHESIOLOGY	982	0	982	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,153	122,677	25,153	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	8,047	11,313	0	55.00
56.00	05600	RADIOISOTOPE	5,342	24,634	5,342	0	56.00
57.00	05700	CT SCAN	5,627	0	5,627	0	57.00
58.00	05800	MRI	5,031	0	5,031	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,706	49,760	12,706	0	59.00
60.00	06000	LABORATORY	11,026	0	11,026	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,597	0	2,597	0	65.00
66.00	06600	PHYSICAL THERAPY	2,081	0	2,081	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,061	16,587	1,061	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	8,781	33,174	8,781	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	376	0	376	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,797	8,047	1,797	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	7,083	0	7,083	0	90.02
91.00	09100	EMERGENCY	37,954	240,262	37,954	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	547,312	1,658,682	533,418	526,093	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,911	0	1,911	0	190.00
192.01	19201	CRISIS LINE	1,247	0	1,247	0	192.01
192.02	19202	FLIGHT FOR LIFE	2,186	0	2,186	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	192.04
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)	27,203,518	3,171,953	11,525,133	10,866,691	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.223238	1.912333	21.391882	20.655456	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	4,178,124	132,320	806,195	1,516,731	113,958	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.560081	0.079774	1.496384	2.883009	0.677100	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: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES) 16.00	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME) 21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	89,274					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	33,033,133				14.00
15.00	01500	PHARMACY	0	0	33,151,686			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,359,454,055		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,592	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,739	0	0	282,038,156	5,560	30.00
31.00	03100	INTENSIVE CARE UNIT	9,217	0	0	47,788,702	1,210	31.00
41.00	04100	SUBPROVIDER - IRF	3,564	0	0	14,437,581	0	41.00
43.00	04300	NURSERY	320	0	0	13,832,836	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	288,535,220	627	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,759,579	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	347	0	0	14,995,514	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	65,448,515	179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	148,872,156	179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	41,125,083	134	55.00
56.00	05600	RADIOISOTOPE	0	0	0	51,692,355	0	56.00
57.00	05700	CT SCAN	0	0	0	214,181,627	0	57.00
58.00	05800	MRI	0	0	0	95,137,019	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	42,019,788	0	59.00
60.00	06000	LABORATORY	0	0	0	223,886,829	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,279	0	0	32,268,949	224	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	118,353,509	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,821,809	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,789,445	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	2,268,526	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,858,736	0	44,558,894	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,174,397	0	72,501,866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,687,730	96,412,596	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	16,463,956	68,161,980	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,576,478	0	74.00
76.00	03951	CARDIOLOGY	2,071	0	0	17,910,944	762	76.00
76.01	03950	WOUND CARE	1,704	0	0	8,180,704	0	76.01
76.97	07697	CARDIAC REHABILITATION	878	0	0	5,655,666	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	29,490,119	448	90.00
90.01	09001	DIABETES CENTER	0	0	0	609,716	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0	0	7,324,251	0	90.02
91.00	09100	EMERGENCY	14,155	0	0	253,300,341	269	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,517,302	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,274	33,033,133	33,151,686	2,359,454,055	9,592	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	11,079,866	13,707,125	21,326,496	980,946	4,238,329	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	124.110783	0.414951	0.643300	0.000416	441.860822	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	669,833	3,082,409	3,094,069	223,079	113,198	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.503114	0.093313	0.093331	0.000095	11.801293	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: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER		
			PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,592		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,560		30.00
31.00	03100	INTENSIVE CARE UNIT	1,210		31.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	627		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	179		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	134		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
65.00	06500	RESPIRATORY THERAPY	224		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
73.01	03952	INJECTABLE DRUGS	0		73.01
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03951	CARDIOLOGY	762		76.00
76.01	03950	WOUND CARE	0		76.01
76.97	07697	CARDIAC REHABILITATION	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	448		90.00
90.01	09001	DIABETES CENTER	0		90.01
90.02	04951	BEHAVOIRAL HEALTH	0		90.02
