

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: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 1/28/2020 8:17 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 1/28/2020	Time: 8:17 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CENTRAL DUPAGE HOSPITAL (14-0242) 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	276,145	-257,853	0	0	1.00
2.00	Subprovider - IPF	0	28,563	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	304,708	-257,853	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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 0 NORTH 025 WINFIELD ROAD			PO Box: 11092012						1.00	
2.00	City: WINFIELD			State: IL		Zip Code: 60190		County: DUPAGE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		CENTRAL DUPAGE HOSPITAL	140242	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		CENTRAL DUPAGE HOSPITAL PSYCH.	14S242	16974	4	07/01/1985	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2018	08/31/2019		20.00		
21.00	Type of Control (see instructions)					2			21.00		
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N				23.00	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 8:17 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00
			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
61.01	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 8:17 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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.				
		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.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	992,482	6,918,236	-3,087,759	
		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

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1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131				141.00
142.00	Street: 251 E HURON STREET		PO Box:						142.00
143.00	City: CHICAGO		State: IL		Zip Code: 60611		143.00		
									1.00
144.00 Are provider based physicians' costs included in Worksheet A?									Y
									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
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.									N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.									N
				Part A		Part B		Title V	
				1.00		2.00		3.00	
								Title XIX	
				1.00		2.00		3.00	
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	155.00
156.00	Subprovider - IPF			N	N	N	N	N	156.00
157.00	Subprovider - IRF			N	N	N	N	N	157.00
158.00	SUBPROVIDER								158.00
159.00	SNF			N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY			N	N	N	N	N	160.00
161.00	CMHC				N	N	N	N	161.00
161.10	CORF				N	N	N	N	161.10
161.20	OUTPATIENT PHYSICAL THERAPY				N	N	N	N	161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY				N	N	N	N	161.30
161.40	OUTPATIENT SPEECH PATHOLOGY				N	N	N	N	161.40
									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
		Name		County		State		Zip Code	
		0		1.00		2.00		3.00	
								CBSA	
								FTE/Campus	
								5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.									N
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									0
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									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
									Beginning
									1.00
									Ending
									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)									

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 8:17 am
		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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 1/28/2020 8:17 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	Y		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.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/03/2019	Y 12/03/2019
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/28/2020 8:17 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
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		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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	272	99,280	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)		272	99,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	23	8,395	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		347	126,655	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,520		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		395				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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,856	4,349	62,599			1.00
2.00	HMO and other (see instructions)	7,428	8,903				2.00
3.00	HMO IPF Subprovider	5	1,399				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)	20,856	4,349	62,599			7.00
8.00	INTENSIVE CARE UNIT	2,865	372	6,653			8.00
9.00	CORONARY CARE UNIT	0	0	3,351			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	204	7,054			12.00
13.00	NURSERY		459	5,862			13.00
14.00	Total (see instructions)	23,721	5,384	85,519	0.00	3,081.69	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,849	521	10,458	0.00	60.98	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)			649			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	3,142.67	27.00
28.00	Observation Bed Days		0	20,064			28.00
29.00	Ambulance Trips	178					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	166	899			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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,934	1,300	20,944	1.00
2.00 HMO and other (see instructions)			1,694	2,080		2.00
3.00 HMO IPF Subprovider				240		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,934	1,300	20,944	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	201	74	1,565	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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/28/2020 8:17 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	233,217,214	0	233,217,214	6,557,720.07	35.56	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		1,356,329	0	1,356,329	20,974.11	64.67	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,233,243	-193,280	6,039,963	176,360.96	34.25	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		196,158	0	196,158	3,239.36	60.55	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		250,419	0	250,419	1,303.03	192.18	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		63,510,316	0	63,510,316	1,492,368.59	42.56	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		57,742,918	0	57,742,918			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,544,432	0	1,544,432			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		346,816	0	346,816			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		14,093,700	0	14,093,700			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	19,990,367	4,420,314	24,410,681	279,224.88	87.42	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/28/2020 8:17 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		325,969	0	325,969	10,576.67	30.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,114,789	0	2,114,789	64,590.63	32.74	30.00
31.00	Laundry & Linen Service	8.00	236,818	0	236,818	15,425.15	15.35	31.00
32.00	Housekeeping	9.00	4,605,924	0	4,605,924	264,072.94	17.44	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,793,879	-1,162,565	1,631,314	98,285.75	16.60	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,162,565	1,162,565	71,121.51	16.35	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,393,545	0	1,393,545	30,651.85	45.46	38.00
39.00	Central Services and Supply	14.00	2,930,759	0	2,930,759	140,046.49	20.93	39.00
40.00	Pharmacy	15.00	6,082,471	0	6,082,471	126,840.58	47.95	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	4,089,796	0	4,089,796	99,983.82	40.90	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part III
Date/Time Prepared:
1/28/2020 8:17 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	232,186,854	0	232,186,854	6,547,322.63	35.46	1.00
2.00	Excluded area salaries (see instructions)	6,233,243	-193,280	6,039,963	176,360.96	34.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	225,953,611	193,280	226,146,891	6,370,961.67	35.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	63,956,893	0	63,956,893	1,496,910.98	42.73	4.00
5.00	Subtotal wage-related costs (see inst.)	71,836,618	0	71,836,618	0.00	31.77	5.00
6.00	Total (sum of lines 3 thru 5)	361,747,122	193,280	361,940,402	7,867,872.65	46.00	6.00
7.00	Total overhead cost (see instructions)	44,564,317	4,420,314	48,984,631	1,200,820.27	40.79	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
1/28/2020 8:17 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	15,337,200	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)	17,592,004	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	6,497,843	9.00
10.00	Dental, Hearing and Vision Plan	883,201	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	203,798	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,905,611	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	16,269,504	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	136,099	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	808,906	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	59,634,166	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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part V
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	196,158	59,634,167	1.00
2.00	Hospital	196,158	57,742,918	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,891,249	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0242

