

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: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 1/27/2020 2:58 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 1/27/2020	Time: 2:58 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DELNOR-COMMUNITY HOSPITAL (14-0211) for the cost reporting period beginning 09/01/2018 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	400,457	289,582	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	400,457	289,582	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: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/27/2020 2:58 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 300 RANDALL ROAD			PO Box:				1.00		
2.00	City: GENEVA			State: IL		Zip Code: 60134		County: KANE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		DELNOR-COMMUNITY HOSPITAL	140211	20994	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2018	08/31/2019		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			
				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.			1,039	621	0	0	2,116	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	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.					Y	Y	
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		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

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

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Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

	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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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		
	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		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

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		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:	577,024	4,022,230	1,795,209	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/27/2020 2:58 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: CADENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131						
142.00	Street: 25 NORTH WINFIELD ROAD	PO Box:								
143.00	City: WINFIELD	State: IL		Zip Code: 60190						
								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	N	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	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00		
161.00	CMHC		N	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.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								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)						09/30/2017	08/31/2018	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: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 1/27/2020 2:58 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/03/2019	Y 12/03/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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	VANDER LAAN		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: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

		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: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

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	124	45,260	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)		124	45,260	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

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)	10,900	1,450	25,292			1.00
2.00	HMO and other (see instructions)	3,378	2,116				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,900	1,450	25,292			7.00
8.00	INTENSIVE CARE UNIT	1,685	3	3,778			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		207	4,097			13.00
14.00	Total (see instructions)	12,585	1,660	33,167	1.45	1,053.01	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			426			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)				1.45	1,053.01	27.00
28.00	Observation Bed Days		0	8,284			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	82	409			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	3,319	550	8,388	1.00
2.00 HMO and other (see instructions)			757	621		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,319	550	8,388	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

	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	79,962,454	0	79,962,454	2,190,264.74	36.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	45,837	0	45,837	1,884.75	24.32
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		87,541	0	87,541	3,331.42	26.28
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		737,358	0	737,358	11,606.32	63.53
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		24,237,909	0	24,237,909	594,799.00	40.75
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,915,922	0	19,915,922		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		21,840	0	21,840		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		11,436	0	11,436		
25.50	Home office wage-related (core)		5,551,332	0	5,551,332		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,508,238	0	2,508,238	0.00	0.00
27.00	Administrative & General	5.00	4,940,043	0	4,940,043	104,578.10	47.24

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

		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	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,223,999	0	1,223,999	40,048.10	30.56	30.00
31.00	Laundry & Linen Service	8.00	32,626	0	32,626	2,133.97	15.29	31.00
32.00	Housekeeping	9.00	1,750,297	0	1,750,297	104,779.68	16.70	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,442,967	-860,601	582,366	33,688.78	17.29	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	860,601	860,601	49,784.22	17.29	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,344,718	0	2,344,718	60,457.78	38.78	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,456,300	0	3,456,300	69,267.49	49.90	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part III
Date/Time Prepared:
1/27/2020 2:58 pm

	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)	79,916,617	0	79,916,617	2,188,379.99	36.52	1.00
2.00	Excluded area salaries (see instructions)	87,541	0	87,541	3,331.42	26.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,829,076	0	79,829,076	2,185,048.57	36.53	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,975,267	0	24,975,267	606,405.32	41.19	4.00
5.00	Subtotal wage-related costs (see inst.)	25,467,254	0	25,467,254	0.00	31.90	5.00
6.00	Total (sum of lines 3 thru 5)	130,271,597	0	130,271,597	2,791,453.89	46.67	6.00
7.00	Total overhead cost (see instructions)	17,699,188	0	17,699,188	464,738.12	38.08	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
1/27/2020 2:58 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,047,263	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)	5,789,288	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,138,351	9.00
10.00	Dental, Hearing and Vision Plan	290,649	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	67,067	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)	627,110	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	5,678,481	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	44,788	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	266,200	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,949,197	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part V
Date/Time Prepared:
1/27/2020 2:58 pm

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	737,358	19,949,197	1.00
2.00	Hospital	737,358	19,915,922	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	33,275	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet S-7

Date/Time Prepared:
1/27/2020 2:58 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet S-7

Date/Time Prepared:
1/27/2020 2:58 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet S-10

Date/Time Prepared:
1/27/2020 2:58 pm

			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)		0.168819	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		15,544,134	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?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		848,000	5.00
6.00	Medicaid charges		130,830,745	6.00
7.00	Medicaid cost (line 1 times line 6)		22,086,716	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)		5,694,582	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)		5,694,582	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,686,504	416,278	3,102,782
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	453,533	416,278	869,811
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	453,533	416,278	869,811
			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)		15,542,624	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		368,149	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		566,383	27.01
28.00	Non-Medicare bad debt expense (see instructions)		14,976,241	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,726,508	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,596,319	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,290,901	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
1/27/2020 2:58 pm

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		12,937,453	12,937,453	0	12,937,453	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,027,182	8,027,182	0	8,027,182	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,508,238	166,721	2,674,959	0	2,674,959	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	321	321	5.01
5.02	00550	IS	0	321	321	-321	0	5.02
5.03	00560	PURCHASING	666,376	789,585	1,455,961	0	1,455,961	5.03
5.04	00570	PT REG	0	0	0	0	0	5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,273,667	107,262,138	111,535,805	0	111,535,805	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,223,999	8,691,470	9,915,469	0	9,915,469	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,626	724,362	756,988	0	756,988	8.00
9.00	00900	HOUSEKEEPING	1,750,297	1,623,732	3,374,029	0	3,374,029	9.00
10.00	01000	DIETARY	1,442,967	2,221,546	3,664,513	-2,185,556	1,478,957	10.00
11.00	01100	CAFETERIA	0	0	0	2,185,556	2,185,556	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,344,718	659,823	3,004,541	0	3,004,541	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,456,300	45,493,365	48,949,665	-44,984,900	3,964,765	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	45,837	0	45,837	0	45,837	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	466,801	466,801	-241,996	224,805	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,232,790	6,982,912	23,215,702	-1,074,608	22,141,094	30.00
31.00	03100	INTENSIVE CARE UNIT	3,034,118	1,320,128	4,354,246	-163,954	4,190,292	31.00
43.00	04300	NURSERY	956,116	465,849	1,421,965	829,460	2,251,425	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,959,678	15,545,802	20,505,480	-9,466,498	11,038,982	50.00
51.00	05100	RECOVERY ROOM	816,529	295,810	1,112,339	41,125	1,153,464	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,723,301	1,705,756	4,429,057	-31,870	4,397,187	52.00
53.00	05300	ANESTHESIOLOGY	123,987	439,638	563,625	-3,110	560,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,878,925	999,091	3,878,016	-721,559	3,156,457	54.00
54.01	03630	ULTRA SOUND	821,623	315,080	1,136,703	76,904	1,213,607	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,062,699	487,295	1,549,994	-75	1,549,919	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,663,708	1,334,584	2,998,292	-13,023	2,985,269	55.00
56.00	05600	RADIOISOTOPE	492,525	1,028,491	1,521,016	102,969	1,623,985	56.00
57.00	05700	CT SCAN	950,578	616,191	1,566,769	105,772	1,672,541	57.00
58.00	05800	MRI	942,651	409,147	1,351,798	91,502	1,443,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,748,895	3,285,237	5,034,132	-2,412,232	2,621,900	59.00
60.00	06000	LABORATORY	3,166,266	7,895,877	11,062,143	0	11,062,143	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,287,015	705,536	1,992,551	-161,503	1,831,048	64.00
65.00	06500	RESPIRATORY THERAPY	1,432,044	542,531	1,974,575	-59,717	1,914,858	65.00
66.00	06600	PHYSICAL THERAPY	4,849,725	1,311,296	6,161,021	-84	6,160,937	66.00
69.00	06900	ELECTROCARDIOLOGY	1,103,728	1,743,653	2,847,381	-5	2,847,376	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,798,259	5,798,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,723,762	7,723,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,984,270	44,984,270	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	364,232	364,232	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,238,334	1,180,666	3,419,000	-809,738	2,609,262	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	463,844	146,822	610,666	0	610,666	75.02
75.03	07503	NEURODIAGNOSTICS	144,466	65,816	210,282	-2,486	207,796	75.03
76.97	07697	CARDIAC REHABILITATION	333,110	97,440	430,550	0	430,550	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	465,507	150,317	615,824	-34	615,790	90.03
90.04	09004	CHRONIC PAIN CLINIC	317,208	177,023	494,231	-6,337	487,894	90.04
90.05	09005	DIABETES EDUCATION	451,243	137,470	588,713	-1	588,712	90.05
90.06	09006	WOUND CARE	865,834	528,468	1,394,302	-180,455	1,213,847	90.06
90.07	09007	SLEEP LAB	354,252	143,075	497,327	0	497,327	90.07
91.00	09100	EMERGENCY	5,249,189	2,925,603	8,174,792	-26,066	8,148,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,874,913	242,047,103	321,922,016	-241,996	321,680,020	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,541	1,247,923	1,335,464	0	1,335,464	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,965,219	8,965,219	241,996	9,207,215	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	79,962,454	252,260,245	332,222,699	0	332,222,699	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,704	12,935,749	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,027,182	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,202	2,679,161	4.00
5.01	00540	NONPATIENT TELEPHONES	0	321	5.01
5.02	00550	IS	0	0	5.02
5.03	00560	PURCHASING	-28,679	1,427,282	5.03
5.04	00570	PT REG	0	0	5.04
5.05	00580	PT ACCTS	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-25,425,432	86,110,373	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-43,116	9,872,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-171	756,817	8.00
9.00	00900	HOUSEKEEPING	-7,978	3,366,051	9.00
10.00	01000	DIETARY	92,800	1,571,757	10.00
11.00	01100	CAFETERIA	-1,126,552	1,059,004	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-25,926	2,978,615	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-31,934	3,932,831	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-26,855	18,982	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	224,805	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-493,174	21,647,920	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,274	4,188,018	31.00
43.00	04300	NURSERY	-6,498	2,244,927	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-321,600	10,717,382	50.00
51.00	05100	RECOVERY ROOM	0	1,153,464	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-657,002	3,740,185	52.00
53.00	05300	ANESTHESIOLOGY	-4,931	555,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-42,239	3,114,218	54.00
54.01	03630	ULTRA SOUND	-4,925	1,208,682	54.01
54.02	03480	NUCLEAR ONCOLOGY	-3,123	1,546,796	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-228,535	2,756,734	55.00
56.00	05600	RADIOISOTOPE	-12,930	1,611,055	56.00
57.00	05700	CT SCAN	-95,474	1,577,067	57.00
58.00	05800	MRI	-3,000	1,440,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	-89	2,621,811	59.00
60.00	06000	LABORATORY	-255,042	10,807,101	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,831,048	64.00
65.00	06500	RESPIRATORY THERAPY	-15,239	1,899,619	65.00
66.00	06600	PHYSICAL THERAPY	-4,542	6,156,395	66.00
69.00	06900	ELECTROCARDIOLOGY	-21,048	2,826,328	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,798,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,723,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,984,270	73.00
74.00	07400	RENAL DIALYSIS	0	364,232	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-6,124	2,603,138	75.00
75.01	07501	LITHOTRIPSY	0	0	75.01
75.02	07502	PSYCH	-207	610,459	75.02
75.03	07503	NEURODIAGNOSTICS	0	207,796	75.03
76.97	07697	CARDIAC REHABILITATION	-235	430,315	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.03	09003	GENETIC TESTING	-508,507	107,283	90.03
90.04	09004	CHRONIC PAIN CLINIC	-20	487,874	90.04
90.05	09005	DIABETES EDUCATION	-3,241	585,471	90.05
90.06	09006	WOUND CARE	-731	1,213,116	90.06
90.07	09007	SLEEP LAB	-1,100	496,227	90.07
91.00	09100	EMERGENCY	-742,569	7,406,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,055,744	291,624,276	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,335,464	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,207,215	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,055,744	302,166,955	200.00

RECLASSIFICATIONS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-6

Date/Time Prepared:
1/27/2020 2:58 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SHARED DIETARY COSTS					
1.00	CAFETERIA	11.00	860,601	1,324,955	1.00	
	TOTALS		860,601	1,324,955		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	44,984,270	1.00	
	TOTALS		0	44,984,270		
	C - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	630	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,376	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,324	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,649	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,980,476	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	31,870	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,678	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,263	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	75	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,023	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	294	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,155,165	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	126,024	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	59,717	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	84	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	263,598	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,486	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,337	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,753	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,322	26.00	
	TOTALS		0	5,798,259		
	D - COST OF IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,925,606	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	269	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,597,864	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	44,577	4.00	
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	150,702	5.00	
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,744	6.00	
	TOTALS		0	7,723,762		