91.00	09100	EMERGENCY	269		91.00
91.01	09101	EMERGENCY	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		97.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,592		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		190.00
192.01	19201	CRISIS LINE	0		192.01
192.02	19202	FLIGHT FOR LIFE	0		192.02
192.04	19204	WELLNESS PROGRAM	0		192.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet B-1
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
202.00	Cost to be allocated (per Wkst. B, Part I)		1,576,939		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		164.401480		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		168,975		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		17.616243		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 8:09 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	112,593,308		112,593,308	79,666	112,672,974	30.00
31.00	03100	INTENSIVE CARE UNIT	22,310,049		22,310,049	100,375	22,410,424	31.00
41.00	04100	SUBPROVIDER - IRF	8,453,559		8,453,559	0	8,453,559	41.00
43.00	04300	NURSERY	8,179,194		8,179,194	0	8,179,194	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,160,955		55,160,955	48,949	55,209,904	50.00
51.00	05100	RECOVERY ROOM	6,506,827		6,506,827	0	6,506,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,080,552		9,080,552	0	9,080,552	52.00
53.00	05300	ANESTHESIOLOGY	1,511,481		1,511,481	0	1,511,481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,361,793		28,361,793	47,409	28,409,202	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,682,104		7,682,104	0	7,682,104	55.00
56.00	05600	RADIOISOTOPE	4,098,301		4,098,301	0	4,098,301	56.00
57.00	05700	CT SCAN	6,271,214		6,271,214	0	6,271,214	57.00
58.00	05800	MRI	3,197,640		3,197,640	0	3,197,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,746,580		10,746,580	80,374	10,826,954	59.00
60.00	06000	LABORATORY	27,223,270		27,223,270	5,116	27,228,386	60.00
65.00	06500	RESPIRATORY THERAPY	7,871,657	0	7,871,657	0	7,871,657	65.00
66.00	06600	PHYSICAL THERAPY	27,241,885	0	27,241,885	26,263	27,268,148	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,425,033	0	3,425,033	0	3,425,033	67.00
68.00	06800	SPEECH PATHOLOGY	1,882,671	0	1,882,671	0	1,882,671	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	2,233,250		2,233,250	0	2,233,250	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,703,540		16,703,540	0	16,703,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,561,471		45,561,471	0	45,561,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,281,289		35,281,289	0	35,281,289	73.00
73.01	03952	INJECTABLE DRUGS	34,796,954		34,796,954	0	34,796,954	73.01
74.00	07400	RENAL DIALYSIS	2,516,830		2,516,830	0	2,516,830	74.00
76.00	03951	CARDIOLOGY	5,620,164		5,620,164	0	5,620,164	76.00
76.01	03950	WOUND CARE	5,401,800		5,401,800	8,636	5,410,436	76.01
76.97	07697	CARDIAC REHABILITATION	2,116,593		2,116,593	0	2,116,593	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,757,752		23,757,752	27,591	23,785,343	90.00
90.01	09001	DIABETES CENTER	843,637		843,637	0	843,637	90.01
90.02	04951	BEHAVOIRAL HEALTH	2,164,758		2,164,758	0	2,164,758	90.02
91.00	09100	EMERGENCY	34,948,038		34,948,038	37,959	34,985,997	91.00
91.01	09101	EMERGENCY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,807,698		9,807,698		9,807,698	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,762,265		1,762,265	0	1,762,265	97.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	575,314,112	0	575,314,112	462,338	575,776,450	200.00
201.00		Less Observation Beds	9,807,698		9,807,698		9,807,698	201.00
202.00		Total (see instructions)	565,506,414	0	565,506,414	462,338	565,968,752	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 8:09 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	265,793,829		265,793,829			30.00	
31.00	03100	INTENSIVE CARE UNIT	47,788,702		47,788,702			31.00	
41.00	04100	SUBPROVIDER - IRF	14,437,581		14,437,581			41.00	
43.00	04300	NURSERY	13,832,836		13,832,836			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,815,178	186,720,042	288,535,220	0.191176	0.000000	50.00	
51.00	05100	RECOVERY ROOM	9,371,499	20,388,080	29,759,579	0.218646	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,285,076	2,710,438	14,995,514	0.060551	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	27,020,165	38,428,350	65,448,515	0.023094	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,239,666	122,632,490	148,872,156	0.190511	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	715,437	40,409,646	41,125,083	0.186799	0.000000	55.00	
56.00	05600	RADIOISOTOPE	7,258,129	44,434,226	51,692,355	0.079283	0.000000	56.00	
57.00	05700	CT SCAN	56,043,137	158,138,490	214,181,627	0.029280	0.000000	57.00	
58.00	05800	MRI	12,967,978	82,169,041	95,137,019	0.033611	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	24,764,839	17,254,949	42,019,788	0.255750	0.000000	59.00	
60.00	06000	LABORATORY	102,859,766	121,027,063	223,886,829	0.121594	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	27,098,716	5,170,233	32,268,949	0.243939	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	18,499,051	99,854,458	118,353,509	0.230174	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	12,205,350	1,616,459	13,821,809	0.247799	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	6,697,588	91,857	6,789,445	0.277294	0.000000	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	883,809	1,384,717	2,268,526	0.984450	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,673,326	20,885,568	44,558,894	0.374864	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,928,309	26,573,557	72,501,866	0.628418	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	74,603,175	21,809,421	96,412,596	0.365941	0.000000	73.00	