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

Worksheet S-7

Date/Time Prepared:
1/28/2020 8:17 am

		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: 14-0242

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

Worksheet S-7

Date/Time Prepared:
1/28/2020 8:17 am

		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: 14-0242

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

Worksheet S-10

Date/Time Prepared:
1/28/2020 8:17 am

				1/28/2020 8:17 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.158110	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			56,263,038	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			9,792,436	5.00
6.00	Medicaid charges			542,484,986	6.00
7.00	Medicaid cost (line 1 times line 6)			85,772,301	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)			19,716,827	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)			19,716,827	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)			88,433,189	35,249,242
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			13,982,172	35,249,242
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			13,982,172	35,249,242
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			42,055,893	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			878,496	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,351,532	
28.00	Non-Medicare bad debt expense (see instructions)			40,704,361	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,908,803	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			56,140,217	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			75,857,044	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/28/2020 8:17 am

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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		23,674,387	23,674,387	0	23,674,387	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,838,271	17,838,271	0	17,838,271	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	2	2	0	2	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0	5.30
5.40	00570	ADMITTING	109	7,983	8,092	0	8,092	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	19,990,258	290,263,349	310,253,607	11,043,760	321,297,367	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,114,789	24,788,184	26,902,973	-86	26,902,887	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	236,818	157,386	394,204	0	394,204	8.00
9.00	00900	HOUSEKEEPING	4,605,924	3,392,393	7,998,317	0	7,998,317	9.00
10.00	01000	DIETARY	2,793,879	5,129,721	7,923,600	-3,739,288	4,184,312	10.00
11.00	01100	CAFETERIA	0	0	0	3,739,288	3,739,288	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,393,545	400,058	1,793,603	-15	1,793,588	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,930,759	7,286,921	10,217,680	-511,386	9,706,294	14.00
15.00	01500	PHARMACY	6,082,471	69,703,079	75,785,550	-68,493,278	7,292,272	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	364	364	0	364	16.00
17.00	01700	SOCIAL SERVICE	4,089,796	1,562,911	5,652,707	0	5,652,707	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	41,000,409	34,308,260	75,308,669	-5,483,982	69,824,687	30.00
31.00	03100	INTENSIVE CARE UNIT	6,594,991	2,990,023	9,585,014	-850,253	8,734,761	31.00
32.00	03200	CORONARY CARE UNIT	2,699,089	1,232,812	3,931,901	-326,286	3,605,615	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,077,570	1,546,371	6,623,941	-252,543	6,371,398	35.00
40.00	04000	SUBPROVIDER - IPF	5,066,530	2,386,786	7,453,316	-277,899	7,175,417	40.00
43.00	04300	NURSERY	0	0	0	1,940,308	1,940,308	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,659,056	47,871,042	61,530,098	-34,989,949	26,540,149	50.00
51.00	05100	RECOVERY ROOM	4,885,526	1,853,483	6,739,009	-336,775	6,402,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,916,228	3,057,891	9,974,119	-417,387	9,556,732	52.00
53.00	05300	ANESTHESIOLOGY	567,522	2,672,523	3,240,045	-1,568,615	1,671,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,092,326	1,785,358	6,877,684	-18,650	6,859,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,490,126	2,994,839	8,484,965	-900,178	7,584,787	55.00
56.00	05600	RADIOISOTOPE	541,655	1,727,169	2,268,824	-405,009	1,863,815	56.00
57.00	05700	CT SCAN	1,463,369	972,306	2,435,675	-121,648	2,314,027	57.00
58.00	05800	MRI	1,858,840	1,007,673	2,866,513	-70,516	2,795,997	58.00
60.00	06000	LABORATORY	36,510,642	70,831,504	107,342,146	-9,901,798	97,440,348	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,156,938	3,296,796	4,453,734	-439,907	4,013,827	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	727,247	435,671	1,162,918	-145,077	1,017,841	64.00
65.00	06500	RESPIRATORY THERAPY	2,998,277	1,894,731	4,893,008	-942,329	3,950,679	65.00
66.00	06600	PHYSICAL THERAPY	9,343,373	2,640,187	11,983,560	-275,685	11,707,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,413,799	401,205	1,815,004	-38,993	1,776,011	67.00
68.00	06800	SPEECH PATHOLOGY	899,871	210,381	1,110,252	-1,977	1,108,275	68.00
69.00	06900	ELECTROCARDIOLOGY	8,161,803	19,510,390	27,672,193	-16,822,721	10,849,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,320,840	870,519	2,191,359	29,938	2,221,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	32,326,859	32,326,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,018,290	28,018,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	68,234,989	68,234,989	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	918,212	918,212	74.00
75.01	07501	CARDIAC REHAB	413,201	127,102	540,303	0	540,303	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	281,082	222,616	503,698	-66,084	437,614	75.04
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								
90.00	09000	CLINIC	11,568,924	1,781,033	13,349,957	1,145,672	14,495,629	90.00
90.01	09001	PATIENT TREATMENT CENTER	1,803,001	685,534	2,488,535	-142,274	2,346,261	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	1,348,447	451,814	1,800,261	1,182,654	2,982,915	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.06	09006	WOUND CARE	206,820	168,296	375,116	-125,814	249,302	90.06
91.00	09100	EMERGENCY	8,744,651	4,750,897	13,495,548	-913,568	12,581,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,050,501	658,890,221	890,940,722	0	890,940,722	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,098	670,078	770,176	0	770,176	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	945,869	597,378	1,543,247	0	1,543,247	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	120,746	8,783,122	8,903,868	0	8,903,868	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	233,217,214	668,940,799	902,158,013	0	902,158,013	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,638,338	25,312,725	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	53,366	17,891,637	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	2	5.10
5.30	00560	PURCHASING AND STORES	0	0	5.30
5.40	00570	ADMITTING	0	8,092	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	-97,314,609	223,982,758	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-74,933	26,827,954	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,971	387,233	8.00
9.00	00900	HOUSEKEEPING	-32,839	7,965,478	9.00
10.00	01000	DIETARY	412,889	4,597,201	10.00
11.00	01100	CAFETERIA	-2,556,181	1,183,107	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-92,596	1,700,992	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-130,357	9,575,937	14.00
15.00	01500	PHARMACY	-1,058	7,291,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	364	16.00
17.00	01700	SOCIAL SERVICE	-3,599	5,649,108	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	0	0	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	-18,115,601	51,709,086	30.00
31.00	03100	INTENSIVE CARE UNIT	-61,866	8,672,895	31.00
32.00	03200	CORONARY CARE UNIT	-1,114	3,604,501	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-8,243	6,363,155	35.00
40.00	04000	SUBPROVIDER - IPF	-860,018	6,315,399	40.00
43.00	04300	NURSERY	0	1,940,308	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13,299	26,526,850	50.00
51.00	05100	RECOVERY ROOM	-5,396	6,396,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-786,574	8,770,158	52.00
53.00	05300	ANESTHESIOLOGY	-127,050	1,544,380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-26,464	6,832,570	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-125,028	7,459,759	55.00
56.00	05600	RADIOISOTOPE	-46,043	1,817,772	56.00
57.00	05700	CT SCAN	-15,783	2,298,244	57.00
58.00	05800	MRI	-69	2,795,928	58.00
60.00	06000	LABORATORY	-3,483,998	93,956,350	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-171	4,013,656	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-821	1,017,020	64.00
65.00	06500	RESPIRATORY THERAPY	-419	3,950,260	65.00
66.00	06600	PHYSICAL THERAPY	-6,220	11,701,655	66.00
67.00	06700	OCCUPATIONAL THERAPY	-546	1,775,465	67.00
68.00	06800	SPEECH PATHOLOGY	-426	1,107,849	68.00
69.00	06900	ELECTROCARDIOLOGY	-512,693	10,336,779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-9,966	2,211,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,326,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,018,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,234,989	73.00
74.00	07400	RENAL DIALYSIS	0	918,212	74.00
75.01	07501	CARDIAC REHAB	-1,650	538,653	75.01
75.02	07502	SLEEP LAB	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	75.03
75.04	07504	PAIN MANAGEMENT	-116	437,498	75.04
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					
90.00	09000	CLINIC	-4,131,715	10,363,914	90.00
90.01	09001	PATIENT TREATMENT CENTER	-45,407	2,300,854	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	90.02
90.03	09003	CANTERA	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	-308,339	2,674,576	90.04
90.05	09005	WOMEN'S CLINIC	0	0	90.05
90.06	09006	WOUND CARE	-64	249,238	90.06
91.00	09100	EMERGENCY	-760,888	11,821,092	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-127,564,537	763,376,185	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	770,176	190.00
190.01	19001	KOFEE KORNER	0	0	190.01
191.00	19100	RESEARCH	0	1,543,247	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,903,868	192.00
192.01	19201	WSKF	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	193.01
193.02	19302	MARKETING	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-127,564,537	774,593,476	200.00