RECLASSIFICATIONS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/27/2020 2:58 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - RENAL RECLASS					
1.00	RENAL DIALYSIS	74.00	0	193,123	1.00	
2.00	RENAL DIALYSIS	74.00	0	135,630	2.00	
3.00	RENAL DIALYSIS	74.00	0	35,479	3.00	
	TOTALS		0	364,232		
	F - RADIOLOGY ADMIN					
1.00	ULTRA SOUND	54.01	57,515	19,437	1.00	
2.00	RADIOISOTOPE	56.00	76,961	26,008	2.00	
3.00	CT SCAN	57.00	79,276	26,790	3.00	
4.00	MRI	58.00	68,398	23,114	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	254,718	86,079	5.00	
	TOTALS		536,868	181,428		
	G - LABOR AND DELIVERY RECLASS					
1.00	NURSERY	43.00	595,272	236,837	1.00	
	TOTALS		595,272	236,837		
	H - PRE ADMISSION TESTING					
1.00	OPERATING ROOM	50.00	343,475	96,109	1.00	
2.00	RECOVERY ROOM	51.00	32,147	8,995	2.00	
3.00	ANESTHESIOLOGY	53.00	16,281	4,556	3.00	
	TOTALS		391,903	109,660		
	I - TELEPHONE EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	321	1.00	
	TOTALS		0	321		
	J - FM RESIDENCY BUILDING					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	241,996	1.00	
	TOTALS		0	241,996		
500.00	Grand Total: Increases		2,384,644	60,965,720	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/27/2020 2:58 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SHARED DIETARY COSTS						
1.00	DIETARY	10.00	860,601	1,324,955	0		1.00
	TOTALS		860,601	1,324,955			
	B - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	44,984,270	0		1.00
	TOTALS		0	44,984,270			
	C - CHARGEABLE MEDICAL SUPPLIES						
1.00	PHARMACY	15.00	0	630	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	49,376	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	28,324	0		3.00
4.00	NURSERY	43.00	0	2,649	0		4.00
5.00	OPERATING ROOM	50.00	0	3,980,476	0		5.00
6.00	RECOVERY ROOM	51.00	0	17	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,870	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	23,678	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,263	0		9.00
10.00	ULTRA SOUND	54.01	0	48	0		10.00
11.00	NUCLEAR ONCOLOGY	54.02	0	75	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,023	0		12.00
13.00	CT SCAN	57.00	0	294	0		13.00
14.00	MRI	58.00	0	10	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,155,165	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	126,024	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	59,717	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	84	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	0	263,598	0		20.00
21.00	NEURODIAGNOSTICS	75.03	0	2,486	0		21.00
22.00	GENETIC TESTING	90.03	0	34	0		22.00
23.00	CHRONIC PAIN CLINIC	90.04	0	6,337	0		23.00
24.00	DIABETES EDUCATION	90.05	0	1	0		24.00
25.00	WOUND CARE	90.06	0	29,753	0		25.00
26.00	EMERGENCY	91.00	0	21,322	0		26.00
	TOTALS		0	5,798,259			
	D - COST OF IMPLANTS						
1.00	OPERATING ROOM	50.00	0	5,925,606	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	269	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,597,864	0		3.00
4.00	ASC (NON-DISTINCT PART)	75.00	0	44,577	0		4.00
5.00	WOUND CARE	90.06	0	150,702	0		5.00
6.00	EMERGENCY	91.00	0	4,744	0		6.00
	TOTALS		0	7,723,762			
	E - RENAL RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	193,123	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	135,630	0		2.00
3.00	INTRAVENOUS THERAPY	64.00	0	35,479	0		3.00
	TOTALS		0	364,232			
	F - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	57,515	19,437	10		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	76,961	26,008	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	79,276	26,790	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	68,398	23,114	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	254,718	86,079	0		5.00
	TOTALS		536,868	181,428			
	G - LABOR AND DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	595,272	236,837	0		1.00
	TOTALS		595,272	236,837			
	H - PRE ADMISSION TESTING						
1.00	ASC (NON-DISTINCT PART)	75.00	343,475	96,109	0		1.00
2.00	ASC (NON-DISTINCT PART)	75.00	32,147	8,995	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	16,281	4,556	0		3.00
	TOTALS		391,903	109,660			
	I - TELEPHONE EXPENSE						
1.00	IS	5.02	0	321	0		1.00
	TOTALS		0	321			
	J - FM RESIDENCY BUILDING						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	241,996	0		1.00
	COSTS APPRV		0	241,996			
	TOTALS		0	241,996			
500.00	Grand Total: Decreases		2,384,644	60,965,720			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	14,775,874	12,802,426	0	12,802,426	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	222,047,337	45,704,813	0	45,704,813	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	61,542,018	4,465,500	0	4,465,500	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	298,365,229	62,972,739	0	62,972,739	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	298,365,229	62,972,739	0	62,972,739	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	27,578,300	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	267,752,150	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	66,007,518	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	361,337,968	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	361,337,968	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	12,937,453	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,027,182	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,964,635	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	12,937,453				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,027,182				2.00
3.00	Total (sum of lines 1-2)	0	20,964,635				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	12,937,453	0	12,937,453	0.617108	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,027,182	0	8,027,182	0.382892	0	2.00
3.00	Total (sum of lines 1-2)	20,964,635	0	20,964,635	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	12,937,453	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,027,182	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,964,635	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-1,704	0	0	0	12,935,749	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,027,182	2.00
3.00	Total (sum of lines 1-2)	-1,704	0	0	0	20,962,931	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-1,704	CAP REL COSTS-BLDG & FIXT	1.00	11	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)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,847,767			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	-11,292,618			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,126,552	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	NONPHYSICIAN ANESTHETISTS	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	OTHER INCOME	B	29,300	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02	OTHER INCOME	B	-20,798	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	OTHER INCOME	B	0	OPERATION OF PLANT	7.00	0	33.03
33.04	OTHER INCOME	B	-58,495	OPERATING ROOM	50.00	0	33.04
33.05	OTHER INCOME	B	-5,000	DIETARY	10.00	0	33.05
33.06	OTHER INCOME	B	-4,931	ANESTHESIOLOGY	53.00	0	33.06
33.09	OTHER INCOME	B	-150,084	EMERGENCY	91.00	0	33.09
33.15	WORK ORDER REVENUE	B	0	OPERATION OF PLANT	7.00	0	33.15
33.17	BARATRIC REVENUE	B	-313,331	ADULTS & PEDIATRICS	30.00	0	33.17
33.19	OTHER INCOME	B	-21,924	PHARMACY	15.00	0	33.19
33.20	OTHER INCOME	B	-16,422	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	RENTAL INCOME	B	-192,931	RADIOLOGY-THERAPEUTIC	55.00	0	33.21
33.22	FEE	B	-1,350	DIABETES EDUCATION	90.05	0	33.22
33.23	NUTRITIONAL SUPPLEMENTS	B	149	OPERATING ROOM	50.00	0	33.23
33.24	NUTRITIONAL SUPPLEMENTS	B	0	NURSERY	43.00	0	33.24
33.25	NUTRITIONAL SUPPLEMENTS	B	4,040	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	NUTRITIONAL SUPPLEMENTS	B	7,004	DIETARY	10.00	0	33.26
33.27	OTHER INCOME	B	-218	ULTRA SOUND	54.01	0	33.27
33.28	OTHER INCOME	B	-63,839	CT SCAN	57.00	0	33.28
33.29	OTHER INCOME	B	0	MRI	58.00	0	33.29
33.30	OTHER INCOME	B	-52,794	LABORATORY	60.00	0	33.30
33.31	OTHER INCOME	B	-14,709	RESPIRATORY THERAPY	65.00	0	33.31
33.32	OTHER INCOME	B	-20,992	ELECTROCARDIOLOGY	69.00	0	33.32
34.00	MEDICAID IHA TAX	A	-11,893,937	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
34.01	NON-REIMBURSABLE COST	A	25,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.01
34.02	NON-REIMBURSABLE COST	A	-28,679	PURCHASING	5.03	0	34.02
34.03	NON-REIMBURSABLE COST	A	-304,330	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.04	NON-REIMBURSABLE COST	A	-815	OPERATION OF PLANT	7.00	0	34.04
34.05	NON-REIMBURSABLE COST	A	-171	LAUNDRY & LINEN SERVICE	8.00	0	34.05
34.06	NON-REIMBURSABLE COST	A	-7,978	HOUSEKEEPING	9.00	0	34.06
34.07	NON-REIMBURSABLE COST	A	90,796	DIETARY	10.00	0	34.07
34.08	NON-REIMBURSABLE COST	A	-25,926	NURSING ADMINISTRATION	13.00	0	34.08
34.09	NON-REIMBURSABLE COST	A	-8,290	PHARMACY	15.00	0	34.09
34.10	NON-REIMBURSABLE COST	A	-23,715	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	34.10
34.11	NON-REIMBURSABLE COST	A	-16,583	ADULTS & PEDIATRICS	30.00	0	34.11
34.12	NON-REIMBURSABLE COST	A	-24	INTENSIVE CARE UNIT	31.00	0	34.12
34.13	NON-REIMBURSABLE COST	A	-6,498	NURSERY	43.00	0	34.13
34.14	NON-REIMBURSABLE COST	A	-7,964	OPERATING ROOM	50.00	0	34.14
34.15	NON-REIMBURSABLE COST	A	-318	DELIVERY ROOM & LABOR ROOM	52.00	0	34.15
34.16	NON-REIMBURSABLE COST	A	-13,917	RADIOLOGY-DIAGNOSTIC	54.00	0	34.16
34.17	NON-REIMBURSABLE COST	A	-4,707	ULTRA SOUND	54.01	0	34.17
34.18	NON-REIMBURSABLE COST	A	-3,123	NUCLEAR ONCOLOGY	54.02	0	34.18
34.19	NON-REIMBURSABLE COST	A	-35,604	RADIOLOGY-THERAPEUTIC	55.00	0	34.19
34.20	NON-REIMBURSABLE COST	A	-89	CARDIAC CATHETERIZATION	59.00	0	34.20
34.21	NON-REIMBURSABLE COST	A	-2,448	LABORATORY	60.00	0	34.21
34.22	NON-REIMBURSABLE COST	A	-530	RESPIRATORY THERAPY	65.00	0	34.22
34.23	NON-REIMBURSABLE COST	A	-4,542	PHYSICAL THERAPY	66.00	0	34.23
34.24	NON-REIMBURSABLE COST	A	-56	ELECTROCARDIOLOGY	69.00	0	34.24
34.25	NON-REIMBURSABLE COST	A	-6,124	ASC (NON-DISTINCT PART)	75.00	0	34.25
34.26	NON-REIMBURSABLE COST	A	-207	PSYCH	75.02	0	34.26
34.27	NON-REIMBURSABLE COST	A	-235	CARDIAC REHABILITATION	76.97	0	34.27
34.28	NON-REIMBURSABLE COST	A	-20	CHRONIC PAIN CLINIC	90.04	0	34.28
34.29	NON-REIMBURSABLE COST	A	-1,891	DIABETES EDUCATION	90.05	0	34.29
34.30	NON-REIMBURSABLE COST	A	-731	WOUND CARE	90.06	0	34.30
34.31	NON-REIMBURSABLE COST	A	-1,100	SLEEP LAB	90.07	0	34.31
34.32	NON-REIMBURSABLE COST	A	-12,885	EMERGENCY	91.00	0	34.32
37.00	OTHER RENTAL INCOME	B	-508,507	GENETIC TESTING	90.03	0	37.00
37.02	IC RENTAL INCOME	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.02
37.05	MEALS AND ENTERTAINMENT	A	0	LABORATORY	60.00	0	37.05
37.06	MEALS AND ENTERTAINMENT	A	0	NURSING ADMINISTRATION	13.00	0	37.06
37.10	MARKETING	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
40.00	LOBBYING DUES	A	-41,329	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00	VALET SERVICES	A	-42,301	OPERATION OF PLANT	7.00	0	41.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,055,744				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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:
1/27/2020 2:58 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	57,276,111	68,568,729	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			57,276,111	68,568,729	5.00

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

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

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

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

6.00	B	DELCOM	100.00	SYSTEM	100.00	6.00
7.00	B	CADENCE HEALTH	100.00	CADENCE HEALTH	100.00	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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:
1/27/2020 2:58 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-11,292,618	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-11,292,618			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	SYSTEM		6.00
7.00	HOME OFFICE		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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8-2

Date/Time Prepared:
1/27/2020 2:58 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-OTHER	1,922,518	1,922,518	0	211,500	0	1.00
		ADMINISTRATIVE AND G						
2.00	15.00	AGGREGATE-PHARMACY	1,720	1,720	0	0	0	2.00
3.00	21.00	AGGREGATE-I&R	3,140	3,140	0	0	0	3.00
		SERVICES-SALARY & FRIN						
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	167,300	167,300	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	2,250	2,250	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	255,290	255,290	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	656,684	656,684	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	11,900	11,900	0	0	0	8.00
9.00	56.00	AGGREGATE-RADIOISOTOPE	12,930	12,930	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	31,635	31,635	0	0	0	10.00
11.00	58.00	AGGREGATE-MRI	3,000	3,000	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	199,800	199,800	0	0	0	12.00
13.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	13.00
14.00	75.02	AGGREGATE-PSYCH	0	0	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	579,600	579,600	0	0	0	15.00
200.00			3,847,767	3,847,767	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-OTHER	0	0	0	0	0	1.00
		ADMINISTRATIVE AND G						
2.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	2.00
3.00	21.00	AGGREGATE-I&R	0	0	0	0	0	3.00
		SERVICES-SALARY & FRIN						
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	10.00
11.00	58.00	AGGREGATE-MRI	0	0	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	12.00
13.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	13.00
14.00	75.02	AGGREGATE-PSYCH	0	0	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	15.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-OTHER	0	0	0	1,922,518		1.00
		ADMINISTRATIVE AND G						
2.00	15.00	AGGREGATE-PHARMACY	0	0	0	1,720		2.00
3.00	21.00	AGGREGATE-I&R	0	0	0	3,140		3.00
		SERVICES-SALARY & FRIN						
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	167,300		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	2,250		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	255,290		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	656,684		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	11,900		8.00
9.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	12,930		9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	31,635		10.00
11.00	58.00	AGGREGATE-MRI	0	0	0	3,000		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	199,800		12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet A-8-2