73.01	03952	INJECTABLE DRUGS	164,965	67,997,015	68,161,980	0.510504	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	2,334,210	242,268	2,576,478	0.976849	0.000000	74.00	
76.00	03951	CARDIOLOGY	5,234,577	12,676,367	17,910,944	0.313784	0.000000	76.00	
76.01	03950	WOUND CARE	2,209	8,178,495	8,180,704	0.660310	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	241,494	5,414,172	5,655,666	0.374243	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,102	29,464,017	29,490,119	0.805617	0.000000	90.00	
90.01	09001	DIABETES CENTER	233,014	376,702	609,716	1.383656	0.000000	90.01	
90.02	04951	BEHAVIOIRAL HEALTH	201,171	7,123,080	7,324,251	0.295560	0.000000	90.02	
91.00	09100	EMERGENCY	58,414,492	194,885,849	253,300,341	0.137971	0.000000	91.00	
91.01	09101	EMERGENCY	0	0	0	0.000000	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,344,162	12,900,165	16,244,327	0.603761	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,517,302	5,517,302	0.319407	0.000000	97.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,002,979,538	1,356,474,517	2,359,454,055			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,002,979,538	1,356,474,517	2,359,454,055			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 8:09 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191345			50.00
51.00	05100	RECOVERY ROOM	0.218646			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.605551			52.00
53.00	05300	ANESTHESIOLOGY	0.023094			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190830			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186799			55.00
56.00	05600	RADIOISOTOPE	0.079283			56.00
57.00	05700	CT SCAN	0.029280			57.00
58.00	05800	MRI	0.033611			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257663			59.00
60.00	06000	LABORATORY	0.121617			60.00
65.00	06500	RESPIRATORY THERAPY	0.243939			65.00
66.00	06600	PHYSICAL THERAPY	0.230396			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247799			67.00
68.00	06800	SPEECH PATHOLOGY	0.277294			68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.984450			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374864			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.628418			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365941			73.00
73.01	03952	INJECTABLE DRUGS	0.510504			73.01
74.00	07400	RENAL DIALYSIS	0.976849			74.00
76.00	03951	CARDIOLOGY	0.313784			76.00
76.01	03950	WOUND CARE	0.661366			76.01
76.97	07697	CARDIAC REHABILITATION	0.374243			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.806553			90.00
90.01	09001	DIABETES CENTER	1.383656			90.01
90.02	04951	BEHAVOIRAL HEALTH	0.295560			90.02
91.00	09100	EMERGENCY	0.138121			91.00
91.01	09101	EMERGENCY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.603761			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.319407			97.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 8:09 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	112,593,308		112,593,308	79,666	112,672,974
31.00	03100	INTENSIVE CARE UNIT	22,310,049		22,310,049	100,375	22,410,424
41.00	04100	SUBPROVIDER - IRF	8,453,559		8,453,559	0	8,453,559
43.00	04300	NURSERY	8,179,194		8,179,194	0	8,179,194
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,160,955		55,160,955	48,949	55,209,904
51.00	05100	RECOVERY ROOM	6,506,827		6,506,827	0	6,506,827
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,080,552		9,080,552	0	9,080,552
53.00	05300	ANESTHESIOLOGY	1,511,481		1,511,481	0	1,511,481
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,361,793		28,361,793	47,409	28,409,202
55.00	05500	RADIOLOGY-THERAPEUTIC	7,682,104		7,682,104	0	7,682,104
56.00	05600	RADIOISOTOPE	4,098,301		4,098,301	0	4,098,301
57.00	05700	CT SCAN	6,271,214		6,271,214	0	6,271,214
58.00	05800	MRI	3,197,640		3,197,640	0	3,197,640
59.00	05900	CARDIAC CATHETERIZATION	10,746,580		10,746,580	80,374	10,826,954
60.00	06000	LABORATORY	27,223,270		27,223,270	5,116	27,228,386
65.00	06500	RESPIRATORY THERAPY	7,871,657	0	7,871,657	0	7,871,657
66.00	06600	PHYSICAL THERAPY	27,241,885	0	27,241,885	26,263	27,268,148
67.00	06700	OCCUPATIONAL THERAPY	3,425,033	0	3,425,033	0	3,425,033
68.00	06800	SPEECH PATHOLOGY	1,882,671	0	1,882,671	0	1,882,671
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	2,233,250		2,233,250	0	2,233,250
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,703,540		16,703,540	0	16,703,540
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,561,471		45,561,471	0	45,561,471
73.00	07300	DRUGS CHARGED TO PATIENTS	35,281,289		35,281,289	0	35,281,289
73.01	03952	INJECTABLE DRUGS	34,796,954		34,796,954	0	34,796,954
74.00	07400	RENAL DIALYSIS	2,516,830		2,516,830	0	2,516,830
76.00	03951	CARDIOLOGY	5,620,164		5,620,164	0	5,620,164
76.01	03950	WOUND CARE	5,401,800		5,401,800	8,636	5,410,436
76.97	07697	CARDIAC REHABILITATION	2,116,593		2,116,593	0	2,116,593
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23,757,752		23,757,752	27,591	23,785,343
90.01	09001	DIABETES CENTER	843,637		843,637	0	843,637
90.02	04951	BEHAVIORAL HEALTH	2,164,758		2,164,758	0	2,164,758
91.00	09100	EMERGENCY	34,948,038		34,948,038	37,959	34,985,997
91.01	09101	EMERGENCY	0		0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,807,698		9,807,698		9,807,698
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,762,265		1,762,265	0	1,762,265
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	575,314,112	0	575,314,112	462,338	575,776,450
201.00		Less Observation Beds	9,807,698		9,807,698		9,807,698
202.00		Total (see instructions)	565,506,414	0	565,506,414	462,338	565,968,752