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 8:17 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,018,290		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	28,018,290		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	32,326,859		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		0	32,326,859		
	C - CAFETERIA					
1.00	CAFETERIA	11.00	1,162,565	2,576,723		1.00
	TOTALS		1,162,565	2,576,723		
	D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	68,234,989		1.00
	TOTALS		0	68,234,989		
	F - PSYCH ANCILLARY					
1.00	MENTAL HEALTH O/P	90.04	774,356	408,298		1.00
	TOTALS		774,356	408,298		
	G - BILLING AND REGISTRATION					
1.00	ADMINISTRATION & GENERAL	5.60	5,493,170	1,019,431		1.00
2.00		0.00	0	0		2.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		5,493,170	1,019,431		
	H - PEDIATRIC BUILDING RENT					
1.00	CLINIC	90.00	0	1,468,920		1.00
	TOTALS		0	1,468,920		
	I - NURSERY					
1.00	NURSERY	43.00	1,460,795	479,513		1.00
	TOTALS		1,460,795	479,513		
	J - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	917,986		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	917,986		

RECLASSIFICATIONS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	L - PATIENT TRANSPORTATION					
1.00	ADULTS & PEDIATRICS	30.00	697,181	366,055		1.00
2.00	INTENSIVE CARE UNIT	31.00	30,177	15,844		2.00
3.00	CORONARY CARE UNIT	32.00	10,933	5,740		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	1,435	753		4.00
5.00	OPERATING ROOM	50.00	46,799	24,572		5.00
6.00	RECOVERY ROOM	51.00	1,187	623		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	7,272	3,818		7.00
8.00	ANESTHESIOLOGY	53.00	1,138	597		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	90,184	47,351		9.00
10.00	CT SCAN	57.00	5,491	2,883		10.00
11.00	MRI	58.00	26,862	14,104		11.00
12.00	LABORATORY	60.00	940	494		12.00
13.00	PHYSICAL THERAPY	66.00	495	260		13.00
14.00	ELECTROCARDIOLOGY	69.00	31,809	16,701		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	37,795	19,844		15.00
16.00	RENAL DIALYSIS	74.00	148	78		16.00
17.00	CLINIC	90.00	8,360	4,390		17.00
18.00	WOUND CARE	90.06	49	26		18.00
19.00	EMERGENCY	91.00	74,601	39,169		19.00
	TOTALS		1,072,856	563,302		
	M - INTERCOMPANY					
1.00	ADMINISTRATION & GENERAL	5.60	0	1,515,268		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
	TOTALS		0	1,515,268		
	N - NON PATIENT TRANSPORTATION					
1.00	ADMINISTRATION & GENERAL	5.60	0	4,652,049		1.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
11.00		0.00	0	0		11.00
13.00		0.00	0	0		13.00
	TOTALS		0	4,652,049		
500.00	Grand Total: Increases		9,963,742	142,181,628		500.00