Date/Time Prepared:
1/27/2020 2:58 pm

	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		
13.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0		13.00
14.00	75.02	AGGREGATE-PSYCH	0	0	0	0		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	579,600		15.00
200.00			0	0	0	3,847,767		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,935,749	12,935,749				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,027,182		8,027,182			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,679,161	0	0	2,679,161		4.00
5.01	00540	NONPATIENT TELEPHONES	321	0	0	0	321	5.01
5.02	00550	IS	0	273,262	0	0	15	5.02
5.03	00560	PURCHASING	1,427,282	250,726	3,839	23,050	4	5.03
5.04	00570	PT REG	0	153,561	0	0	9	5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	86,110,373	259,035	338,250	147,826	23	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,872,353	277,417	212,929	42,338	12	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	756,817	88,857	0	1,129	0	8.00
9.00	00900	HOUSEKEEPING	3,366,051	124,371	159,460	60,543	3	9.00
10.00	01000	DIETARY	1,571,757	219,698	84,636	20,144	2	10.00
11.00	01100	CAFETERIA	1,059,004	324,657	125,072	29,768	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,978,615	39,999	332,676	81,104	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,932,831	99,114	322,745	119,553	6	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,982	0	1,095	1,586	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	224,805	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,647,920	3,646,707	460,084	540,921	63	30.00
31.00	03100	INTENSIVE CARE UNIT	4,188,018	611,485	265,467	104,950	9	31.00
43.00	04300	NURSERY	2,244,927	92,901	3,559	53,663	7	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,717,382	1,487,741	1,962,694	183,436	13	50.00
51.00	05100	RECOVERY ROOM	1,153,464	66,615	47,706	29,356	2	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,740,185	141,061	65,327	94,199	11	52.00
53.00	05300	ANESTHESIOLOGY	555,584	30,697	29,953	4,852	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,114,218	626,926	771,636	81,012	17	54.00
54.01	03630	ULTRA SOUND	1,208,682	11,066	75,921	30,409	1	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,546,796	0	158,288	36,759	4	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,756,734	0	180,490	57,548	4	55.00
56.00	05600	RADIOISOTOPE	1,611,055	32,793	1,357	19,699	2	56.00
57.00	05700	CT SCAN	1,577,067	62,461	303,994	35,623	2	57.00
58.00	05800	MRI	1,440,300	126,135	410,858	34,972	2	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,621,811	505,350	305,214	69,305	8	59.00
60.00	06000	LABORATORY	10,807,101	433,073	168,034	109,521	15	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,831,048	99,482	71,404	44,518	6	64.00
65.00	06500	RESPIRATORY THERAPY	1,899,619	43,234	69,668	49,534	4	65.00
66.00	06600	PHYSICAL THERAPY	6,156,395	168,781	59,189	167,752	12	66.00
69.00	06900	ELECTROCARDIOLOGY	2,826,328	108,452	233,630	38,178	8	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,798,259	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,723,762	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,984,270	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	364,232	288,151	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,603,138	274,696	397,409	63,868	14	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	610,459	0	11,490	16,044	0	75.02
75.03	07503	NEURODIAGNOSTICS	207,796	60,990	0	4,997	0	75.03
76.97	07697	CARDIAC REHABILITATION	430,315	173,266	2,307	11,522	5	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	107,283	122,716	17,207	16,102	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	487,874	105,842	4,325	10,972	6	90.04
90.05	09005	DIABETES EDUCATION	585,471	0	1,961	15,608	1	90.05
90.06	09006	WOUND CARE	1,213,116	99,482	2,672	29,949	2	90.06
90.07	09007	SLEEP LAB	496,227	6,287	1,706	12,254	0	90.07
91.00	09100	EMERGENCY	7,406,157	913,680	343,188	181,569	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,624,276	12,450,767	8,007,440	2,676,133	320	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,335,464	61,468	0	3,028	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,207,215	423,514	19,742	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	302,166,955	12,935,749	8,027,182	2,679,161	321	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS	273,277					5.02
5.03	00560	PURCHASING	0	1,704,901				5.03
5.04	00570	PT REG	0	0	153,570			5.04
5.05	00580	PT ACCTS	0	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	134	0	76	0	86,855,717	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,882	0	0	10,407,931	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	417	0	0	847,220	8.00
9.00	00900	HOUSEKEEPING	0	14,794	0	0	3,725,222	9.00
10.00	01000	DIETARY	0	2,276	0	0	1,898,513	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,538,501	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	189	0	0	3,432,583	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	13,116	0	0	4,487,365	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21,663	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	224,805	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,823	65,179	11,165	0	26,391,862	30.00
31.00	03100	INTENSIVE CARE UNIT	4,032	24,650	2,271	0	5,200,882	31.00
43.00	04300	NURSERY	2,136	2,709	1,203	0	2,401,105	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,947	496,859	11,798	0	14,880,870	50.00
51.00	05100	RECOVERY ROOM	1,771	8,582	998	0	1,308,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,636	18,522	2,048	0	4,064,989	52.00
53.00	05300	ANESTHESIOLOGY	4,286	23,850	2,414	0	651,638	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,718	10,339	3,784	0	4,614,650	54.00
54.01	03630	ULTRA SOUND	4,818	1,395	2,714	0	1,335,006	54.01
54.02	03480	NUCLEAR ONCOLOGY	5,944	1,747	3,348	0	1,752,886	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,707	17,046	1,524	0	3,016,053	55.00
56.00	05600	RADIOISOTOPE	3,998	28,817	2,252	0	1,699,973	56.00
57.00	05700	CT SCAN	19,617	21,109	11,049	0	2,030,922	57.00
58.00	05800	MRI	9,437	13,486	5,315	0	2,040,505	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,509	110,121	3,666	0	3,621,984	59.00
60.00	06000	LABORATORY	24,374	123,303	13,728	0	11,679,149	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,663	21,512	937	0	2,070,570	64.00
65.00	06500	RESPIRATORY THERAPY	3,598	10,539	2,027	0	2,078,223	65.00
66.00	06600	PHYSICAL THERAPY	6,161	4,408	3,470	0	6,566,168	66.00
69.00	06900	ELECTROCARDIOLOGY	10,386	2,180	5,849	0	3,225,011	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,488	3,692	8,723	0	5,826,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,838	549,748	4,414	0	8,285,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,912	0	31,143	0	45,071,325	73.00
74.00	07400	RENAL DIALYSIS	676	0	381	0	653,440	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,592	35,132	2,023	0	3,379,872	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	580	215	327	0	639,115	75.02
75.03	07503	NEURODIAGNOSTICS	478	1,771	269	0	276,301	75.03
76.97	07697	CARDIAC REHABILITATION	533	938	300	0	619,186	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	71	728	40	0	264,147	90.03
90.04	09004	CHRONIC PAIN CLINIC	855	3,058	482	0	613,414	90.04
90.05	09005	DIABETES EDUCATION	147	700	83	0	603,971	90.05
90.06	09006	WOUND CARE	1,052	9,645	592	0	1,356,510	90.06
90.07	09007	SLEEP LAB	848	1,651	478	0	519,451	90.07
91.00	09100	EMERGENCY	22,512	45,525	12,679	0	8,925,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	273,277	1,692,830	153,570	0	291,104,452	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,071	0	0	1,412,032	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,650,471	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	273,277	1,704,901	153,570	0	302,166,955	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	86,855,717					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,198,518	0	14,606,449			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	341,765	0	110,725	1,299,710		8.00
9.00	00900	HOUSEKEEPING	1,502,740	0	154,978	0	5,382,940	9.00
10.00	01000	DIETARY	765,853	0	273,765	0	102,760	10.00
11.00	01100	CAFETERIA	620,625	0	404,555	0	151,854	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,384,690	0	49,842	0	18,709	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,810,185	0	123,506	0	46,359	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,739	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	90,685	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,646,372	0	4,544,156	519,039	1,705,695	30.00
31.00	03100	INTENSIVE CARE UNIT	2,098,015	0	761,971	84,157	286,013	31.00
43.00	04300	NURSERY	968,596	0	115,764	14,628	43,453	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,002,883	0	1,853,871	4,161	695,869	50.00
51.00	05100	RECOVERY ROOM	527,841	0	83,009	59,729	31,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,639,800	0	175,776	151,538	65,979	52.00
53.00	05300	ANESTHESIOLOGY	262,868	0	38,252	0	14,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,861,531	0	781,211	78,692	293,235	54.00
54.01	03630	ULTRA SOUND	538,536	0	13,789	35,029	5,176	54.01
54.02	03480	NUCLEAR ONCOLOGY	707,107	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,216,664	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	685,762	0	40,863	7,272	15,338	56.00
57.00	05700	CT SCAN	819,266	0	77,833	41,288	29,215	57.00
58.00	05800	MRI	823,132	0	157,177	16,371	58,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,461,094	0	629,715	0	236,370	59.00
60.00	06000	LABORATORY	4,711,322	0	539,651	0	202,563	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	835,260	0	123,964	0	46,531	64.00
65.00	06500	RESPIRATORY THERAPY	838,347	0	53,873	0	20,222	65.00
66.00	06600	PHYSICAL THERAPY	2,648,766	0	210,317	0	78,945	66.00
69.00	06900	ELECTROCARDIOLOGY	1,300,957	0	135,142	36,642	50,727	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,350,250	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,342,443	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,181,619	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	263,595	0	359,065	0	134,779	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,363,427	0	342,298	105,801	128,485	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	257,816	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	111,459	0	76,000	0	28,527	75.03
76.97	07697	CARDIAC REHABILITATION	249,777	0	215,906	0	81,043	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	106,556	0	152,916	0	57,399	90.03
90.04	09004	CHRONIC PAIN CLINIC	247,449	0	131,889	0	49,506	90.04
90.05	09005	DIABETES EDUCATION	243,639	0	0	0	0	90.05
90.06	09006	WOUND CARE	547,211	0	123,964	0	46,531	90.06
90.07	09007	SLEEP LAB	209,544	0	7,834	0	2,940	90.07
91.00	09100	EMERGENCY	3,600,444	0	1,138,536	145,363	427,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,393,148	0	14,002,113	1,299,710	5,156,097	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	569,608	0	76,596	0	28,751	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,892,961	0	527,740	0	198,092	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	86,855,717	0	14,606,449	1,299,710	5,382,940	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 09/01/2018
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,040,891					10.00
11.00	01100	CAFETERIA	0	2,715,535				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	88,505	0	4,974,329		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	101,384	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,771	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,645,690	671,845	0	1,672,659	0	30.00
31.00	03100	INTENSIVE CARE UNIT	395,201	113,379	0	282,271	0	31.00
43.00	04300	NURSERY	0	58,273	0	145,106	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	208,461	0	518,994	0	50.00
51.00	05100	RECOVERY ROOM	0	25,270	0	62,934	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	99,161	0	246,854	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,986	0	24,882	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92,768	0	230,973	0	54.00
54.01	03630	ULTRA SOUND	0	29,563	0	73,626	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	30,506	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	91,276	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	19,729	0	49,087	0	56.00
57.00	05700	CT SCAN	0	38,696	0	96,333	0	57.00
58.00	05800	MRI	0	35,104	0	87,368	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	72,247	0	179,882	0	59.00
60.00	06000	LABORATORY	0	164,954	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	45,455	0	113,139	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	56,172	0	139,825	0	65.00
66.00	06600	PHYSICAL THERAPY	0	193,208	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	39,975	0	99,554	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	82,903	0	206,418	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	21,342	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	5,876	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	12,848	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	22,408	0	55,825	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	9,316	0	23,169	0	90.04
90.05	09005	DIABETES EDUCATION	0	18,694	0	46,506	0	90.05
90.06	09006	WOUND CARE	0	29,898	0	74,446	0	90.06
90.07	09007	SLEEP LAB	0	15,832	0	39,419	0	90.07
91.00	09100	EMERGENCY	0	202,859	0	505,059	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,040,891	2,710,664	0	4,974,329	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,871	0	0	0	190.00