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 8:09 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						9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	265,793,829		265,793,829			30.00
31.00	03100	INTENSIVE CARE UNIT	47,788,702		47,788,702			31.00
41.00	04100	SUBPROVIDER - IRF	14,437,581		14,437,581			41.00
43.00	04300	NURSERY	13,832,836		13,832,836			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,815,178	186,720,042	288,535,220	0.191176	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,371,499	20,388,080	29,759,579	0.218646	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,285,076	2,710,438	14,995,514	0.605551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,020,165	38,428,350	65,448,515	0.023094	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,239,666	122,632,490	148,872,156	0.190511	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	715,437	40,409,646	41,125,083	0.186799	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,258,129	44,434,226	51,692,355	0.079283	0.000000	56.00
57.00	05700	CT SCAN	56,043,137	158,138,490	214,181,627	0.029280	0.000000	57.00
58.00	05800	MRI	12,967,978	82,169,041	95,137,019	0.033611	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,764,839	17,254,949	42,019,788	0.255750	0.000000	59.00
60.00	06000	LABORATORY	102,859,766	121,027,063	223,886,829	0.121594	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	27,098,716	5,170,233	32,268,949	0.243939	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,499,051	99,854,458	118,353,509	0.230174	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,205,350	1,616,459	13,821,809	0.247799	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	6,697,588	91,857	6,789,445	0.277294	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	883,809	1,384,717	2,268,526	0.984450	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,673,326	20,885,568	44,558,894	0.374864	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,928,309	26,573,557	72,501,866	0.628418	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,603,175	21,809,421	96,412,596	0.365941	0.000000	73.00
73.01	03952	INJECTABLE DRUGS	164,965	67,997,015	68,161,980	0.510504	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,334,210	242,268	2,576,478	0.976849	0.000000	74.00
76.00	03951	CARDIOLOGY	5,234,577	12,676,367	17,910,944	0.313784	0.000000	76.00
76.01	03950	WOUND CARE	2,209	8,178,495	8,180,704	0.660310	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	241,494	5,414,172	5,655,666	0.374243	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,102	29,464,017	29,490,119	0.805617	0.000000	90.00
90.01	09001	DIABETES CENTER	233,014	376,702	609,716	1.383656	0.000000	90.01
90.02	04951	BEHAVIOIRAL HEALTH	201,171	7,123,080	7,324,251	0.295560	0.000000	90.02
91.00	09100	EMERGENCY	58,414,492	194,885,849	253,300,341	0.137971	0.000000	91.00
91.01	09101	EMERGENCY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,344,162	12,900,165	16,244,327	0.603761	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,517,302	5,517,302	0.319407	0.000000	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,002,979,538	1,356,474,517	2,359,454,055			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,002,979,538	1,356,474,517	2,359,454,055			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 8:09 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03952	INJECTABLE DRUGS	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	CARDIOLOGY	0.000000			76.00
76.01	03950	WOUND CARE	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CENTER	0.000000			90.01
90.02	04951	BEHAVIORAL HEALTH	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	EMERGENCY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/29/2020 8:09 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,301,270	0	11,301,270	80,142	141.02	30.00
31.00	INTENSIVE CARE UNIT	1,759,367		1,759,367	11,759	149.62	31.00
41.00	SUBPROVIDER - IRF	700,631	0	700,631	7,541	92.91	41.00
43.00	NURSERY	750,116		750,116	5,418	138.45	43.00
200.00	Total (lines 30 through 199)	14,511,384		14,511,384	104,860		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	36,835	5,194,472				30.00
31.00	INTENSIVE CARE UNIT	4,788	716,381				31.00
41.00	SUBPROVIDER - IRF	5,671	526,893				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	47,294	6,437,746				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,378,079	288,535,220	0.018639	48,706,463	907,840 50.00
51.00	05100	RECOVERY ROOM	876,234	29,759,579	0.029444	4,853,122	142,895 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	891,436	14,995,514	0.059447	20,962	1,246 52.00
53.00	05300	ANESTHESIOLOGY	140,169	65,448,515	0.002142	14,237,639	30,497 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,130,404	148,872,156	0.021027	14,819,038	311,600 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	818,355	41,125,083	0.019899	469,552	9,344 55.00
56.00	05600	RADIOISOTOPE	403,152	51,692,355	0.007799	4,349,339	33,920 56.00
57.00	05700	CT SCAN	536,984	214,181,627	0.002507	32,332,777	81,058 57.00
58.00	05800	MRI	432,819	95,137,019	0.004549	6,888,555	31,336 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,157,235	42,019,788	0.027540	12,433,181	342,410 59.00
60.00	06000	LABORATORY	1,233,266	223,886,829	0.005508	53,687,827	295,713 60.00
65.00	06500	RESPIRATORY THERAPY	496,498	32,268,949	0.015386	15,765,634	242,570 65.00
66.00	06600	PHYSICAL THERAPY	2,518,308	118,353,509	0.021278	8,571,313	182,380 66.00
67.00	06700	OCCUPATIONAL THERAPY	173,090	13,821,809	0.012523	4,470,471	55,984 67.00
68.00	06800	SPEECH PATHOLOGY	51,568	6,789,445	0.007595	1,873,376	14,228 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
70.01	07001	SLEEP LAB/NEUROLOGY	156,899	2,268,526	0.069163	515,089	35,625 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,178,316	44,558,894	0.026444	11,169,264	295,360 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,210,806	72,501,866	0.044286	25,124,900	1,112,681 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,221,140	96,412,596	0.023038	37,103,986	854,802 73.00
73.01	03952	INJECTABLE DRUGS	2,188,805	68,161,980	0.032112	0	0 73.01
74.00	07400	RENAL DIALYSIS	67,436	2,576,478	0.026174	1,383,525	36,212 74.00
76.00	03951	CARDIOLOGY	547,757	17,910,944	0.030582	3,016,872	92,262 76.00
76.01	03950	WOUND CARE	328,937	8,180,704	0.040209	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	480,363	5,655,666	0.084935	133,963	11,378 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,283,409	29,490,119	0.179159	0	0 90.00
90.01	09001	DIABETES CENTER	35,970	609,716	0.058995	0	0 90.01
90.02	04951	BEHAVIOIRAL HEALTH	345,701	7,324,251	0.047200	22,923	1,082 90.02
91.00	09100	EMERGENCY	2,707,328	253,300,341	0.010688	32,861,700	351,226 91.00
91.01	09101	EMERGENCY	0	0	0.000000	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	983,732	16,244,327	0.060558	2,349,421	142,276 92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	102,676	5,517,302	0.018610	0	0 97.00
200.00		Total (lines 50 through 199)	38,076,872	2,017,601,107		337,160,892	5,615,925 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0116		Period: From 07/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/29/2020 8:09 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	80,142	0.00	36,835	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	11,759	0.00	4,788	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,541	0.00	5,671	41.00	
43.00	04300	NURSERY			0	5,418	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	104,860		47,294	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
41.00	04100	SUBPROVIDER - IRF		0						41.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 8:09 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	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 8:09 am