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 8:17 am

	Decreases						1/28/2020 8:17 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	20,562,385	0		1.00
2.00	RECOVERY ROOM	51.00	0	65,199	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,350	0		3.00
4.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	439,907	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	6,936,449	0		5.00
	TOTALS		0	28,018,290			
	B - CHARGEABLE MEDICAL SUPPLIES						
1.00		0.00	0	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	406,612	0		2.00
3.00	PHARMACY	15.00	0	256,593	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	265,903	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,368,678	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	583,251	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	254,731	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	17,161	0		8.00
9.00	OPERATING ROOM	50.00	0	14,238,145	0		9.00
10.00	RECOVERY ROOM	51.00	0	273,386	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	414,127	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	1,570,350	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	156,185	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	413,958	0		14.00
15.00	RADIOISOTOPE	56.00	0	183,360	0		15.00
16.00	CT SCAN	57.00	0	130,022	0		16.00
17.00	MRI	58.00	0	111,482	0		17.00
18.00	LABORATORY	60.00	0	412,009	0		18.00
20.00	INTRAVENOUS THERAPY	64.00	0	145,077	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	942,329	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	36,323	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	38,993	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	1,977	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	8,642,833	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,701	0		26.00
28.00	PAIN MANAGEMENT	75.04	0	66,084	0		28.00
29.00	CLINIC	90.00	0	229,729	0		29.00
30.00	PATIENT TREATMENT CENTER	90.01	0	140,698	0		30.00
32.00	WOUND CARE	90.06	0	77,470	0		32.00
33.00	EMERGENCY	91.00	0	921,692	0		33.00
	TOTALS		0	32,326,859			
	C - CAFETERIA						
1.00	DIETARY	10.00	1,162,565	2,576,723	0		1.00
	TOTALS		1,162,565	2,576,723			
	D - DRUGS						
1.00	PHARMACY	15.00	0	68,234,989	0		1.00
	TOTALS		0	68,234,989			
	F - PSYCH ANCILLARY						
1.00	ADULTS & PEDIATRICS	30.00	774,356	408,298	0		1.00
	TOTALS		774,356	408,298			
	G - BILLING AND REGISTRATION						
1.00	SUBPROVIDER - IPF	40.00	193,280	47,789	0		1.00
2.00	OPERATING ROOM	50.00	191,577	62,333	0		2.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	373,103	113,117	0		5.00
6.00	LABORATORY	60.00	4,304,223	681,008	0		6.00
7.00	PHYSICAL THERAPY	66.00	189,162	50,955	0		7.00
9.00	ELECTROCARDIOLOGY	69.00	37,830	7,910	0		9.00
10.00	CLINIC	90.00	82,713	23,536	0		10.00
12.00	WOUND CARE	90.06	37,222	11,197	0		12.00
13.00	EMERGENCY	91.00	84,060	21,586	0		13.00
	TOTALS		5,493,170	1,019,431			
	H - PEDIATRIC BUILDING RENT						
1.00	ADULTS & PEDIATRICS	30.00	0	1,468,920	0		1.00
	TOTALS		0	1,468,920			
	I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,460,795	479,513	0		1.00
	TOTALS		1,460,795	479,513			
	J - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	0	525,701	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	313,023	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	77,056	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	630	0		4.00
5.00	PATIENT TREATMENT CENTER	90.01	0	1,576	0		5.00
	TOTALS		0	917,986			