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1/27/2020 2:58 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	3,040,891	2,715,535	0	4,974,329	0	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,568,799					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1				16.00
17.00	01700	SOCIAL SERVICE	0	1	1			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,514	0	1	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	978	0	0	0	0	31.00
43.00	04300	NURSERY	85	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,126	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	1,770	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,331	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	370	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	47	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	29	0	0	0	0	56.00
57.00	05700	CT SCAN	1,189	0	0	0	0	57.00
58.00	05800	MRI	2,462	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,867	0	0	0	0	59.00
60.00	06000	LABORATORY	1	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	171	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	381	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	452	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,485,249	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	736	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	2	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	28	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	148	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	2,407	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	2,130	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,568,480	1	1	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	319	0	0	0	0	190.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	6,568,799	1	1	0		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	33,173					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		315,490				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,870	188,979	0	49,023,682	-208,849	30.00
31.00	03100	INTENSIVE CARE UNIT	2,952	28,079	0	9,253,898	-31,031	31.00
43.00	04300	NURSERY	0	0	0	3,747,010	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	24,188,235	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,098,435	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,445,867	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,009,315	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,953,430	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,030,772	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	2,490,499	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,323,993	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,518,053	0	56.00
57.00	05700	CT SCAN	0	0	0	3,134,742	0	57.00
58.00	05800	MRI	0	0	0	3,221,117	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,223,159	0	59.00
60.00	06000	LABORATORY	0	0	0	17,297,640	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,235,090	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,820	26,817	0	3,216,680	-29,637	65.00
66.00	06600	PHYSICAL THERAPY	2,256	21,453	0	9,721,565	-23,709	66.00
69.00	06900	ELECTROCARDIOLOGY	3,583	34,073	0	4,925,671	-37,656	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,176,412	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,628,205	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,738,193	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,410,879	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	5,609,940	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	918,273	0	75.02
75.03	07503	NEURODIAGNOSTICS	564	5,363	0	504,090	-5,927	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,178,762	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	659,279	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	1,074,891	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	912,810	0	90.05
90.06	09006	WOUND CARE	763	7,256	0	2,188,986	-8,019	90.06
90.07	09007	SLEEP LAB	365	3,470	0	798,855	-3,835	90.07
91.00	09100	EMERGENCY	0	0	0	14,947,086	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,173	315,490	0	285,805,514	-348,663	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,092,177	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	14,269,264	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	33,173	315,490	0	302,166,955	-348,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	IS	5.02
5.03	00560	PURCHASING	5.03
5.04	00570	PT REG	5.04
5.05	00580	PT ACCTS	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03480	NUCLEAR ONCOLOGY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	LITHOTRIPSY	75.01
75.02	07502	PSYCH	75.02
75.03	07503	NEURODIAGNOSTICS	75.03
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.03	09003	GENETIC TESTING	90.03
90.04	09004	CHRONIC PAIN CLINIC	90.04
90.05	09005	DIABETES EDUCATION	90.05
90.06	09006	WOUND CARE	90.06
90.07	09007	SLEEP LAB	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	HOME HEALTH AGENCY	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	301,818,292	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	IS	0	273,262	0	273,262	5.02
5.03	00560	PURCHASING	127	250,726	3,839	254,692	5.03
5.04	00570	PT REG	0	153,561	0	153,561	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	7,401,608	259,035	338,250	7,998,893	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	277,417	212,929	490,346	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	88,857	0	88,857	8.00
9.00	00900	HOUSEKEEPING	0	124,371	159,460	283,831	9.00
10.00	01000	DIETARY	8,694	219,698	84,636	313,028	10.00
11.00	01100	CAFETERIA	12,847	324,657	125,072	462,576	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	21,132	39,999	332,676	393,807	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	99,114	322,745	421,859	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,095	1,095	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,794	3,646,707	460,084	4,184,585	30.00
31.00	03100	INTENSIVE CARE UNIT	6,398	611,485	265,467	883,350	31.00
43.00	04300	NURSERY	0	92,901	3,559	96,460	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,898	1,487,741	1,962,694	3,476,333	50.00
51.00	05100	RECOVERY ROOM	0	66,615	47,706	114,321	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	141,061	65,327	206,388	52.00
53.00	05300	ANESTHESIOLOGY	0	30,697	29,953	60,650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	626,926	771,636	1,398,562	54.00
54.01	03630	ULTRA SOUND	0	11,066	75,921	86,987	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	158,288	158,288	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	180,490	180,490	55.00
56.00	05600	RADIOISOTOPE	0	32,793	1,357	34,150	56.00
57.00	05700	CT SCAN	0	62,461	303,994	366,455	57.00
58.00	05800	MRI	0	126,135	410,858	536,993	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	505,350	305,214	810,564	59.00
60.00	06000	LABORATORY	0	433,073	168,034	601,107	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	99,482	71,404	170,886	64.00
65.00	06500	RESPIRATORY THERAPY	0	43,234	69,668	112,902	65.00
66.00	06600	PHYSICAL THERAPY	0	168,781	59,189	227,970	66.00
69.00	06900	ELECTROCARDIOLOGY	0	108,452	233,630	342,082	69.00
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
74.00	07400	RENAL DIALYSIS	0	288,151	0	288,151	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	274,696	397,409	672,105	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	11,490	11,490	75.02
75.03	07503	NEURODIAGNOSTICS	0	60,990	0	60,990	75.03
76.97	07697	CARDIAC REHABILITATION	0	173,266	2,307	175,573	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	277	122,716	17,207	140,200	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	105,842	4,325	110,167	90.04
90.05	09005	DIABETES EDUCATION	0	0	1,961	1,961	90.05
90.06	09006	WOUND CARE	0	99,482	2,672	102,154	90.06
90.07	09007	SLEEP LAB	0	6,287	1,706	7,993	90.07
91.00	09100	EMERGENCY	0	913,680	343,188	1,256,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