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	288,535,220	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,759,579	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,995,514	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	65,448,515	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	148,872,156	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	41,125,083	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	51,692,355	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	214,181,627	0.000000	57.00
58.00	05800	MRI	0	0	0	95,137,019	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	42,019,788	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	223,886,829	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,268,949	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	118,353,509	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,821,809	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,789,445	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	2,268,526	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,558,894	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72,501,866	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	96,412,596	0.000000	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	68,161,980	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,576,478	0.000000	74.00
76.00	03951	CARDIOLOGY	0	0	0	17,910,944	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	8,180,704	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,655,666	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	29,490,119	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	609,716	0.000000	90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0	0	7,324,251	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	253,300,341	0.000000	91.00
91.01	09101	EMERGENCY	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,244,327	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,517,302	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	2,017,601,107		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 8:09 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	48,706,463	0	60,691,509	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	4,853,122	0	4,663,501	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	20,962	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	14,237,639	0	13,426,597	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	14,819,038	0	25,495,588	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	469,552	0	17,808,305	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	4,349,339	0	21,570,501	0	56.00	
57.00	05700	CT SCAN	0.000000	32,332,777	0	47,023,355	0	57.00	
58.00	05800	MRI	0.000000	6,888,555	0	25,056,411	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	12,433,181	0	7,244,344	0	59.00	
60.00	06000	LABORATORY	0.000000	53,687,827	0	18,847,213	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	15,765,634	0	1,804,433	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	8,571,313	0	209,517	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,470,471	0	113,622	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,873,376	0	26,789	0	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000	515,089	0	1,031,460	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,169,264	0	5,120,179	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,124,900	0	8,747,202	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	37,103,986	0	4,048,593	0	73.00	
73.01	03952	INJECTABLE DRUGS	0.000000	0	0	39,161,394	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	1,383,525	0	76,046	0	74.00	
76.00	03951	CARDIOLOGY	0.000000	3,016,872	0	5,256,970	0	76.00	
76.01	03950	WOUND CARE	0.000000	0	0	1,743,777	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	133,963	0	3,139,672	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	14,850,667	0	90.00	
90.01	09001	DIABETES CENTER	0.000000	0	0	0	0	90.01	
90.02	04951	BEHAVOIRAL HEALTH	0.000000	22,923	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000000	32,861,700	0	37,350,458	0	91.00	
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,349,421	0	4,660,991	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00		Total (lines 50 through 199)		337,160,892	0	369,169,094	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0116		Period: From 07/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/29/2020 8:09 am	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.191176	60,691,509	0	0	11,602,760	50.00	
51.00	05100	RECOVERY ROOM	0.218646	4,663,501	0	0	1,019,656	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.605551	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.023094	13,426,597	0	0	310,074	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190511	25,495,588	0	0	4,857,190	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186799	17,808,305	0	0	3,326,574	55.00	
56.00	05600	RADIOISOTOPE	0.079283	21,570,501	0	0	1,710,174	56.00	
57.00	05700	CT SCAN	0.029280	47,023,355	0	0	1,376,844	57.00	
58.00	05800	MRI	0.033611	25,056,411	0	0	842,171	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.255750	7,244,344	0	0	1,852,741	59.00	
60.00	06000	LABORATORY	0.121594	18,847,213	0	0	2,291,708	60.00	
65.00	06500	RESPIRATORY THERAPY	0.243939	1,804,433	0	0	440,172	65.00	
66.00	06600	PHYSICAL THERAPY	0.230174	209,517	0	0	48,225	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.247799	113,622	0	0	28,155	67.00	
68.00	06800	SPEECH PATHOLOGY	0.277294	26,789	493	0	7,428	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0.984450	1,031,460	0	0	1,015,421	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374864	5,120,179	0	0	1,919,371	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.628418	8,747,202	0	0	5,496,899	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365941	4,048,593	0	0	1,481,546	73.00	
73.01	03952	INJECTABLE DRUGS	0.510504	39,161,394	0	550,577	19,992,048	73.01	
74.00	07400	RENAL DIALYSIS	0.976849	76,046	0	0	74,285	74.00	
76.00	03951	CARDIOLOGY	0.313784	5,256,970	0	0	1,649,553	76.00	
76.01	03950	WOUND CARE	0.660310	1,743,777	0	0	1,151,433	76.01	
76.97	07697	CARDIAC REHABILITATION	0.374243	3,139,672	0	0	1,175,000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.805617	14,850,667	1,958	20,999	11,963,950	90.00	
90.01	09001	DIABETES CENTER	1.383656	0	0	0	0	90.01	
90.02	04951	BEHAVIOIRAL HEALTH	0.295560	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.137971	37,350,458	0	0	5,153,280	91.00	
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.603761	4,660,991	159	12,504	2,814,125	92.00	
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.319407	0	0	0	0	97.00	
200.00		Subtotal (see instructions)		369,169,094	2,610	584,080	83,600,783	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00	
202.00		Net Charges (line 200 - line 201)		369,169,094	2,610	584,080	83,600,783	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
1/29/2020 8:09 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	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	137	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	03952	INJECTABLE DRUGS	0	281,072		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	CARDIOLOGY	0	0		76.00
76.01	03950	WOUND CARE	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,577	16,917		90.00
90.01	09001	DIABETES CENTER	0	0		90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	96	7,549		92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	1,810	305,538		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,810	305,538		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:

Worksheet D

Component CCN: 14-T116

From 07/01/2018
To 08/31/2019Part II
Date/Time Prepared:
1/29/2020 8:09 am

Title XVIII

Subprovider -

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,378,079	288,535,220	0.018639	32,556	607	50.00
51.00	05100 RECOVERY ROOM	876,234	29,759,579	0.029444	1,672	49	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	891,436	14,995,514	0.059447	0	0	52.00
53.00	05300 ANESTHESIOLOGY	140,169	65,448,515	0.002142	13,961	30	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,130,404	148,872,156	0.021027	322,307	6,777	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	818,355	41,125,083	0.019899	71,266	1,418	55.00
56.00	05600 RADIOISOTOPE	403,152	51,692,355	0.007799	0	0	56.00
57.00	05700 CT SCAN	536,984	214,181,627	0.002507	162,606	408	57.00
58.00	05800 MRI	432,819	95,137,019	0.004549	35,927	163	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,157,235	42,019,788	0.027540	0	0	59.00
60.00	06000 LABORATORY	1,233,266	223,886,829	0.005508	1,461,290	8,049	60.00
65.00	06500 RESPIRATORY THERAPY	496,498	32,268,949	0.015386	399,472	6,146	65.00
66.00	06600 PHYSICAL THERAPY	2,518,308	118,353,509	0.021278	3,847,191	81,861	66.00
67.00	06700 OCCUPATIONAL THERAPY	173,090	13,821,809	0.012523	3,842,585	48,121	67.00
68.00	06800 SPEECH PATHOLOGY	51,568	6,789,445	0.007595	2,739,539	20,807	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	156,899	2,268,526	0.069163	7,355	509	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,178,316	44,558,894	0.026444	24,581	650	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,210,806	72,501,866	0.044286	4,994	221	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,221,140	96,412,596	0.023038	1,117,653	25,748	73.00
73.01	03952 INJECTABLE DRUGS	2,188,805	68,161,980	0.032112	0	0	73.01
74.00	07400 RENAL DIALYSIS	67,436	2,576,478	0.026174	61,148	1,600	74.00
76.00	03951 CARDIOLOGY	547,757	17,910,944	0.030582	18,426	564	76.00
76.01	03950 WOUND CARE	328,937	8,180,704	0.040209	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	480,363	5,655,666	0.084935	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	5,283,409	29,490,119	0.179159	0	0	90.00
90.01	09001 DIABETES CENTER	35,970	609,716	0.058995	0	0	90.01
90.02	04951 BEHAVIORAL HEALTH	345,701	7,324,251	0.047200	0	0	90.02
91.00	09100 EMERGENCY	2,707,328	253,300,341	0.010688	3,473	37	91.00
91.01	09101 EMERGENCY	0	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	16,244,327	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	102,676	5,517,302	0.018610	0	0	97.00
200.00	Total (lines 50 through 199)	37,093,140	2,017,601,107		14,168,002	203,765	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116
Component CCN: 14-T116

Period:
From 07/01/2018
To 08/31/2019

Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 8:09 am

					Title XVIII	Subprovider - IRF	17/29/2020 8:09 am	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	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
	OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 07/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 8:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	288,535,220	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	29,759,579	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	14,995,514	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	65,448,515	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	148,872,156	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	41,125,083	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	51,692,355	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	214,181,627	0.000000	57.00
58.00	05800	MRI		0	0	0	95,137,019	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	42,019,788	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	223,886,829	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	32,268,949	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	118,353,509	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,821,809	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	6,789,445	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY		0	0	0	2,268,526	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	44,558,894	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72,501,866	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	96,412,596	0.000000	73.00
73.01	03952	INJECTABLE DRUGS		0	0	0	68,161,980	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	2,576,478	0.000000	74.00
76.00	03951	CARDIOLOGY		0	0	0	17,910,944	0.000000	76.00
76.01	03950	WOUND CARE		0	0	0	8,180,704	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	5,655,666	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	29,490,119	0.000000	90.00
90.01	09001	DIABETES CENTER		0	0	0	609,716	0.000000	90.01
90.02	04951	BEHAVOIRAL HEALTH		0	0	0	7,324,251	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	253,300,341	0.000000	91.00
91.01	09101	EMERGENCY		0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	16,244,327	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	5,517,302	0.000000	97.00
200.00		Total (lines 50 through 199)		0	0	0	2,017,601,107		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116
Component CCN: 14-T116