RECLASSIFICATIONS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/28/2020 8:17 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	L - PATIENT TRANSPORTATION						
1.00	ADMINISTRATION & GENERAL	5.00	1,072,856	563,302	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
	TOTALS		1,072,856	563,302			
	M - INTERCOMPANY						
1.00	ADULTS & PEDIATRICS	30.00	0	60,837	0		1.00
2.00	SUBPROVIDER - IPF	40.00	0	19,039	0		2.00
3.00	RADIOISOTOPE	56.00	0	190,060	0		3.00
5.00	ELECTROCARDIOLOGY	69.00		1,245,332	0		5.00
	TOTALS		0	1,515,268			
	N - NON PATIENT TRANSPORTATION						
1.00	OPERATION OF PLANT	7.00	0	86	0		1.00
3.00	NURSING ADMINISTRATION	13.00	0	15	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	104,774	0		4.00
5.00	PHARMACY	15.00	0	1,696	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	120	0		6.00
7.00	OPERATING ROOM	50.00	0	6,880	0		7.00
8.00	RADIOISOTOPE	56.00	0	31,589	0		8.00
9.00	LABORATORY	60.00	0	4,505,992	0		9.00
11.00	ELECTROCARDIOLOGY	69.00	0	877	0		11.00
13.00	CLINIC	90.00	0	20	0		13.00
	TOTALS		0	4,652,049			
500.00	Grand Total: Decreases		9,963,742	142,181,628			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
1/28/2020 8:17 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,158,294	16,349,301	0	16,349,301	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	403,839,643	191,196,363	0	191,196,363	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	137,064,507	9,840,841	0	9,840,841	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	559,062,444	217,386,505	0	217,386,505	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	559,062,444	217,386,505	0	217,386,505	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	34,507,595	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	595,036,006	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	146,905,348	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	776,448,949	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	776,448,949	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	23,674,387	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,838,271	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	41,512,658	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	23,674,387				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,838,271				2.00
3.00	Total (sum of lines 1-2)	0	41,512,658				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	34,507,595	0	34,507,595	0.044443	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	741,941,354	0	741,941,354	0.955557	0	2.00
3.00	Total (sum of lines 1-2)	776,448,949	0	776,448,949	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	25,312,725	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,891,637	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	43,204,362	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	0	0	0	0	25,312,725	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,891,637	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	43,204,362	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-29,338	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-22,183,195			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	-37,086,770			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,556,181	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	B	-8,015	DELIVERY ROOM & LABOR ROOM	52.00	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	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PHYSICIAN SUBSIDY	A	-16,146,082	ADMINISTRATION & GENERAL	5.60	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
1/28/2020 8:17 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00	
34.02	NON PT MED SUPP	B		-14,885	PATIENT TREATMENT CENTER	90.01	0	34.02
35.04	MEALS REVENUE	B		2,515	DIETARY	10.00	0	35.04
36.00	OTHER ADJUSTMENTS (SPECIFY (3)			0		0.00	0	36.00
36.01	OTHER INCOME	B		-1,285,654	ADMINISTRATION & GENERAL	5.60	0	36.01
36.02	OTHER INCOME	B			LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	OTHER INCOME	B			DIETARY	10.00	0	36.03
36.04	OTHER INCOME	B			DELIVERY ROOM & LABOR ROOM	52.00	0	36.04
36.05	OTHER INCOME	B		-30,000	RADIOLOGY-THERAPEUTIC	55.00	0	36.05
36.06	OTHER INCOME	B			LABORATORY	60.00	0	36.06
36.07	OTHER INCOME	B		65	SUBPROVIDER - IPF	40.00	0	36.07
36.08	OTHER INCOME	B		-22,518	MENTAL HEALTH O/P	90.04	0	36.08
36.09	OTHER INCOME	B		-8,846	CLINIC	90.00	0	36.09
36.11	OTHER INCOME	B		-9,761	PATIENT TREATMENT CENTER	90.01	0	36.11
36.14	OTHER INCOME	B			CENTRAL SERVICES & SUPPLY	14.00	0	36.14
36.15	OTHER INCOME	B			PHYSICAL THERAPY	66.00	0	36.15
36.16	OTHER INCOME	B			ELECTROENCEPHALOGRAPHY	70.00	0	36.16
36.17	OTHER INCOME	B		332	ADULTS & PEDIATRICS	30.00	0	36.17
36.18	OTHER INCOME	B		-78,662	DELIVERY ROOM & LABOR ROOM	52.00	0	36.18
38.00	TUITION INCOME	B		-33,853	NURSING ADMINISTRATION	13.00	0	38.00
38.01	TUITION INCOME	B			LABORATORY	60.00	0	38.01
38.02	TUITION INCOME	B		-63,944	EMERGENCY	91.00	0	38.02
38.03	TUITION INCOME	B			SUBPROVIDER - IPF	40.00	0	38.03
39.00	RENTAL INCOME	B		-3,326,949	CLINIC	90.00	0	39.00
39.01	RENTAL INCOME	B		-52,471	SUBPROVIDER - IPF	40.00	0	39.01
39.04	INTERCOMPANY RENTAL INCOME	B			OPERATION OF PLANT	7.00	0	39.04
39.05	INTERCOMPANY RENTAL INCOME	B		-3,425,399	ADMINISTRATION & GENERAL	5.60	0	39.05
40.00	OTHER SERVICE REVENUE	B			PATIENT TREATMENT CENTER	90.01	0	40.00
40.01	OTHER SERVICE REVENUE	B		-212,860	SUBPROVIDER - IPF	40.00	0	40.01
40.02	OTHER SERVICE REVENUE	B		-39,185	ADULTS & PEDIATRICS	30.00	0	40.02
40.03	OTHER SERVICE REVENUE	B		-161,065	MENTAL HEALTH O/P	90.04	0	40.03
40.06	OTHER SERVICE REVENUE	B		-10,025	RADIOLOGY-DIAGNOSTIC	54.00	0	40.06
40.07	OTHER SERVICE INCOME	B		-215,911	EMERGENCY	91.00	0	40.07
41.00	INSTYMED REV	B		-207,120	CLINIC	90.00	0	41.00