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	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,554,775	12,450,767	8,007,440	28,012,982	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61,468	0	61,468	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	423,514	19,742	443,256	0
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,554,775	12,935,749	8,027,182	28,517,706	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	IS	0	273,262				5.02
5.03	00560	PURCHASING	0	0	254,692			5.03
5.04	00570	PT REG	0	0	0	153,561		5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	134	0	76	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	431	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	62	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,210	0	0	9.00
10.00	01000	DIETARY	0	0	340	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	28	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	1,959	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	19,823	9,737	11,165	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,032	3,682	2,271	0	31.00
43.00	04300	NURSERY	0	2,136	405	1,203	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,947	74,224	11,798	0	50.00
51.00	05100	RECOVERY ROOM	0	1,771	1,282	998	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,636	2,767	2,048	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,286	3,563	2,414	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,718	1,544	3,784	0	54.00
54.01	03630	ULTRA SOUND	0	4,818	208	2,714	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	5,944	261	3,348	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,707	2,546	1,524	0	55.00
56.00	05600	RADIOISOTOPE	0	3,998	4,305	2,252	0	56.00
57.00	05700	CT SCAN	0	19,617	3,153	11,049	0	57.00
58.00	05800	MRI	0	9,437	2,015	5,315	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,509	16,450	3,666	0	59.00
60.00	06000	LABORATORY	0	24,374	18,420	13,728	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,663	3,214	937	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,598	1,574	2,027	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,161	659	3,470	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,386	326	5,849	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,488	551	8,723	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,838	82,129	4,414	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	55,897	0	31,134	0	73.00
74.00	07400	RENAL DIALYSIS	0	676	0	381	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,592	5,248	2,023	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	580	32	327	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	478	264	269	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	533	140	300	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	71	109	40	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	855	457	482	0	90.04
90.05	09005	DIABETES EDUCATION	0	147	105	83	0	90.05
90.06	09006	WOUND CARE	0	1,052	1,441	592	0	90.06
90.07	09007	SLEEP LAB	0	848	247	478	0	90.07
91.00	09100	EMERGENCY	0	22,512	6,801	12,679	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	273,262	252,889	153,561	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,803	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
			5.01	5.02	5.03	5.04	5.05	
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	0	273,262	254,692	153,561	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	7,999,103					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	386,665	0	877,442			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,475	0	6,651	127,045		8.00
9.00	00900	HOUSEKEEPING	138,396	0	9,310	0	433,747	9.00
10.00	01000	DIETARY	70,532	0	16,446	0	8,280	10.00
11.00	01100	CAFETERIA	57,157	0	24,303	0	12,236	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	127,524	0	2,994	0	1,508	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	166,710	0	7,419	0	3,736	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	805	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,352	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	980,484	0	272,978	50,735	137,444	30.00
31.00	03100	INTENSIVE CARE UNIT	193,218	0	45,773	8,226	23,046	31.00
43.00	04300	NURSERY	89,203	0	6,954	1,430	3,501	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	552,839	0	111,366	407	56,072	50.00
51.00	05100	RECOVERY ROOM	48,612	0	4,987	5,838	2,511	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,018	0	10,559	14,813	5,316	52.00
53.00	05300	ANESTHESIOLOGY	24,209	0	2,298	0	1,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,439	0	46,929	7,692	23,628	54.00
54.01	03630	ULTRA SOUND	49,597	0	828	3,424	417	54.01
54.02	03480	NUCLEAR ONCOLOGY	65,121	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	112,049	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	63,156	0	2,455	711	1,236	56.00
57.00	05700	CT SCAN	75,451	0	4,676	4,036	2,354	57.00
58.00	05800	MRI	75,807	0	9,442	1,600	4,754	58.00
59.00	05900	CARDIAC CATHETERIZATION	134,560	0	37,828	0	19,046	59.00
60.00	06000	LABORATORY	433,892	0	32,418	0	16,322	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	76,924	0	7,447	0	3,749	64.00
65.00	06500	RESPIRATORY THERAPY	77,208	0	3,236	0	1,629	65.00
66.00	06600	PHYSICAL THERAPY	243,940	0	12,634	0	6,361	66.00
69.00	06900	ELECTROCARDIOLOGY	119,812	0	8,118	3,582	4,087	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	216,448	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	307,824	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,674,520	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,276	0	21,570	0	10,860	74.00
75.00	07500	ASC (NON-DISTINCT PART)	125,566	0	20,563	10,342	10,353	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	23,744	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	10,265	0	4,565	0	2,299	75.03
76.97	07697	CARDIAC REHABILITATION	23,003	0	12,970	0	6,530	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	9,813	0	9,186	0	4,625	90.03
90.04	09004	CHRONIC PAIN CLINIC	22,789	0	7,923	0	3,989	90.04
90.05	09005	DIABETES EDUCATION	22,438	0	0	0	0	90.05
90.06	09006	WOUND CARE	50,396	0	7,447	0	3,749	90.06
90.07	09007	SLEEP LAB	19,298	0	471	0	237	90.07
91.00	09100	EMERGENCY	331,585	0	68,394	14,209	34,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,588,120	0	841,138	127,045	415,468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,458	0	4,601	0	2,317	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	358,525	0	31,703	0	15,962	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	7,999,103	0	877,442	127,045	433,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	408,626					10.00
11.00	01100	CAFETERIA	0	556,272				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	18,130	0	543,991		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	20,768	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	568	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	355,520	137,626	0	182,921	0	30.00
31.00	03100	INTENSIVE CARE UNIT	53,106	23,226	0	30,869	0	31.00
43.00	04300	NURSERY	0	11,937	0	15,869	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,703	0	56,757	0	50.00
51.00	05100	RECOVERY ROOM	0	5,176	0	6,882	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,313	0	26,996	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,046	0	2,721	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,003	0	25,259	0	54.00
54.01	03630	ULTRA SOUND	0	6,056	0	8,052	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	6,249	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,698	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,041	0	5,368	0	56.00
57.00	05700	CT SCAN	0	7,927	0	10,535	0	57.00
58.00	05800	MRI	0	7,191	0	9,555	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,800	0	19,672	0	59.00
60.00	06000	LABORATORY	0	33,791	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	9,311	0	12,373	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,507	0	15,291	0	65.00
66.00	06600	PHYSICAL THERAPY	0	39,578	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,189	0	10,887	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	16,983	0	22,574	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	4,372	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	1,204	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	2,632	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	4,590	0	6,105	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	1,908	0	2,534	0	90.04
90.05	09005	DIABETES EDUCATION	0	3,829	0	5,086	0	90.05
90.06	09006	WOUND CARE	0	6,124	0	8,141	0	90.06
90.07	09007	SLEEP LAB	0	3,243	0	4,311	0	90.07
91.00	09100	EMERGENCY	0	41,555	0	55,233	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	408,626	555,274	0	543,991	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	998	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	408,626	556,272	0	543,991	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	622,451					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,660	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	93	0	0			31.00
43.00	04300	NURSERY	8	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,191	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	168	0	0			52.00
53.00	05300	ANESTHESIOLOGY	695	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35	0	0			54.00
54.01	03630	ULTRA SOUND	4	0	0			54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	3	0	0			56.00
57.00	05700	CT SCAN	113	0	0			57.00
58.00	05800	MRI	233	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	2,072	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	16	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	36	0	0			65.00
66.00	06600	PHYSICAL THERAPY	43	0	0			66.00
69.00	06900	ELECTROCARDIOLOGY	1	0	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	614,533	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	70	0	0			75.00
75.01	07501	LITHOTRIPSY	0	0	0			75.01
75.02	07502	PSYCH	0	0	0			75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0			75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	3	0	0			90.03
90.04	09004	CHRONIC PAIN CLINIC	14	0	0			90.04
90.05	09005	DIABETES EDUCATION	0	0	0			90.05
90.06	09006	WOUND CARE	228	0	0			90.06
90.07	09007	SLEEP LAB	0	0	0			90.07
91.00	09100	EMERGENCY	202	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	622,421	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0			192.01
200.00		Cross Foot Adjustments				0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	622,451	0	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,468					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		8,352				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				6,344,678	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,270,892	0	31.00
43.00	04300	NURSERY				229,106	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,405,637	0	50.00
51.00	05100	RECOVERY ROOM				192,378	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				444,022	0	52.00
53.00	05300	ANESTHESIOLOGY				104,039	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,704,593	0	54.00
54.01	03630	ULTRA SOUND				163,105	0	54.01
54.02	03480	NUCLEAR ONCOLOGY				239,211	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC				318,014	0	55.00
56.00	05600	RADIOISOTOPE				121,675	0	56.00
57.00	05700	CT SCAN				505,366	0	57.00
58.00	05800	MRI				662,342	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,065,167	0	59.00
60.00	06000	LABORATORY				1,174,052	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
64.00	06400	INTRAVENOUS THERAPY				286,520	0	64.00
65.00	06500	RESPIRATORY THERAPY				229,008	0	65.00
66.00	06600	PHYSICAL THERAPY				540,816	0	66.00
69.00	06900	ELECTROCARDIOLOGY				513,319	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				241,210	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				402,205	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,376,084	0	73.00
74.00	07400	RENAL DIALYSIS				345,914	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				889,419	0	75.00
75.01	07501	LITHOTRIPSY				0	0	75.01
75.02	07502	PSYCH				40,545	0	75.02
75.03	07503	NEURODIAGNOSTICS				80,334	0	75.03
76.97	07697	CARDIAC REHABILITATION				221,681	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING				174,742	0	90.03
90.04	09004	CHRONIC PAIN CLINIC				151,118	0	90.04
90.05	09005	DIABETES EDUCATION				33,649	0	90.05
90.06	09006	WOUND CARE				181,324	0	90.06
90.07	09007	SLEEP LAB				37,126	0	90.07
91.00	09100	EMERGENCY				1,844,474	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	27,533,765	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				123,675	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				849,446	0	192.00
192.01	19201	HOME HEALTH AGENCY				0	0	192.01
200.00		Cross Foot Adjustments	2,468	8,352	0	10,820	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,468	8,352	0	28,517,706	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	IS		5.02
5.03	00560	PURCHASING		5.03
5.04	00570	PT REG		5.04
5.05	00580	PT ACCTS		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,344,678	30.00
31.00	03100	INTENSIVE CARE UNIT	1,270,892	31.00
43.00	04300	NURSERY	229,106	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,405,637	50.00
51.00	05100	RECOVERY ROOM	192,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,022	52.00
53.00	05300	ANESTHESIOLOGY	104,039	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,704,593	54.00
54.01	03630	ULTRA SOUND	163,105	54.01
54.02	03480	NUCLEAR ONCOLOGY	239,211	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	318,014	55.00
56.00	05600	RADIOISOTOPE	121,675	56.00
57.00	05700	CT SCAN	505,366	57.00
58.00	05800	MRI	662,342	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,065,167	59.00
60.00	06000	LABORATORY	1,174,052	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	286,520	64.00
65.00	06500	RESPIRATORY THERAPY	229,008	65.00
66.00	06600	PHYSICAL THERAPY	540,816	66.00
69.00	06900	ELECTROCARDIOLOGY	513,319	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	241,210	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,376,084	73.00
74.00	07400	RENAL DIALYSIS	345,914	74.00
75.00	07500	ASC (NON-DISTINCT PART)	889,419	75.00
75.01	07501	LITHOTRIPSY	0	75.01
75.02	07502	PSYCH	40,545	75.02
75.03	07503	NEURODIAGNOSTICS	80,334	75.03
76.97	07697	CARDIAC REHABILITATION	221,681	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.03	09003	GENETIC TESTING	174,742	90.03
90.04	09004	CHRONIC PAIN CLINIC	151,118	90.04
90.05	09005	DIABETES EDUCATION	33,649	90.05
90.06	09006	WOUND CARE	181,324	90.06
90.07	09007	SLEEP LAB	37,126	90.07
91.00	09100	EMERGENCY	1,844,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,533,765	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	123,675	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	849,446	192.00
192.01	19201	HOME HEALTH AGENCY	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	10,820	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,517,706	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT)	IS (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NEW MME DE PT)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	351,865				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,898,477			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	77,454,216		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	1,749	5.01
5.02	00550	IS	7,433	0	0	82	5.02
5.03	00560	PURCHASING	6,820	3,777	666,376	20	5.03
5.04	00570	PT REG	4,177	0	0	49	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	7,046	332,827	4,273,667	123	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,546	209,515	1,223,999	66	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,417	0	32,626	1	8.00
9.00	00900	HOUSEKEEPING	3,383	156,903	1,750,297	14	9.00
10.00	01000	DIETARY	5,976	83,279	582,366	12	10.00
11.00	01100	CAFETERIA	8,831	123,067	860,601	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,088	327,342	2,344,718	2	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	2,696	317,570	3,456,300	306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,077	45,837	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	99,194	452,707	15,637,518	332	30.00
31.00	03100	INTENSIVE CARE UNIT	16,633	261,211	3,034,118	47	31.00
43.00	04300	NURSERY	2,527	3,502	1,551,388	39	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,468	1,931,225	5,303,153	70	50.00
51.00	05100	RECOVERY ROOM	1,812	46,941	848,676	10	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,837	64,280	2,723,301	61	52.00
53.00	05300	ANESTHESIOLOGY	835	29,473	140,268	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,053	759,264	2,342,057	92	54.00
54.01	03630	ULTRA SOUND	301	74,704	879,138	7	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	155,750	1,062,699	20	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	177,596	1,663,708	23	55.00
56.00	05600	RADIOISOTOPE	892	1,335	569,486	11	56.00
57.00	05700	CT SCAN	1,699	299,120	1,029,854	13	57.00
58.00	05800	MRI	3,431	404,270	1,011,049	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,746	300,320	2,003,613	45	59.00
60.00	06000	LABORATORY	11,780	165,340	3,166,266	84	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,706	70,259	1,287,015	32	64.00
65.00	06500	RESPIRATORY THERAPY	1,176	68,551	1,432,044	24	65.00
66.00	06600	PHYSICAL THERAPY	4,591	58,240	4,849,725	64	66.00
69.00	06900	ELECTROCARDIOLOGY	2,950	229,884	1,103,728	46	69.00
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
74.00	07400	RENAL DIALYSIS	7,838	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,472	391,037	1,846,431	74	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	11,306	463,844	0	75.02
75.03	07503	NEURODIAGNOSTICS	1,659	0	144,466	1	75.03
76.97	07697	CARDIAC REHABILITATION	4,713	2,270	333,110	29	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	3,338	16,931	465,507	2	90.03
90.04	09004	CHRONIC PAIN CLINIC	2,879	4,256	317,208	30	90.04
90.05	09005	DIABETES EDUCATION	0	1,930	451,243	7	90.05
90.06	09006	WOUND CARE	2,706	2,629	865,834	10	90.06
90.07	09007	SLEEP LAB	171	1,679	354,252	2	90.07
91.00	09100	EMERGENCY	24,853	337,685	5,249,189	136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT)	IS (GROSS REVENUE)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NEW MME DE PT)					
		1.00	2.00	4.00	5.01	5.02		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		338,673	7,879,052	77,366,675	1,744	1,572,491,678	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672	0	87,541	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,520	19,425	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	12,935,749	8,027,182	2,679,161	321	273,277	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.763387	1.016295	0.034590	0.183533	0.000174	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	273,262	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000174	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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		PURCHASING (PURCHASING)	PT REG (GROSS REVENUE)	PT ACCTS (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	IS					5.02
5.03	00560	PURCHASING	25,102,503				5.03
5.04	00570	PT REG	0	1,572,491,678			5.04
5.05	00580	PT ACCTS	0	0	1,572,491,678		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	771,421	771,421	-86,855,717	215,311,238
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	42,437	0	0	0	10,407,931
8.00	00800	LAUNDRY & LINEN SERVICE	6,136	0	0	0	847,220
9.00	00900	HOUSEKEEPING	217,818	0	0	0	3,725,222
10.00	01000	DIETARY	33,508	0	0	0	1,898,513
11.00	01100	CAFETERIA	0	0	0	0	1,538,501
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,786	0	0	0	3,432,583
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	193,117	0	0	0	4,487,365
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21,663
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	224,805
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	959,665	113,927,095	113,927,095	0	26,391,862
31.00	03100	INTENSIVE CARE UNIT	362,933	23,173,176	23,173,176	0	5,200,882
43.00	04300	NURSERY	39,881	12,276,702	12,276,702	0	2,401,105
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,315,574	120,382,861	120,382,861	0	14,880,870
51.00	05100	RECOVERY ROOM	126,361	10,178,956	10,178,956	0	1,308,494
52.00	05200	DELIVERY ROOM & LABOR ROOM	272,714	20,896,190	20,896,190	0	4,064,989
53.00	05300	ANESTHESIOLOGY	351,153	24,630,379	24,630,379	0	651,638
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,227	38,608,972	38,608,972	0	4,614,650
54.01	03630	ULTRA SOUND	20,538	27,692,224	27,692,224	0	1,335,006
54.02	03480	NUCLEAR ONCOLOGY	25,723	34,162,177	34,162,177	0	1,752,886
55.00	05500	RADIOLOGY-THERAPEUTIC	250,975	15,554,598	15,554,598	0	3,016,053
56.00	05600	RADIOISOTOPE	424,288	22,975,190	22,975,190	0	1,699,973
57.00	05700	CT SCAN	310,808	112,742,542	112,742,542	0	2,030,922
58.00	05800	MRI	198,570	54,235,257	54,235,257	0	2,040,505
59.00	05900	CARDIAC CATHETERIZATION	1,621,376	37,407,678	37,407,678	0	3,621,984
60.00	06000	LABORATORY	1,815,463	140,079,514	140,079,514	0	11,679,149
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	316,733	9,556,486	9,556,486	0	2,070,570
65.00	06500	RESPIRATORY THERAPY	155,166	20,680,027	20,680,027	0	2,078,223
66.00	06600	PHYSICAL THERAPY	64,909	35,407,103	35,407,103	0	6,566,168
69.00	06900	ELECTROCARDIOLOGY	32,101	59,688,731	59,688,731	0	3,225,011
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,353	89,014,085	89,014,085	0	5,826,162
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,094,463	45,043,700	45,043,700	0	8,285,762
73.00	07300	DRUGS CHARGED TO PATIENTS	0	323,265,685	323,265,685	0	45,071,325
74.00	07400	RENAL DIALYSIS	0	3,884,742	3,884,742	0	653,440
75.00	07500	ASC (NON-DISTINCT PART)	517,277	20,644,812	20,644,812	0	3,379,872
75.01	07501	LITHOTRIPSY	0	0	0	0	0
75.02	07502	PSYCH	3,165	3,333,125	3,333,125	0	639,115
75.03	07503	NEURODIAGNOSTICS	26,069	2,748,061	2,748,061	0	276,301
76.97	07697	CARDIAC REHABILITATION	13,817	3,061,658	3,061,658	0	619,186
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	10,723	407,631	407,631	0	264,147
90.04	09004	CHRONIC PAIN CLINIC	45,031	4,914,515	4,914,515	0	613,414
90.05	09005	DIABETES EDUCATION	10,311	846,374	846,374	0	603,971
90.06	09006	WOUND CARE	142,003	6,045,438	6,045,438	0	1,356,510
90.07	09007	SLEEP LAB	24,303	4,872,773	4,872,773	0	519,451
91.00	09100	EMERGENCY	670,297	129,381,800	129,381,800	0	8,925,335
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,924,772	1,572,491,678	1,572,491,678	-86,855,717	204,248,735

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			PURCHASING (PURCHASING)	PT REG (GROSS REVENUE)	PT ACCTS (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,731	0	0	0	1,412,032	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,650,471	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,704,901	153,570	0		86,855,717	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.067918	0.000098	0.000000		0.403396	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	254,692	153,561	0		7,999,103	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.010146	0.000098	0.000000		0.037151	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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	318,843				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,417	728,641			8.00
9.00	00900	HOUSEKEEPING	0	3,383	0	313,043		9.00
10.00	01000	DIETARY	0	5,976	0	5,976	87,210	10.00
11.00	01100	CAFETERIA	0	8,831	0	8,831	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,088	0	1,088	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	2,696	0	2,696	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	99,194	290,982	99,194	75,876	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,633	47,180	16,633	11,334	31.00
43.00	04300	NURSERY	0	2,527	8,201	2,527	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	40,468	2,333	40,468	0	50.00
51.00	05100	RECOVERY ROOM	0	1,812	33,485	1,812	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,837	84,955	3,837	0	52.00
53.00	05300	ANESTHESIOLOGY	0	835	0	835	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,053	44,116	17,053	0	54.00
54.01	03630	ULTRA SOUND	0	301	19,638	301	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	892	4,077	892	0	56.00
57.00	05700	CT SCAN	0	1,699	23,147	1,699	0	57.00
58.00	05800	MRI	0	3,431	9,178	3,431	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,746	0	13,746	0	59.00
60.00	06000	LABORATORY	0	11,780	0	11,780	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	2,706	0	2,706	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,176	0	1,176	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,591	0	4,591	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,950	20,542	2,950	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,838	0	7,838	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,472	59,314	7,472	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	1,659	0	1,659	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	4,713	0	4,713	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	3,338	0	3,338	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	2,879	0	2,879	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	2,706	0	2,706	0	90.06
90.07	09007	SLEEP LAB	0	171	0	171	0	90.07
91.00	09100	EMERGENCY	0	24,853	81,493	24,853	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	305,651	728,641	299,851	87,210	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,672	0	1,672	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,520	0	11,520	0 192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	14,606,449	1,299,710	5,382,940	3,040,891 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	45.810788	1.783745	17.195529	34.868605 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	877,442	127,045	433,747	408,626 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.751956	0.174359	1.385583	4.685541 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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			CAFETERIA (NUMBER OF FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF S ERV)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY S TAT)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	89,193					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,907	0	1,365,023			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	3,330	0	0	0	40,288,707	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	91	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,067	0	459,000	0	107,419	30.00
31.00	03100	INTENSIVE CARE UNIT	3,724	0	77,459	0	5,996	31.00
43.00	04300	NURSERY	1,914	0	39,819	0	521	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,847	0	142,419	0	141,837	50.00
51.00	05100	RECOVERY ROOM	830	0	17,270	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,257	0	67,740	0	10,856	52.00
53.00	05300	ANESTHESIOLOGY	328	0	6,828	0	44,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,047	0	63,382	0	2,269	54.00
54.01	03630	ULTRA SOUND	971	0	20,204	0	288	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,002	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,998	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	648	0	13,470	0	180	56.00
57.00	05700	CT SCAN	1,271	0	26,435	0	7,295	57.00
58.00	05800	MRI	1,153	0	23,975	0	15,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,373	0	49,362	0	134,118	59.00
60.00	06000	LABORATORY	5,418	0	0	0	4	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,493	0	31,047	0	1,051	64.00
65.00	06500	RESPIRATORY THERAPY	1,845	0	38,370	0	2,337	65.00
66.00	06600	PHYSICAL THERAPY	6,346	0	0	0	2,771	66.00
69.00	06900	ELECTROCARDIOLOGY	1,313	0	27,319	0	46	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	39,776,270	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,723	0	56,644	0	4,515	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	701	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	193	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	422	0	0	0	11	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	736	0	15,319	0	172	90.03
90.04	09004	CHRONIC PAIN CLINIC	306	0	6,358	0	907	90.04
90.05	09005	DIABETES EDUCATION	614	0	12,762	0	0	90.05
90.06	09006	WOUND CARE	982	0	20,429	0	14,762	90.06
90.07	09007	SLEEP LAB	520	0	10,817	0	0	90.07
91.00	09100	EMERGENCY	6,663	0	138,595	0	13,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,033	0	1,365,023	0	40,286,751	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			CAFETERIA (NUMBER OF FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF S ERV)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY S TAT)	
			11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	160	0	0	0	1,956	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	2,715,535	0	4,974,329	0	6,568,799	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.445607	0.000000	3.644136	0.000000	0.163043	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	556,272	0	543,991	0	622,451	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.236723	0.000000	0.398521	0.000000	0.015450	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: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,571,720,257					16.00
17.00	01700	SOCIAL SERVICE	0	1				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			1,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,927,095	1	0	0	599	30.00
31.00	03100	INTENSIVE CARE UNIT	23,173,176	0	0	0	89	31.00
43.00	04300	NURSERY	12,276,702	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	120,382,861	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	10,178,956	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,896,190	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,630,379	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,608,972	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	27,692,224	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	34,162,177	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	15,554,598	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	22,975,190	0	0	0	0	56.00
57.00	05700	CT SCAN	112,742,542	0	0	0	0	57.00
58.00	05800	MRI	54,235,257	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,407,678	0	0	0	0	59.00
60.00	06000	LABORATORY	140,079,514	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	9,556,486	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	20,680,027	0	0	0	85	65.00
66.00	06600	PHYSICAL THERAPY	35,407,103	0	0	0	68	66.00
69.00	06900	ELECTROCARDIOLOGY	59,688,731	0	0	0	108	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	89,014,085	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,043,700	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	323,265,685	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,884,742	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	20,644,812	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	3,333,125	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	2,748,061	0	0	0	17	75.03
76.97	07697	CARDIAC REHABILITATION	3,061,658	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	407,631	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	4,914,515	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	846,374	0	0	0	0	90.05
90.06	09006	WOUND CARE	6,045,438	0	0	0	23	90.06
90.07	09007	SLEEP LAB	4,872,773	0	0	0	11	90.07
91.00	09100	EMERGENCY	129,381,800	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,571,720,257	1	0	0	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1	1	0	0	33,173	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1.000000	0.000000	0.000000	33.173000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	2,468	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	2.468000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet B-1

Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			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
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	IS			5.02
5.03	00560	PURCHASING			5.03
5.04	00570	PT REG			5.04
5.05	00580	PT ACCTS			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,000		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	599	0	30.00
31.00	03100	INTENSIVE CARE UNIT	89	0	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85	0	65.00
66.00	06600	PHYSICAL THERAPY	68	0	66.00
69.00	06900	ELECTROCARDIOLOGY	108	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	75.01
75.02	07502	PSYCH	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	17	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.03	09003	GENETIC TESTING	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	90.05
90.06	09006	WOUND CARE	23	0	90.06
90.07	09007	SLEEP LAB	11	0	90.07
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet B-1
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER			
		PRGM COSTS			
		APPRV (ASSIGNED TIME)			
		22.00	23.00		
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	192.01
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)	315,490	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	315.490000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,352	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.352000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,814,833		48,814,833	0	48,814,833	30.00
31.00	03100	INTENSIVE CARE UNIT	9,222,867		9,222,867	0	9,222,867	31.00
43.00	04300	NURSERY	3,747,010		3,747,010	0	3,747,010	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,188,235		24,188,235	0	24,188,235	50.00
51.00	05100	RECOVERY ROOM	2,098,435		2,098,435	0	2,098,435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,445,867		6,445,867	0	6,445,867	52.00
53.00	05300	ANESTHESIOLOGY	1,009,315		1,009,315	0	1,009,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,953,430		7,953,430	0	7,953,430	54.00
54.01	03630	ULTRA SOUND	2,030,772		2,030,772	0	2,030,772	54.01
54.02	03480	NUCLEAR ONCOLOGY	2,490,499		2,490,499	0	2,490,499	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,323,993		4,323,993	0	4,323,993	55.00
56.00	05600	RADIOISOTOPE	2,518,053		2,518,053	0	2,518,053	56.00
57.00	05700	CT SCAN	3,134,742		3,134,742	0	3,134,742	57.00
58.00	05800	MRI	3,221,117		3,221,117	0	3,221,117	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,223,159		6,223,159	0	6,223,159	59.00
60.00	06000	LABORATORY	17,297,640		17,297,640	0	17,297,640	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,235,090		3,235,090	0	3,235,090	64.00
65.00	06500	RESPIRATORY THERAPY	3,187,043	0	3,187,043	0	3,187,043	65.00
66.00	06600	PHYSICAL THERAPY	9,697,856	0	9,697,856	0	9,697,856	66.00
69.00	06900	ELECTROCARDIOLOGY	4,888,015		4,888,015	0	4,888,015	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,176,412		8,176,412	0	8,176,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,628,205		11,628,205	0	11,628,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,738,193		69,738,193	0	69,738,193	73.00
74.00	07400	RENAL DIALYSIS	1,410,879		1,410,879	0	1,410,879	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,609,940		5,609,940	0	5,609,940	75.00
75.01	07501	LITHOTRIPSY	0		0	0	0	75.01
75.02	07502	PSYCH	918,273		918,273	0	918,273	75.02
75.03	07503	NEURODIAGNOSTICS	498,163		498,163	0	498,163	75.03
76.97	07697	CARDIAC REHABILITATION	1,178,762		1,178,762	0	1,178,762	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	659,279		659,279	0	659,279	90.03
90.04	09004	CHRONIC PAIN CLINIC	1,074,891		1,074,891	0	1,074,891	90.04
90.05	09005	DIABETES EDUCATION	912,810		912,810	0	912,810	90.05
90.06	09006	WOUND CARE	2,180,967		2,180,967	0	2,180,967	90.06
90.07	09007	SLEEP LAB	795,020		795,020	0	795,020	90.07
91.00	09100	EMERGENCY	14,947,086		14,947,086	0	14,947,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,043,776		12,043,776	0	12,043,776	92.00
200.00		Subtotal (see instructions)	297,500,627	0	297,500,627	0	297,500,627	200.00
201.00		Less Observation Beds	12,043,776		12,043,776	0	12,043,776	201.00
202.00		Total (see instructions)	285,456,851	0	285,456,851	0	285,456,851	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,743,220		99,743,220			30.00	
31.00	03100	INTENSIVE CARE UNIT	24,375,581		24,375,581			31.00	
43.00	04300	NURSERY	13,153,418		13,153,418			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,929,400	97,264,670	136,194,070	0.177601	0.000000	50.00	
51.00	05100	RECOVERY ROOM	6,011,629	5,631,644	11,643,273	0.180227	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,616,121	1,912,134	20,528,255	0.314000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	10,902,236	20,019,506	30,921,742	0.032641	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,994,547	31,716,511	38,711,058	0.205456	0.000000	54.00	
54.01	03630	ULTRA SOUND	4,878,764	26,145,180	31,023,944	0.065458	0.000000	54.01	
54.02	03480	NUCLEAR ONCOLOGY	555,147	31,374,023	31,929,170	0.078001	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	113,578	16,695,587	16,809,165	0.257240	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,740,691	20,769,044	23,509,735	0.107107	0.000000	56.00	
57.00	05700	CT SCAN	24,590,025	89,382,397	113,972,422	0.027504	0.000000	57.00	
58.00	05800	MRI	7,055,491	47,674,592	54,730,083	0.058855	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	19,524,919	25,067,347	44,592,266	0.139557	0.000000	59.00	
60.00	06000	LABORATORY	53,617,887	103,760,807	157,378,694	0.109911	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	983,498	9,762,357	10,745,855	0.301055	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	17,835,233	2,870,642	20,705,875	0.153920	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	9,003,461	32,265,808	41,269,269	0.234990	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	15,716,424	49,193,651	64,910,075	0.075304	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,166,823	44,679,853	86,846,676	0.094148	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,950,992	20,972,289	42,923,281	0.270907	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	44,548,684	297,425,626	341,974,310	0.203928	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	3,159,574	207,042	3,366,616	0.419079	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	5,020,176	19,381,378	24,401,554	0.229901	0.000000	75.00	
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	0.000000	75.01	
75.02	07502	PSYCH	0	3,588,258	3,588,258	0.255911	0.000000	75.02	
75.03	07503	NEURODIAGNOSTICS	1,176,525	1,877,914	3,054,439	0.163095	0.000000	75.03	
76.97	07697	CARDIAC REHABILITATION	67,658	2,792,249	2,859,907	0.412168	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	396,231	396,231	1.663875	0.000000	90.03	
90.04	09004	CHRONIC PAIN CLINIC	3,316	5,535,796	5,539,112	0.194055	0.000000	90.04	
90.05	09005	DIABETES EDUCATION	37,797	1,025,923	1,063,720	0.858130	0.000000	90.05	
90.06	09006	WOUND CARE	30,773	7,421,064	7,451,837	0.292675	0.000000	90.06	
90.07	09007	SLEEP LAB	15,129	5,673,725	5,688,854	0.139750	0.000000	90.07	
91.00	09100	EMERGENCY	32,963,309	114,230,113	147,193,422	0.101547	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,714,518	16,994,458	27,708,976	0.434653	0.000000	92.00	
200.00		Subtotal (see instructions)	537,196,544	1,153,707,819	1,690,904,363			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	537,196,544	1,153,707,819	1,690,904,363			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

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
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.177601			50.00
51.00	05100	RECOVERY ROOM	0.180227			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314000			52.00
53.00	05300	ANESTHESIOLOGY	0.032641			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205456			54.00
54.01	03630	ULTRA SOUND	0.065458			54.01
54.02	03480	NUCLEAR ONCOLOGY	0.078001			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257240			55.00
56.00	05600	RADIOISOTOPE	0.107107			56.00
57.00	05700	CT SCAN	0.027504			57.00
58.00	05800	MRI	0.058855			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139557			59.00
60.00	06000	LABORATORY	0.109911			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.301055			64.00
65.00	06500	RESPIRATORY THERAPY	0.153920			65.00
66.00	06600	PHYSICAL THERAPY	0.234990			66.00
69.00	06900	ELECTROCARDIOLOGY	0.075304			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.094148			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270907			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203928			73.00
74.00	07400	RENAL DIALYSIS	0.419079			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.229901			75.00
75.01	07501	LITHOTRIPSY	0.000000			75.01
75.02	07502	PSYCH	0.255911			75.02
75.03	07503	NEURODIAGNOSTICS	0.163095			75.03
76.97	07697	CARDIAC REHABILITATION	0.412168			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	1.663875			90.03
90.04	09004	CHRONIC PAIN CLINIC	0.194055			90.04
90.05	09005	DIABETES EDUCATION	0.858130			90.05
90.06	09006	WOUND CARE	0.292675			90.06
90.07	09007	SLEEP LAB	0.139750			90.07
91.00	09100	EMERGENCY	0.101547			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434653			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,023,682		49,023,682	0
31.00	03100	INTENSIVE CARE UNIT	9,253,898		9,253,898	0
43.00	04300	NURSERY	3,747,010		3,747,010	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,188,235		24,188,235	0
51.00	05100	RECOVERY ROOM	2,098,435		2,098,435	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,445,867		6,445,867	0
53.00	05300	ANESTHESIOLOGY	1,009,315		1,009,315	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,953,430		7,953,430	0
54.01	03630	ULTRA SOUND	2,030,772		2,030,772	0
54.02	03480	NUCLEAR ONCOLOGY	2,490,499		2,490,499	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,323,993		4,323,993	0
56.00	05600	RADIOISOTOPE	2,518,053		2,518,053	0
57.00	05700	CT SCAN	3,134,742		3,134,742	0
58.00	05800	MRI	3,221,117		3,221,117	0
59.00	05900	CARDIAC CATHETERIZATION	6,223,159		6,223,159	0
60.00	06000	LABORATORY	17,297,640		17,297,640	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
64.00	06400	INTRAVENOUS THERAPY	3,235,090		3,235,090	0
65.00	06500	RESPIRATORY THERAPY	3,216,680	0	3,216,680	0
66.00	06600	PHYSICAL THERAPY	9,721,565	0	9,721,565	0
69.00	06900	ELECTROCARDIOLOGY	4,925,671		4,925,671	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,176,412		8,176,412	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,628,205		11,628,205	0
73.00	07300	DRUGS CHARGED TO PATIENTS	69,738,193		69,738,193	0
74.00	07400	RENAL DIALYSIS	1,410,879		1,410,879	0
75.00	07500	ASC (NON-DISTINCT PART)	5,609,940		5,609,940	0
75.01	07501	LITHOTRIPSY	0		0	0
75.02	07502	PSYCH	918,273		918,273	0
75.03	07503	NEURODIAGNOSTICS	504,090		504,090	0
76.97	07697	CARDIAC REHABILITATION	1,178,762		1,178,762	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	659,279		659,279	0
90.04	09004	CHRONIC PAIN CLINIC	1,074,891		1,074,891	0
90.05	09005	DIABETES EDUCATION	912,810		912,810	0
90.06	09006	WOUND CARE	2,188,986		2,188,986	0
90.07	09007	SLEEP LAB	798,855		798,855	0
91.00	09100	EMERGENCY	14,947,086		14,947,086	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,095,303		12,095,303	0
200.00		Subtotal (see instructions)	297,900,817	0	297,900,817	0
201.00		Less Observation Beds	12,095,303		12,095,303	0
202.00		Total (see instructions)	285,805,514	0	285,805,514	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