Period:
From 07/01/2018
To 08/31/2019

Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 8:09 am

			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	32,556	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,672	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	13,961	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	322,307	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	71,266	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	162,606	0	0	0	57.00
58.00	05800	MRI	0.000000	35,927	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,461,290	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	399,472	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,847,191	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,842,585	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,739,539	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000	7,355	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	24,581	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,994	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,117,653	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	61,148	0	0	0	74.00
76.00	03951	CARDIOLOGY	0.000000	18,426	0	0	0	76.00
76.01	03950	WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	3,473	0	0	0	91.00
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		14,168,002	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 8:09 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)		80,142	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		80,142	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)		73,166	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)		36,835	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)		112,672,974	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)		112,672,974	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)		112,672,974	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)		1,405.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		51,787,063	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)		51,787,063	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 8:09 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	22,410,424	11,759	1,905.81	4,788	9,125,018	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					74,715,145	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					135,627,226	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)					5,910,853	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,615,925	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					11,526,778	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					124,100,448	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)					6,976	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,405.92	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,807,698	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
1/29/2020 8:09 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	11,301,270	112,672,974	0.100302	9,807,698	983,732
91.00	Nursing School cost	0	112,672,974	0.000000	9,807,698	0
92.00	Allied health cost	0	112,672,974	0.000000	9,807,698	0
93.00	All other Medical Education	0	112,672,974	0.000000	9,807,698	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 8:09 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,541	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,541	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)		7,541	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)		5,671	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)		8,453,559	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)		8,453,559	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)		8,453,559	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)		1,121.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,357,248	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)		6,357,248	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 07/01/2018 To 08/31/2019		Worksheet D-1 Date/Time Prepared: 1/29/2020 8:09 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,455,676	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,812,924	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)					526,893	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					203,765	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					730,658	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,082,266	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 07/01/2018 To 08/31/2019		Worksheet D-1 Date/Time Prepared: 1/29/2020 8:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			700,631	8,453,559	0.082880	0	0	90.00
91.00	Nursing School cost			0	8,453,559	0.000000	0	0	91.00
92.00	Allied health cost			0	8,453,559	0.000000	0	0	92.00
93.00	All other Medical Education			0	8,453,559	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/29/2020 8:09 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		141,226,534	30.00
31.00	03100	INTENSIVE CARE UNIT		23,623,786	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191345	48,706,463	50.00
51.00	05100	RECOVERY ROOM	0.218646	4,853,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.605551	20,962	52.00
53.00	05300	ANESTHESIOLOGY	0.023094	14,237,639	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190830	14,819,038	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186799	469,552	55.00
56.00	05600	RADIOISOTOPE	0.079283	4,349,339	56.00
57.00	05700	CT SCAN	0.029280	32,332,777	57.00
58.00	05800	MRI	0.033611	6,888,555	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257663	12,433,181	59.00
60.00	06000	LABORATORY	0.121617	53,687,827	60.00
65.00	06500	RESPIRATORY THERAPY	0.243939	15,765,634	65.00
66.00	06600	PHYSICAL THERAPY	0.230396	8,571,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247799	4,470,471	67.00
68.00	06800	SPEECH PATHOLOGY	0.277294	1,873,376	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.984450	515,089	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374864	11,169,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.628418	25,124,900	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365941	37,103,986	73.00
73.01	03952	INJECTABLE DRUGS	0.510504	0	73.01
74.00	07400	RENAL DIALYSIS	0.976849	1,383,525	74.00
76.00	03951	CARDIOLOGY	0.313784	3,016,872	76.00
76.01	03950	WOUND CARE	0.661366	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.374243	133,963	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.806553	0	90.00
90.01	09001	DIABETES CENTER	1.383656	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0.295560	22,923	90.02
91.00	09100	EMERGENCY	0.138121	32,861,700	91.00
91.01	09101	EMERGENCY	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.603761	2,349,421	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.319407	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		337,160,892	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		337,160,892	202.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0116	Period: From 07/01/2018	Worksheet D-3
			Component CCN: 14-T116	To 08/31/2019	Date/Time Prepared: 1/29/2020 8:09 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		10,231,500	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.191345	32,556	50.00
51.00	05100	RECOVERY ROOM	0.218646	1,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.605551	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023094	13,961	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190830	322,307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.186799	71,266	55.00
56.00	05600	RADIOISOTOPE	0.079283	0	56.00
57.00	05700	CT SCAN	0.029280	162,606	57.00
58.00	05800	MRI	0.033611	35,927	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257663	0	59.00
60.00	06000	LABORATORY	0.121617	1,461,290	60.00
65.00	06500	RESPIRATORY THERAPY	0.243939	399,472	65.00
66.00	06600	PHYSICAL THERAPY	0.230396	3,847,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247799	3,842,585	67.00
68.00	06800	SPEECH PATHOLOGY	0.277294	2,739,539	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.984450	7,355	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.374864	24,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.628418	4,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365941	1,117,653	73.00
73.01	03952	INJECTABLE DRUGS	0.510504	0	73.01
74.00	07400	RENAL DIALYSIS	0.976849	61,148	74.00
76.00	03951	CARDIOLOGY	0.313784	18,426	76.00
76.01	03950	WOUND CARE	0.661366	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.374243	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.806553	0	90.00
90.01	09001	DIABETES CENTER	1.383656	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0.295560	0	90.02
91.00	09100	EMERGENCY	0.138121	3,473	91.00
91.01	09101	EMERGENCY	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.603761	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.319407	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,168,002	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		14,168,002	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/29/2020 8:09 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)		18,420,768	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		70,072,661	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)		4,387,990	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		16,040,569	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		289.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		24.51	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		24.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.084707	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.091850	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.084707	21.00
22.00	IME payment adjustment (see instructions)		3,999,638	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		724,986	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		3,999,638	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		724,986	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.21	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.07	31.00
32.00	Sum of lines 30 and 31		17.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.98	33.00
34.00	Disproportionate share adjustment (see instructions)		880,510	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/29/2020 8:09 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)	5,977,483,147	8,272,872,447	35.00	
35.01	Factor 3 (see instructions)	0.000127844	0.000180587	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	764,186	1,493,977	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	192,617	1,371,184	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,563,801		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	99,325,368		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)		100,050,354	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,325,623	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).		1,121,970	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		0	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		109,497,947	59.00	
60.00	Primary payer payments		44,748	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		109,453,199	61.00	
62.00	Deductibles billed to program beneficiaries		9,337,996	62.00	
63.00	Coinsurance billed to program beneficiaries		184,877	63.00	
64.00	Allowable bad debts (see instructions)		1,546,716	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		1,005,365	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		909,663	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		100,935,691	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	PROBIDER 140176 UCC ADJUSTMENT		996,312	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)		48,579	70.93	
70.94	HRR adjustment amount (see instructions)		-343,569	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/29/2020 8:09 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)			101,637,013	71.00
71.01	Sequestration adjustment (see instructions)			2,032,740	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			95,009,195	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)			4,595,078	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,185,125	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)			2,992,564	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			288,244	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: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/29/2020 8:09 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		307,348	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		83,600,783	2.00
3.00	OPPS payments		60,243,703	3.00
4.00	Outlier payment (see instructions)		370,483	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		307,348	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		586,690	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)		586,690	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)		586,690	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		279,342	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)		307,348	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)		60,614,186	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)		11,840,726	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)		49,080,808	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		647,450	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)		49,728,258	30.00
31.00	Primary payer payments		5,298	31.00
32.00	Subtotal (line 30 minus line 31)		49,722,960	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,275,548	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		829,106	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		831,566	36.00
37.00	Subtotal (see instructions)		50,552,066	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)		50,552,066	40.00
40.01	Sequestration adjustment (see instructions)		1,011,041	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		48,701,299	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		839,726	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)		366,875	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: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
1/29/2020 8:09 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		95,114,609		48,788,362	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	02/11/2019	105,414	02/11/2019	87,063	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)		-105,414		-87,063	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)		95,009,195		48,701,299	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		4,595,078		839,726	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		99,604,273		49,541,025	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0116