41.01	INSTYMED REV	B			PHARMACY	15.00	0	41.01
41.03	RECOVERY LIVING REV	B		-316	ADULTS & PEDIATRICS	30.00	0	41.03
42.00	REAL ESTATE TAXES	A		-5,831	CLINIC	90.00	0	42.00
42.04	LOBBYING DUES	A		-74,463	ADMINISTRATION & GENERAL	5.60	0	42.04
42.05	PHYSICIAN BILLING SVC	A		-477,500	LABORATORY	60.00	0	42.05
42.06	PHYSICIAN BILLING SVC	A			ELECTROCARDIOLOGY	69.00	0	42.06
42.07	REAL ESTATE TAXES	A		-128,906	ADMINISTRATION & GENERAL	5.60	0	42.07
44.00	CHARITABLE CONTRIBUTIONS	A		-33,577	ADMINISTRATION & GENERAL	5.60	0	44.00
44.01	CHARITABLE CONTRIBUTIONS	A			HOUSEKEEPING	9.00	0	44.01
44.02	CHARITABLE CONTRIBUTIONS	A			NURSING ADMINISTRATION	13.00	0	44.02
44.03	CHARITABLE CONTRIBUTIONS	A		-236	ADULTS & PEDIATRICS	30.00	0	44.03
44.04	CHARITABLE CONTRIBUTIONS	A		-296	INTENSIVE CARE UNIT	31.00	0	44.04
44.05	CHARITABLE CONTRIBUTIONS	A		-394	SUBPROVIDER - IPF	40.00	0	44.05
44.06	CHARITABLE CONTRIBUTIONS	A		-38	OPERATING ROOM	50.00	0	44.06
44.07	CHARITABLE CONTRIBUTIONS	A		-75	DELIVERY ROOM & LABOR ROOM	52.00	0	44.07
44.08	CHARITABLE CONTRIBUTIONS	A		-99	CLINIC	90.00	0	44.08
44.09	CHARITABLE CONTRIBUTIONS	A			PATIENT TREATMENT CENTER	90.01	0	44.09
44.10	CHARITABLE CONTRIBUTIONS	A		-516	EMERGENCY	91.00	0	44.10
44.11	CHARITABLE CONTRIBUTIONS	A		-13	MRI	58.00	0	44.11
45.00	EQPT DISPOSALS	A			CAP REL COSTS-BLDG & FIXT	1.00	9	45.00
45.01	EQPT DISPOSALS	A		-4,050	HOUSEKEEPING	9.00	0	45.01
45.02	EQPT DISPOSALS	A			NURSING ADMINISTRATION	13.00	0	45.02
45.03	EQPT DISPOSALS	A		-33,447	CENTRAL SERVICES & SUPPLY	14.00	0	45.03
45.04	EQPT DISPOSALS	A			MEDICAL RECORDS & LIBRARY	16.00	0	45.04
45.05	EQPT DISPOSALS	A		-39,771	ADULTS & PEDIATRICS	30.00	0	45.05
45.06	EQPT DISPOSALS	A		-59,073	INTENSIVE CARE UNIT	31.00	0	45.06
45.07	EQPT DISPOSALS	A			NEONATAL INTENSIVE CARE UNIT	35.00	0	45.07
45.08	EQPT DISPOSALS	A			SUBPROVIDER - IPF	40.00	0	45.08
45.09	EQPT DISPOSALS	A		-821	OPERATING ROOM	50.00	0	45.09
45.10	EQPT DISPOSALS	A		-321	DELIVERY ROOM & LABOR ROOM	52.00	0	45.10
45.11	EQPT DISPOSALS	A		-1,375	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12	EQPT DISPOSALS	A			RADIOLOGY-THERAPEUTIC	55.00	0	45.12
45.13	EQPT DISPOSALS	A			CT SCAN	57.00	0	45.13
45.14	EQPT DISPOSALS	A			LABORATORY	60.00	0	45.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
45.15	EQPT DISPOSALS	A		0	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00		0 45.15
45.16	EQPT DISPOSALS	A	-1,755		ELECTROCARDIOLOGY	69.00		0 45.16
45.17	EQPT DISPOSALS	A		0	CLINIC	90.00		0 45.17
45.18	EQPT DISPOSALS	A		0	PATIENT TREATMENT CENTER	90.01		0 45.18
45.19	EQPT DISPOSALS	A		0	WOUND CARE	90.06		0 45.19
45.20	EQPT DISPOSALS	A	-9,756		EMERGENCY	91.00		0 45.20
45.21	EQPT DISPOSALS	A	53,366		CAP REL COSTS-MVBLE EQUIP	2.00		9 45.21
45.22	EQPT DISPOSALS	A	-8,321		OPERATION OF PLANT	7.00		0 45.22
45.23	EQPT DISPOSALS	A	-821		RECOVERY ROOM	51.00		0 45.23
45.24	EQPT DISPOSALS	A	-821		INTRAVENOUS THERAPY	64.00		0 45.24
48.00	CAPITALIZED INTEREST	A	1,638,496		CAP REL COSTS-BLDG & FIXT	1.00		9 48.00
49.00	MEDICAID TAX OFFSET	A	-37,867,564		ADMINISTRATION & GENERAL	5.60		0 49.00
49.01	NON ALLOWABLE EXPENSE	A		406	ADMINISTRATION & GENERAL	5.60		0 49.01
49.02	APN PART B	A	-970,590		ADULTS & PEDIATRICS	30.00		0 49.02
49.03	APN PART B	A	-96,156		ELECTROCARDIOLOGY	69.00		0 49.03
49.04	APN PART B	A	-540,403		CLINIC	90.00		0 49.04
49.05	APN PART B	A	-95,996		MENTAL HEALTH O/P	90.04		0 49.05
49.06	MISC COST	A	-158		CAP REL COSTS-BLDG & FIXT	1.00		9 49.06
49.07	MISC COST	A	-753,772		ADMINISTRATION & GENERAL	5.60		0 49.07
49.08	MISC COST	A	-37,274		OPERATION OF PLANT	7.00		0 49.08
49.09	MISC COST	A	-6,971		LAUNDRY & LINEN SERVICE	8.00		0 49.09
49.10	MISC COST	A	-28,789		HOUSEKEEPING	9.00		0 49.10
49.11	MISC COST	A	410,374		DIETARY	10.00		0 49.11
49.12	MISC COST	A	-58,743		NURSING ADMINISTRATION	13.00		0 49.12
49.13	MISC COST	A	-96,910		CENTRAL SERVICES & SUPPLY	14.00		0 49.13
49.14	MISC COST	A	-1,058		PHARMACY	15.00		0 49.14
49.15	MISC COST	A	-3,599		SOCIAL SERVICE	17.00		0 49.15
49.16	MISC COST	A	-315,163		ADULTS & PEDIATRICS	30.00		0 49.16
49.17	MISC COST	A	-2,497		INTENSIVE CARE UNIT	31.00		0 49.17
49.18	MISC COST	A	-1,114		CORONARY CARE UNIT	32.00		0 49.18
49.19	MISC COST	A	-8,243		NEONATAL INTENSIVE CARE UNIT	35.00		0 49.19
49.20	MISC COST	A	-30,854		SUBPROVIDER - IPF	40.00		0 49.20
49.21	MISC COST	A	-7,740		OPERATING ROOM	50.00		0 49.21
49.22	MISC COST	A	-4,575		RECOVERY ROOM	51.00		0 49.22
49.23	MISC COST	A	-6,198		DELIVERY ROOM & LABOR ROOM	52.00		0 49.23
49.24	MISC COST	A	-15,064		RADIOLOGY-DIAGNOSTIC	54.00		0 49.24
49.25	MISC COST	A	-40,460		RADIOLOGY-THERAPEUTIC	55.00		0 49.25
49.26	MISC COST	A	-1,739		CT SCAN	57.00		0 49.26
49.27	MISC COST	A	-56		MRI	58.00		0 49.27
49.28	MISC COST	A	-479,035		LABORATORY	60.00		0 49.28
49.29	MISC COST	A	-171		WHOLE BLOOD & PACKED RED BLOOD CELL	62.00		0 49.29
49.30	MISC COST	A	-419		RESPIRATORY THERAPY	65.00		0 49.30
49.31	MISC COST	A	-6,220		PHYSICAL THERAPY	66.00		0 49.31
49.32	MISC COST	A	-546		OCCUPATIONAL THERAPY	67.00		0 49.32
49.33	MISC COST	A	-426		SPEECH PATHOLOGY	68.00		0 49.33
49.34	MISC COST	A	-22,837		ELECTROCARDIOLOGY	69.00		0 49.34
49.35	MISC COST	A	-3,330		ELECTROENCEPHALOGRAPHY	70.00		0 49.35
49.36	MISC COST	A	-1,650		CARDIAC REHAB	75.01		0 49.36
49.37	MISC COST	A	-116		PAIN MANAGEMENT	75.04		0 49.37
49.38	MISC COST	A	-42,467		CLINIC	90.00		0 49.38
49.39	MISC COST	A	-9,237		PATIENT TREATMENT CENTER	90.01		0 49.39
49.40	MISC COST	A	-420		MENTAL HEALTH O/P	90.04		0 49.40
49.41	MISC COST	A	-64		WOUND CARE	90.06		0 49.41
49.42	MISC COST	A	-20,186		EMERGENCY	91.00		0 49.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-127,564,537					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: 14-0242