			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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01	
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0.000000	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	0.000000	75.01	
75.02	07502	PSYCH	0	0	0	0.000000	0.000000	75.02	
75.03	07503	NEURODIAGNOSTICS	0	0	0	0.000000	0.000000	75.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	0.000000	0.000000	90.03	
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0.000000	0.000000	90.04	
90.05	09005	DIABETES EDUCATION	0	0	0	0.000000	0.000000	90.05	
90.06	09006	WOUND CARE	0	0	0	0.000000	0.000000	90.06	
90.07	09007	SLEEP LAB	0	0	0	0.000000	0.000000	90.07	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

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
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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000			54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	LITHOTRIPSY	0.000000			75.01
75.02	07502	PSYCH	0.000000			75.02
75.03	07503	NEURODIAGNOSTICS	0.000000			75.03
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	0.000000			90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000			90.04
90.05	09005	DIABETES EDUCATION	0.000000			90.05
90.06	09006	WOUND CARE	0.000000			90.06
90.07	09007	SLEEP LAB	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

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		6,344,678	0	6,344,678	33,576	188.96	30.00
31.00	INTENSIVE CARE UNIT		1,270,892		1,270,892	3,778	336.39	31.00
43.00	NURSERY		229,106		229,106	4,097	55.92	43.00
200.00	Total (lines 30 through 199)		7,844,676		7,844,676	41,451		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		10,900	2,059,664				
31.00	INTENSIVE CARE UNIT		1,685	566,817				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		12,585	2,626,481				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,405,637	136,194,070	0.032348	16,676,544	539,453	50.00	
51.00	05100	RECOVERY ROOM	192,378	11,643,273	0.016523	1,611,237	26,622	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,022	20,528,255	0.021630	1,475,728	31,920	52.00	
53.00	05300	ANESTHESIOLOGY	104,039	30,921,742	0.003365	3,919,838	13,190	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,704,593	38,711,058	0.044034	3,424,582	150,798	54.00	
54.01	03630	ULTRA SOUND	163,105	31,023,944	0.005257	2,361,020	12,412	54.01	
54.02	03480	NUCLEAR ONCOLOGY	239,211	31,929,170	0.007492	204,747	1,534	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	318,014	16,809,165	0.018919	35,894	679	55.00	
56.00	05600	RADIOISOTOPE	121,675	23,509,735	0.005176	1,663,787	8,612	56.00	
57.00	05700	CT SCAN	505,366	113,972,422	0.004434	10,544,633	46,755	57.00	
58.00	05800	MRI	662,342	54,730,083	0.012102	3,304,204	39,987	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,065,167	44,592,266	0.023887	9,193,481	219,605	59.00	
60.00	06000	LABORATORY	1,174,052	157,378,694	0.007460	23,694,478	176,761	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	286,520	10,745,855	0.026663	385,027	10,266	64.00	
65.00	06500	RESPIRATORY THERAPY	229,008	20,705,875	0.011060	9,108,664	100,742	65.00	
66.00	06600	PHYSICAL THERAPY	540,816	41,269,269	0.013105	5,405,501	70,839	66.00	
69.00	06900	ELECTROCARDIOLOGY	513,319	64,910,075	0.007908	8,244,033	65,194	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	241,210	86,846,676	0.002777	18,884,143	52,441	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,205	42,923,281	0.009370	11,180,222	104,759	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,376,084	341,974,310	0.006948	17,140,688	119,094	73.00	
74.00	07400	RENAL DIALYSIS	345,914	3,366,616	0.102748	1,606,353	165,050	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	889,419	24,401,554	0.036449	2,317,498	84,470	75.00	
75.01	07501	LITHOTRIPSY	0	0	0.000000	0	0	75.01	
75.02	07502	PSYCH	40,545	3,588,258	0.011299	0	0	75.02	
75.03	07503	NEURODIAGNOSTICS	80,334	3,054,439	0.026301	535,779	14,092	75.03	
76.97	07697	CARDIAC REHABILITATION	221,681	2,859,907	0.077513	33,674	2,610	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	174,742	396,231	0.441010	0	0	90.03	
90.04	09004	CHRONIC PAIN CLINIC	151,118	5,539,112	0.027282	1,297	35	90.04	
90.05	09005	DIABETES EDUCATION	33,649	1,063,720	0.031633	11,532	365	90.05	
90.06	09006	WOUND CARE	181,324	7,451,837	0.024333	18,125	441	90.06	
90.07	09007	SLEEP LAB	37,126	5,688,854	0.006526	6,849	45	90.07	
91.00	09100	EMERGENCY	1,844,474	147,193,422	0.012531	16,035,073	200,935	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,565,378	27,708,976	0.056494	5,665,088	320,043	92.00	
200.00	Total (lines 50 through 199)		21,254,467	1,553,632,144		174,689,719	2,579,749	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/27/2020 2:58 pm		
						Title XVIII		Hospital		PPS		
Cost Center Description						Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
						1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS												
30.00	03000	ADULTS & PEDIATRICS		0	0		0		0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0		0		0	0	31.00	
43.00	04300	NURSERY		0	0		0		0	0	43.00	
200.00		Total (lines 30 through 199)		0	0		0		0	0	200.00	
Cost Center Description						Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
						4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS												
30.00	03000	ADULTS & PEDIATRICS		0	0		33,576		0.00	10,900	30.00	
31.00	03100	INTENSIVE CARE UNIT			0		3,778		0.00	1,685	31.00	
43.00	04300	NURSERY			0		4,097		0.00	0	43.00	
200.00		Total (lines 30 through 199)			0		41,451			12,585	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	
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: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/27/2020 2:58 pm

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
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part IV Date/Time Prepared: 1/27/2020 2:58 pm	
					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	136,194,070	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,643,273	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	20,528,255	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,921,742	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	38,711,058	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	31,023,944	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	31,929,170	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,809,165	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	23,509,735	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	113,972,422	0.000000	57.00
58.00	05800	MRI	0	0	0	54,730,083	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,592,266	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	157,378,694	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,745,855	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,705,875	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,269,269	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	64,910,075	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	86,846,676	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	42,923,281	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	341,974,310	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,366,616	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	24,401,554	0.000000	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0.000000	75.01
75.02	07502	PSYCH	0	0	0	3,588,258	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	3,054,439	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,859,907	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	0	0	0	396,231	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	5,539,112	0.000000	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	1,063,720	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	7,451,837	0.000000	90.06
90.07	09007	SLEEP LAB	0	0	0	5,688,854	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	147,193,422	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	27,708,976	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,553,632,144		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/27/2020 2:58 pm

			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	16,676,544	0	23,029,406	0
51.00	05100	RECOVERY ROOM	0.000000	1,611,237	0	1,385,240	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,475,728	0	273,735	0
53.00	05300	ANESTHESIOLOGY	0.000000	3,919,838	0	3,751,995	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,424,582	0	6,764,001	0
54.01	03630	ULTRA SOUND	0.000000	2,361,020	0	5,155,923	0
54.02	03480	NUCLEAR ONCOLOGY	0.000000	204,747	0	13,799,541	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	35,894	0	4,180,869	0
56.00	05600	RADIOISOTOPE	0.000000	1,663,787	0	8,897,798	0
57.00	05700	CT SCAN	0.000000	10,544,633	0	28,769,034	0
58.00	05800	MRI	0.000000	3,304,204	0	13,421,517	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,193,481	0	9,343,943	0
60.00	06000	LABORATORY	0.000000	23,694,478	0	17,195,879	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	385,027	0	2,378,770	0
65.00	06500	RESPIRATORY THERAPY	0.000000	9,108,664	0	852,418	0
66.00	06600	PHYSICAL THERAPY	0.000000	5,405,501	0	272,310	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,244,033	0	16,792,263	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	18,884,143	0	12,066,112	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,180,222	0	6,437,387	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	17,140,688	0	112,100,949	0
74.00	07400	RENAL DIALYSIS	0.000000	1,606,353	0	158,027	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	2,317,498	0	4,891,412	0
75.01	07501	LITHOTRIPSY	0.000000	0	0	0	0
75.02	07502	PSYCH	0.000000	0	0	401	0
75.03	07503	NEURODIAGNOSTICS	0.000000	535,779	0	514,499	0
76.97	07697	CARDIAC REHABILITATION	0.000000	33,674	0	1,279,408	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	0.000000	0	0	139,676	0
90.04	09004	CHRONIC PAIN CLINIC	0.000000	1,297	0	1,344,349	0
90.05	09005	DIABETES EDUCATION	0.000000	11,532	0	241	0
90.06	09006	WOUND CARE	0.000000	18,125	0	1,592,499	0
90.07	09007	SLEEP LAB	0.000000	6,849	0	1,451,931	0
91.00	09100	EMERGENCY	0.000000	16,035,073	0	26,246,397	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,665,088	0	8,699,331	0
200.00		Total (lines 50 through 199)		174,689,719	0	333,187,261	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/27/2020 2:58 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.177601	23,029,406	0	0	4,090,046	50.00
51.00	05100	RECOVERY ROOM		0.180227	1,385,240	0	0	249,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.314000	273,735	0	0	85,953	52.00
53.00	05300	ANESTHESIOLOGY		0.032641	3,751,995	0	0	122,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.205456	6,764,001	0	0	1,389,705	54.00
54.01	03630	ULTRA SOUND		0.065458	5,155,923	0	0	337,496	54.01
54.02	03480	NUCLEAR ONCOLOGY		0.078001	13,799,541	0	0	1,076,378	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.257240	4,180,869	0	0	1,075,487	55.00
56.00	05600	RADIOISOTOPE		0.107107	8,897,798	0	0	953,016	56.00
57.00	05700	CT SCAN		0.027504	28,769,034	0	0	791,264	57.00
58.00	05800	MRI		0.058855	13,421,517	0	0	789,923	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.139557	9,343,943	0	0	1,304,013	59.00
60.00	06000	LABORATORY		0.109911	17,195,879	0	0	1,890,016	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.301055	2,378,770	0	0	716,141	64.00
65.00	06500	RESPIRATORY THERAPY		0.153920	852,418	0	0	131,204	65.00
66.00	06600	PHYSICAL THERAPY		0.234990	272,310	0	0	63,990	66.00
69.00	06900	ELECTROCARDIOLOGY		0.075304	16,792,263	0	0	1,264,525	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.094148	12,066,112	0	0	1,136,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.270907	6,437,387	0	0	1,743,933	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.203928	112,100,949	0	82,125	22,860,522	73.00
74.00	07400	RENAL DIALYSIS		0.419079	158,027	0	0	66,226	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.229901	4,891,412	0	0	1,124,541	75.00
75.01	07501	LITHOTRIPSY		0.000000	0	0	0	0	75.01
75.02	07502	PSYCH		0.255911	401	0	0	103	75.02
75.03	07503	NEURODIAGNOSTICS		0.163095	514,499	0	0	83,912	75.03
76.97	07697	CARDIAC REHABILITATION		0.412168	1,279,408	0	0	527,331	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.03	09003	GENETIC TESTING		1.663875	139,676	0	0	232,403	90.03
90.04	09004	CHRONIC PAIN CLINIC		0.194055	1,344,349	0	0	260,878	90.04
90.05	09005	DIABETES EDUCATION		0.858130	241	0	0	207	90.05
90.06	09006	WOUND CARE		0.292675	1,592,499	0	0	466,085	90.06
90.07	09007	SLEEP LAB		0.139750	1,451,931	0	0	202,907	90.07
91.00	09100	EMERGENCY		0.101547	26,246,397	0	0	2,665,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.434653	8,699,331	0	0	3,781,190	92.00
200.00		Subtotal (see instructions)			333,187,261	0	82,125	51,482,765	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			333,187,261	0	82,125	51,482,765	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/27/2020 2:58 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Costs					
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
				6.00	7.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	03630	ULTRA SOUND	0	0					
54.02	03480	NUCLEAR ONCOLOGY	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
56.00	05600	RADIOISOTOPE	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MRI	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					
64.00	06400	INTRAVENOUS THERAPY	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,748					
74.00	07400	RENAL DIALYSIS	0	0					
75.00	07500	ASC (NON-DISTINCT PART)	0	0					
75.01	07501	LITHOTRIPSY	0	0					
75.02	07502	PSYCH	0	0					
75.03	07503	NEURODIAGNOSTICS	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.03	09003	GENETIC TESTING	0	0					
90.04	09004	CHRONIC PAIN CLINIC	0	0					
90.05	09005	DIABETES EDUCATION	0	0					
90.06	09006	WOUND CARE	0	0					
90.07	09007	SLEEP LAB	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
200.00		Subtotal (see instructions)	0	16,748					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	16,748					