Period:

Worksheet E-1

Component CCN: 14-T116

From 07/01/2018
To 08/31/2019Part I
Date/Time Prepared:
1/29/2020 8:09 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		8,117,511		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)		8,117,511		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		38,315		0	6.02
7.00	Total Medicare program liability (see instructions)		8,079,196		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet E-1
Part II
Date/Time Prepared:
1/29/2020 8:09 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2018 To 08/31/2019	Worksheet E-3 Part III Date/Time Prepared: 1/29/2020 8:09 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,942,734 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0207 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			117,552 3.00
4.00	Outlier Payments			225,022 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			17.660422 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,285,308 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,285,308 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			8,285,308 19.00
20.00	Deductibles			18,976 20.00
21.00	Subtotal (line 19 minus line 20)			8,266,332 21.00
22.00	Coinsurance			22,254 22.00
23.00	Subtotal (line 21 minus line 22)			8,244,078 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,244,078 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			8,244,078 32.00
32.01	Sequestration adjustment (see instructions)			164,882 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			8,117,511 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-38,315 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			225,022 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: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/29/2020 8:09 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.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.00	0.00	0.00	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.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	28.67	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	28.67	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	28.67	0.00		17.00
18.00	Per resident amount	104,533.68	0.00		18.00
19.00	Approved amount for resident costs	2,996,981	0	2,996,981	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)			2,996,981	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,294	8,862		26.00
27.00	Total Inpatient Days (see instructions)	92,994	92,994		27.00
28.00	Ratio of inpatient days to total inpatient days	0.508570	0.095296		28.00
29.00	Program direct GME amount	1,524,175	285,600		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		40,355		30.00
31.00	Net Program direct GME amount			1,769,420	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0116	Period: From 07/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/29/2020 8:09 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)		2,576,478	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)		145,440,150	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)		44,748	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		145,395,402	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		83,908,131	42.00
43.00	Primary payer payments (see instructions)		5,298	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		83,902,833	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		229,298,235	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.634089	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.365911	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,769,420	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,121,970	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		647,450	50.00

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

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet G

Date/Time Prepared:
1/29/2020 8:09 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	42,978,847	0	0	0	1.00
2.00 Temporary investments	4,356,205	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	59,090,632	0	0	0	4.00
5.00 Other receivable	6,853,191	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	9,831,240	0	0	0	7.00
8.00 Prepaid expenses	3,125,443	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	-49,289,255	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	76,946,303	0	0	0	11.00
FIXED ASSETS					
12.00 Land	22,530,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	315,202,510	0	0	0	15.00
16.00 Accumulated depreciation	-19,956,817	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	47,204,343	0	0	0	23.00
24.00 Accumulated depreciation	-5,876,121	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)	359,103,915	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	166,475,863	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	2,039,940	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	168,515,803	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	604,566,021	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	8,877,208	0	0	0	37.00
38.00 Salaries, wages, and fees payable	20,501,764	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	22,869,727	0	0	0	43.00
44.00 Other current liabilities	78,853,281	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	131,101,980	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	402,391,027	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	0	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	402,391,027	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	533,493,007	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	71,073,014				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	71,073,014	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	604,566,021	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet G-1

Date/Time Prepared:
1/29/2020 8:09 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		135,565,923		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-64,492,909				2.00
3.00	Total (sum of line 1 and line 2)		71,073,014		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		71,073,014		0		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)		71,073,014		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2020 8:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	265,793,829		265,793,829	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	14,437,581		14,437,581	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	280,231,410		280,231,410	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	47,788,702		47,788,702	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	47,788,702		47,788,702	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	328,020,112		328,020,112	17.00
18.00	Ancillary services	644,703,504	1,351,269,905	1,995,973,409	18.00
19.00	Outpatient services	0	0	0	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DME	0	5,517,302	5,517,302	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	972,723,616	1,356,787,207	2,329,510,823	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		584,933,453		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)		584,933,453		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019

Worksheet G-3

Date/Time Prepared:
1/29/2020 8:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,329,510,823	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,827,470,715	2.00
3.00	Net patient revenues (line 1 minus line 2)	502,040,108	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	584,933,453	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-82,893,345	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	18,400,436	24.00
24.01	ROUNDING	0	24.01
25.00	Total other income (sum of lines 6-24)	18,400,436	25.00
26.00	Total (line 5 plus line 25)	-64,492,909	26.00
27.00	TRANSFERS TO AFFILIATES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-64,492,909	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0116

Period:
From 07/01/2018
To 08/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
1/29/2020 8:09 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,201,055	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		614,733	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)		200.12	3.00
4.00	Number of interns & residents (see instructions)		24.51	4.00
5.00	Indirect medical education percentage (see instructions)		3.52	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)		253,477	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.21	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.07	8.00
9.00	Sum of lines 7 and 8		17.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.56	10.00
11.00	Disproportionate share adjustment (see instructions)		256,358	11.00
12.00	Total prospective capital payments (see instructions)		8,325,623	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