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

Worksheet A-8-1

Date/Time Prepared:
1/28/2020 8:17 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	156,426,878	193,513,648	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.			156,426,878	193,513,648	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	NMHC	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 14-0242

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

Worksheet A-8-1

Date/Time Prepared:
1/28/2020 8:17 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-37,086,770	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-37,086,770			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

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

Worksheet A-8-2

Date/Time Prepared:
1/28/2020 8:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.60	AGGREGATE-ADMINISTRATION & GENERAL	512,828	512,828	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	16,752,565	16,749,808	2,757	179,000	22	2.00
3.00	40.00	AGGREGATE-SUBPROVIDER - IPF	580,414	553,324	27,090	181,300	194	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	4,700	4,700	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	693,303	693,303	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	127,050	127,050	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	114,438	0	114,438	271,900	458	7.00
8.00	56.00	AGGREGATE-RADIOISOTOPE	46,043	46,043	0	0	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	14,044	14,044	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	2,527,463	2,527,463	0	0	0	10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	391,945	391,945	0	0	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	26,375	0	26,375	271,900	151	12.00
13.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	18,925	0	18,925	179,000	86	13.00
14.00	90.04	AGGREGATE-MENTAL HEALTH O/P	41,593	15,413	26,180	179,000	154	14.00
15.00	91.00	AGGREGATE-EMERGENCY	471,143	436,488	34,655	179,000	239	15.00
200.00			22,322,829	22,072,409	250,420		1,304	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,893	95	0	0	0	2.00
3.00	40.00	AGGREGATE-SUBPROVIDER - IPF	16,910	846	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	59,870	2,994	0	0	0	7.00
8.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	19,739	987	0	0	0	12.00
13.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	7,401	370	0	0	0	13.00
14.00	90.04	AGGREGATE-MENTAL HEALTH O/P	13,253	663	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	20,568	1,028	0	0	0	15.00
200.00			139,634	6,983	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	0	0	512,828		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	1,893	864	16,750,672		2.00
3.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	16,910	10,180	563,504		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	4,700		4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	693,303		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	127,050		6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	59,870	54,568	54,568		7.00
8.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	46,043		8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	14,044		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	2,527,463		10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	391,945		11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	19,739	6,636	6,636		12.00
13.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	0	7,401	11,524	11,524		13.00
14.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	13,253	12,927	28,340		14.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