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

			Title XIX		Hospital	Cost	
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	6,344,678	0	6,344,678	33,576	188.96	30.00
31.00	INTENSIVE CARE UNIT	1,270,892		1,270,892	3,778	336.39	31.00
43.00	NURSERY	229,106		229,106	4,097	55.92	43.00
200.00	Total (lines 30 through 199)	7,844,676		7,844,676	41,451		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,450	273,992				30.00
31.00	INTENSIVE CARE UNIT	3	1,009				31.00
43.00	NURSERY	207	11,575				43.00
200.00	Total (lines 30 through 199)	1,660	286,576				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	4,405,637	0	0.000000	0	0 50.00
51.00	05100	RECOVERY ROOM	192,378	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,022	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	104,039	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,704,593	0	0.000000	0	0 54.00
54.01	03630	ULTRA SOUND	163,105	0	0.000000	0	0 54.01
54.02	03480	NUCLEAR ONCOLOGY	239,211	0	0.000000	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	318,014	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	121,675	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	505,366	0	0.000000	0	0 57.00
58.00	05800	MRI	662,342	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,065,167	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	1,174,052	0	0.000000	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	286,520	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	229,008	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	540,816	0	0.000000	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	513,319	0	0.000000	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	241,210	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,205	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,376,084	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	345,914	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	889,419	0	0.000000	0	0 75.00
75.01	07501	LITHOTRIPSY	0	0	0.000000	0	0 75.01
75.02	07502	PSYCH	40,545	0	0.000000	0	0 75.02
75.03	07503	NEURODIAGNOSTICS	80,334	0	0.000000	0	0 75.03
76.97	07697	CARDIAC REHABILITATION	221,681	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	174,742	0	0.000000	0	0 90.03
90.04	09004	CHRONIC PAIN CLINIC	151,118	0	0.000000	0	0 90.04
90.05	09005	DIABETES EDUCATION	33,649	0	0.000000	0	0 90.05
90.06	09006	WOUND CARE	181,324	0	0.000000	0	0 90.06
90.07	09007	SLEEP LAB	37,126	0	0.000000	0	0 90.07
91.00	09100	EMERGENCY	1,844,474	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,565,386	0	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	21,254,475	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/27/2020 2:58 pm		
					Title XIX		Hospital		Cost		
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	
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	33,576	0.00		1,450	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,778	0.00		3	31.00	
43.00	04300	NURSERY			0	4,097	0.00		207	43.00	
200.00		Total (lines 30 through 199)			0	41,451			1,660	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	
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: 14-0211		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/27/2020 2:58 pm	
			Title XIX		Hospital		Cost	
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
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0	75.03
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Title XIX			Hospital		Cost	
		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	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0.000000	54.01	
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00	
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	75.01	
75.02	07502	PSYCH	0	0	0	0.000000	75.02	
75.03	07503	NEURODIAGNOSTICS	0	0	0	0.000000	75.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	0.000000	90.03	
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0.000000	90.04	
90.05	09005	DIABETES EDUCATION	0	0	0	0.000000	90.05	
90.06	09006	WOUND CARE	0	0	0	0.000000	90.06	
90.07	09007	SLEEP LAB	0	0	0	0.000000	90.07	
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	0	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description			Title XIX		Hospital		Cost	
			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	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0.000000	0	0	0	0	75.01
75.02	07502	PSYCH	0.000000	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0.000000	0	0	0	0	75.03
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
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0.000000	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/27/2020 2:58 pm
		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)		33,576	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,576	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)		25,292	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)		10,900	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)		48,814,833	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)		48,814,833	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)		48,814,833	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)		1,453.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,847,074	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,847,074	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
1/27/2020 2:58 pm

		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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,222,867	3,778	2,441.20	1,685	4,113,422
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
1/27/2020 2:58 pm

		Title XVIII		Hospital	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	6,344,678	48,814,833	0.129974	12,043,776	1,565,378	90.00
91.00 Nursing School cost	0	48,814,833	0.000000	12,043,776	0	91.00
92.00 Allied health cost	0	48,814,833	0.000000	12,043,776	0	92.00
93.00 All other Medical Education	0	48,814,833	0.000000	12,043,776	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/27/2020 2:58 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			33,576 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			33,576 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)			25,292 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,450 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			4,097 15.00
16.00	Nursery days (title V or XIX only)			207 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)			49,023,682 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)			49,023,682 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)			49,023,682 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)			1,460.08 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,117,116 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)			2,117,116 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
1/27/2020 2:58 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	3,747,010	4,097	914.57	207	189,316	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	9,253,898	3,778	2,449.42	3	7,348	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)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,313,780	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)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						8,284	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,460.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						12,095,303	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet D-1

Date/Time Prepared:
1/27/2020 2:58 pm

		Title XIX		Hospital	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,344,678	49,023,682	0.129421	12,095,303	1,565,386
91.00	Nursing School cost	0	49,023,682	0.000000	12,095,303	0
92.00	Allied health cost	0	49,023,682	0.000000	12,095,303	0
93.00	All other Medical Education	0	49,023,682	0.000000	12,095,303	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/27/2020 2:58 pm
			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		35,314,285	30.00
31.00	03100	INTENSIVE CARE UNIT		10,458,346	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.177601	16,676,544	50.00
51.00	05100	RECOVERY ROOM	0.180227	1,611,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314000	1,475,728	52.00
53.00	05300	ANESTHESIOLOGY	0.032641	3,919,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205456	3,424,582	54.00
54.01	03630	ULTRA SOUND	0.065458	2,361,020	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.078001	204,747	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257240	35,894	55.00
56.00	05600	RADIOISOTOPE	0.107107	1,663,787	56.00
57.00	05700	CT SCAN	0.027504	10,544,633	57.00
58.00	05800	MRI	0.058855	3,304,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139557	9,193,481	59.00
60.00	06000	LABORATORY	0.109911	23,694,478	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.301055	385,027	64.00
65.00	06500	RESPIRATORY THERAPY	0.153920	9,108,664	65.00
66.00	06600	PHYSICAL THERAPY	0.234990	5,405,501	66.00
69.00	06900	ELECTROCARDIOLOGY	0.075304	8,244,033	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.094148	18,884,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270907	11,180,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203928	17,140,688	73.00
74.00	07400	RENAL DIALYSIS	0.419079	1,606,353	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.229901	2,317,498	75.00
75.01	07501	LITHOTRIPSY	0.000000	0	75.01
75.02	07502	PSYCH	0.255911	0	75.02
75.03	07503	NEURODIAGNOSTICS	0.163095	535,779	75.03
76.97	07697	CARDIAC REHABILITATION	0.412168	33,674	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.03	09003	GENETIC TESTING	1.663875	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0.194055	1,297	90.04
90.05	09005	DIABETES EDUCATION	0.858130	11,532	90.05
90.06	09006	WOUND CARE	0.292675	18,125	90.06
90.07	09007	SLEEP LAB	0.139750	6,849	90.07
91.00	09100	EMERGENCY	0.101547	16,035,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.434653	5,665,088	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		174,689,719	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)		174,689,719	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/27/2020 2:58 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			9,835,483	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			19,670,965	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)			587,204	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			6,918,343	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			120.14	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			1.45	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			1.45	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.012069	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.012069	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.012069	21.00
22.00	IME payment adjustment (see instructions)			194,034	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			45,495	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)			194,034	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			45,495	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)			11.25	31.00
32.00	Sum of lines 30 and 31			11.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/27/2020 2:58 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	30,287,686			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)		30,333,181		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,651,162		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).		36,936		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,021,279		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,021,279		61.00
62.00	Deductibles billed to program beneficiaries		3,386,560		62.00
63.00	Coinsurance billed to program beneficiaries		15,937		63.00
64.00	Allowable bad debts (see instructions)		191,570		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		124,521		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		169,184		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		29,743,303		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				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)		267,252		70.93
70.94	HRR adjustment amount (see instructions)		-16,557		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/27/2020 2:58 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		29,993,998	71.00	
71.01	Sequestration adjustment (see instructions)		599,880	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		28,993,661	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)		400,457	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,476,235	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/27/2020 2:58 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,748	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		51,482,765	2.00
3.00	OPPS payments		39,451,263	3.00
4.00	Outlier payment (see instructions)		275,492	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.765	5.00
6.00	Line 2 times line 5		39,384,315	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)		16,748	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		82,125	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)		82,125	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)		82,125	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		65,377	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)		16,748	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)		39,726,755	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)		7,037,680	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)		32,705,823	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		41,027	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)		32,746,850	30.00
31.00	Primary payer payments		2,695	31.00
32.00	Subtotal (line 30 minus line 31)		32,744,155	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)		374,813	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		243,628	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		292,669	36.00
37.00	Subtotal (see instructions)		32,987,783	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-25	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		32,987,808	40.00
40.01	Sequestration adjustment (see instructions)		659,756	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		32,038,470	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		289,582	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
1/27/2020 2:58 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		28,993,661		32,038,470	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)		28,993,661		32,038,470	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		400,457		289,582	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		29,394,118		32,328,052	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part II
Date/Time Prepared:
1/27/2020 2:58 pm

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: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2020 2:58 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	2,313,780			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,313,780	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,313,780	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	2,313,780	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	2,313,780	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/27/2020 2:58 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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	1.45	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	1.45	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	1.45	0.00		17.00
18.00	Per resident amount	102,353.00	0.00		18.00
19.00	Approved amount for resident costs	148,412	0	148,412	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)			148,412	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	12,585	3,378		26.00
27.00	Total Inpatient Days (see instructions)	29,479	29,479		27.00
28.00	Ratio of inpatient days to total inpatient days	0.426914	0.114590		28.00
29.00	Program direct GME amount	63,359	17,007		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,403		30.00
31.00	Net Program direct GME amount			77,963	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/27/2020 2:58 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,366,616		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)		46,362,779		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		0		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,362,779		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		51,499,513		42.00
43.00	Primary payer payments (see instructions)		2,695		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		51,496,818		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		97,859,597		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.473768		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.526232		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		77,963		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		36,936		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		41,027		50.00

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

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet G

Date/Time Prepared:
1/27/2020 2:58 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	54,118,970	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	151,601,462	0	0	0	4.00
5.00 Other receivable	2,183,341	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-106,678,757	0	0	0	6.00
7.00 Inventory	5,934,492	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	2,171,027	0	0	0	9.00
10.00 Due from other funds	-8,750,298	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	100,580,237	0	0	0	11.00
FIXED ASSETS					
12.00 Land	27,578,300	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	267,752,150	0	0	0	15.00
16.00 Accumulated depreciation	-59,939,188	0	0	0	16.00
17.00 Leasehold improvements	31,525,465	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	66,007,518	0	0	0	19.00
20.00 Accumulated depreciation	-41,555,489	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	0	0	0	0	23.00
24.00 Accumulated depreciation	0	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)	291,368,756	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	130,615,659	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	8,415,148	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	139,030,807	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	530,979,800	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	10,186,547	0	0	0	37.00
38.00 Salaries, wages, and fees payable	8,857,493	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	0	0	0	0	43.00
44.00 Other current liabilities	12,058,379	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	31,102,419	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	49,985,654	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	49,985,654	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	81,088,073	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	449,891,727	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	449,891,727	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	530,979,800	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet G-1

Date/Time Prepared:
1/27/2020 2:58 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		366,018,094		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		39,541,904				2.00
3.00	Total (sum of line 1 and line 2)		405,559,998		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	FUND BALANCE TRANSFER	44,331,729		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)		44,331,729		0		10.00
11.00	Subtotal (line 3 plus line 10)		449,891,727		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)		449,891,727		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	FUND BALANCE TRANSFER		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: 14-0211

Period:
From 09/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2020 2:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	102,217,632		102,217,632	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	102,217,632		102,217,632	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,533,325		21,533,325	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)	21,533,325		21,533,325	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	123,750,957		123,750,957	17.00
18.00	Ancillary services	394,456,580	0	394,456,580	18.00
19.00	Outpatient services	0	1,172,012,094	1,172,012,094	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	518,207,537	1,172,012,094	1,690,219,631	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		332,222,699		29.00
30.00	BAD DEBTS	20,496,851			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)		20,496,851		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)		352,719,550		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2018
To 08/31/2019

Worksheet G-3

Date/Time Prepared:
1/27/2020 2:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,690,219,631	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,313,597,182	2.00
3.00	Net patient revenues (line 1 minus line 2)	376,622,449	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	352,719,550	4.00
5.00	Net income from service to patients (line 3 minus line 4)	23,902,899	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	16,994	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	1,115,359	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	315,667	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	RENTAL INCOME	7,975,336	24.00
24.01	OTHER REVENUE	6,215,649	24.01
24.02	WORKSHOPS, CONFERENCES, ETC	0	24.02
24.03	GRANT REVENUE	0	24.03
24.04	DONATION INCOME	0	24.04
24.05	NRCC CAFETERIA	0	24.05
24.06	RENT INCOME	0	24.06
24.07	CORP BILLING ADJ	0	24.07
24.08	ESCROW INTEREST INCOME	0	24.08
24.09	INSTYMEDS REVENUE	0	24.09
24.10	OTHER SERVICE REVENUE	0	24.10
24.11	WORK ORDER REVENUE	0	24.11
24.12	NON-PATIENT MEDICAL SUPPLIES	0	24.12
24.13	GIFT SHOP SALES	0	24.13
24.14	COST OF CONSIGNMENT SALE	0	24.14
24.15	AP CASH DISCOUNT	0	24.15
24.16	OTHER OPERATING INCOME	0	24.16
24.17	NMFF OTHER OP INCOME - RENT	0	24.17
24.18	MISC	0	24.18
25.00	Total other income (sum of lines 6-24)	15,639,005	25.00
26.00	Total (line 5 plus line 25)	39,541,904	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	39,541,904	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0211	Period: From 09/01/2018 To 08/31/2019	Worksheet L Parts I-III Date/Time Prepared: 1/27/2020 2:58 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,400,527	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		182,940	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)		80.76	3.00
4.00	Number of interns & residents (see instructions)		1.45	4.00
5.00	Indirect medical education percentage (see instructions)		0.51	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)		12,243	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		11.25	8.00
9.00	Sum of lines 7 and 8		11.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.31	10.00
11.00	Disproportionate share adjustment (see instructions)		55,452	11.00
12.00	Total prospective capital payments (see instructions)		2,651,162	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