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

Worksheet A-8-2

Date/Time Prepared:
1/28/2020 8:17 am

	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		
15.00	91.00	AGGREGATE-EMERGENCY	0	20,568	14,087	450,575		15.00
200.00			0	139,634	110,786	22,183,195		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.10
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	25,312,725	25,312,725			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,891,637		17,891,637		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	2	519,751	367,372	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	5.30
5.40	00570	ADMITTING	8,092	19,659	13,895	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	223,982,758	1,031,152	728,843	0	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	26,827,954	9,725,832	6,874,448	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	387,233	164,066	115,966	0	8.00
9.00	00900	HOUSEKEEPING	7,965,478	222,549	157,303	0	9.00
10.00	01000	DIETARY	4,597,201	302,317	213,685	0	10.00
11.00	01100	CAFETERIA	1,183,107	257,080	181,710	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,700,992	116,637	82,442	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,575,937	185,698	131,256	0	14.00
15.00	01500	PHARMACY	7,291,214	110,480	78,090	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	364	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,649,108	27,442	19,397	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	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	51,709,086	3,557,555	2,514,565	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,672,895	629,317	444,816	0	31.00
32.00	03200	CORONARY CARE UNIT	3,604,501	153,415	108,437	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,363,155	201,593	142,491	0	35.00
40.00	04000	SUBPROVIDER - IPF	6,315,399	743,963	525,851	0	40.00
43.00	04300	NURSERY	1,940,308	175,321	123,921	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,526,850	1,713,252	1,210,967	0	50.00
51.00	05100	RECOVERY ROOM	6,396,838	218,548	154,475	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,770,158	443,728	313,638	0	52.00
53.00	05300	ANESTHESIOLOGY	1,544,380	31,388	22,186	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,832,570	641,120	453,159	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,459,759	469,435	331,808	0	55.00
56.00	05600	RADIOISOTOPE	1,817,772	59,963	42,383	0	56.00
57.00	05700	CT SCAN	2,298,244	93,397	66,015	0	57.00
58.00	05800	MRI	2,795,928	75,986	53,709	0	58.00
60.00	06000	LABORATORY	93,956,350	818,103	578,255	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,013,656	40,067	28,320	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,017,020	11,309	7,994	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,950,260	92,575	65,434	0	65.00
66.00	06600	PHYSICAL THERAPY	11,701,655	187,982	132,870	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,775,465	5,773	4,081	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,107,849	8,386	5,927	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,336,779	597,143	422,075	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,211,331	80,316	56,769	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,326,859	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,018,290	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,234,989	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	918,212	9,939	7,025	0	74.00
75.01	07501	CARDIAC REHAB	538,653	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	437,498	58,227	41,156	0	75.04
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							
90.00	09000	CLINIC	10,363,914	353,455	249,831	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	2,300,854	121,588	85,941	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.10	
90.04	09004	MENTAL HEALTH O/P	2,674,576	176,180	124,528	0	3,743	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	249,238	31,936	22,573	0	2,339	90.06
91.00	09100	EMERGENCY	11,821,092	760,899	537,822	0	40,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	763,376,185	25,244,522	17,843,429	0	885,487	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	770,176	62,575	44,230	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,543,247	3,490	2,467	0	1,638	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,903,868	2,138	1,511	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	774,593,476	25,312,725	17,891,637	0	887,125	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
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Cost Center Description			PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES	0					5.30
5.40	00570	ADMITTING	0	43,050				5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0			5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	0	225,786,735	225,786,735	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	43,457,711	17,879,111	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	667,967	274,811	8.00
9.00	00900	HOUSEKEEPING	0	0	0	8,353,986	3,436,947	9.00
10.00	01000	DIETARY	0	0	0	5,119,987	2,106,434	10.00
11.00	01100	CAFETERIA	0	0	0	1,625,406	668,715	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,917,383	788,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,904,822	4,074,982	14.00
15.00	01500	PHARMACY	0	0	0	7,493,353	3,082,870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	364	150	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,695,947	2,343,392	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	5,359	0	57,922,486	23,830,122	30.00
31.00	03100	INTENSIVE CARE UNIT	0	954	0	9,783,308	4,024,990	31.00
32.00	03200	CORONARY CARE UNIT	0	511	0	3,866,864	1,590,882	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,141	0	6,716,100	2,763,098	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,124	0	7,605,989	3,129,210	40.00
43.00	04300	NURSERY	0	270	0	2,249,178	925,343	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,904	0	29,560,015	12,161,404	50.00
51.00	05100	RECOVERY ROOM	0	425	0	6,772,859	2,786,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,031	0	9,569,496	3,937,025	52.00
53.00	05300	ANESTHESIOLOGY	0	1,026	0	1,610,209	662,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	866	0	7,985,266	3,285,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	96	0	8,312,332	3,419,810	55.00
56.00	05600	RADIOISOTOPE	0	128	0	1,920,480	790,112	56.00
57.00	05700	CT SCAN	0	1,252	0	2,459,844	1,012,014	57.00
58.00	05800	MRI	0	414	0	2,927,675	1,204,486	58.00
60.00	06000	LABORATORY	0	3,139	0	95,391,641	39,245,415	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	277	0	4,083,958	1,680,197	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	350	0	1,037,375	426,791	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,366	0	4,115,016	1,692,975	65.00
66.00	06600	PHYSICAL THERAPY	0	192	0	12,040,479	4,953,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	123	0	1,786,612	735,037	67.00
68.00	06800	SPEECH PATHOLOGY	0	128	0	1,122,992	462,015	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,598	0	11,390,178	4,686,079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	314	0	2,352,707	967,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,137	0	32,331,996	13,301,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,298	0	28,021,588	11,528,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,821	0	68,240,810	28,075,225	73.00
74.00	07400	RENAL DIALYSIS	0	217	0	935,393	384,834	74.00
75.01	07501	CARDIAC REHAB	0	2	0	538,655	221,610	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	536,881	220,880	75.04
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								
90.00	09000	CLINIC	0	41	0	11,073,921	4,555,966	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	223	0	2,525,684	1,039,102	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	77	0	2,979,104	1,225,645	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	306,086	125,928	90.06
91.00	09100	EMERGENCY	0	1,246	0	13,161,298	5,414,742	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
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Cost Center Description			PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	43,050	0	763,258,136	221,123,218	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	876,981	360,802	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,550,842	638,038	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	8,907,517	3,664,677	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	0	43,050	0	774,593,476	225,786,735	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	61,336,822				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	717,970	1,660,748			8.00
9.00	00900	HOUSEKEEPING	0	973,897	0	12,764,830		9.00
10.00	01000	DIETARY	0	1,322,968	0	322,950	8,872,339	10.00
11.00	01100	CAFETERIA	0	1,125,007	0	189,117	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	510,415	0	187,888	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	812,634	0	296,280	0	14.00
15.00	01500	PHARMACY	0	483,471	0	76,524	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	120,088	0	36,800	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	15,568,206	590,046	3,582,838	6,967,753	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,753,952	84,054	576,417	740,530	31.00
32.00	03200	CORONARY CARE UNIT	0	671,358	0	139,131	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	882,192	0	185,115	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	3,255,652	0	676,223	1,164,056	40.00
43.00	04300	NURSERY	0	767,221	21,342	155,023	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,497,354	179,056	1,503,435	0	50.00
51.00	05100	RECOVERY ROOM	0	956,388	38,185	198,699	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,941,798	98,051	405,269	0	52.00
53.00	05300	ANESTHESIOLOGY	0	137,358	0	28,530	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,805,601	112,898	571,120	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,054,291	0	426,692	0	55.00
56.00	05600	RADIOISOTOPE	0	262,403	0	54,503	0	56.00
57.00	05700	CT SCAN	0	408,715	42,501	84,893	0	57.00
58.00	05800	MRI	0	332,521	0	69,067	0	58.00
60.00	06000	LABORATORY	0	3,580,098	2,821	677,153	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	175,335	0	20,875	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	49,490	0	10,313	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	405,118	0	87,866	0	65.00
66.00	06600	PHYSICAL THERAPY	0	822,628	11,824	170,866	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,265	0	5,248	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	36,698	0	7,622	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,613,157	83,179	567,998	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	351,470	0	73,003	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	43,494	0	9,034	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	254,808	0	0	0	75.04
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								
90.00	09000	CLINIC	0	1,546,755	154,202	374,065	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	532,082	0	110,517	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	770,979	0	160,138	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	139,756	0	29,028	0	90.06
91.00	09100	EMERGENCY	0	3,329,768	242,589	694,590	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	61,038,361	1,660,748	12,764,830	8,872,339	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	273,836	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	15,271	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,354	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	61,336,822	1,660,748	12,764,830	8,872,339	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	3,608,245					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	19,255	0	3,423,779			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	87,973	0	0	15,176,691		14.00
15.00	01500	PHARMACY	79,678	0	0	0	11,215,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	13	16.00
17.00	01700	SOCIAL SERVICE	62,807	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	692,782	0	1,270,737	0	7,565	30.00
31.00	03100	INTENSIVE CARE UNIT	107,119	0	250,360	0	90	31.00
32.00	03200	CORONARY CARE UNIT	45,656	0	105,632	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	72,374	0	176,819	0	80	35.00
40.00	04000	SUBPROVIDER - IPF	85,984	0	0	0	0	40.00
43.00	04300	NURSERY	22,427	0	107,720	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	228,250	0	407,415	0	1,623	50.00
51.00	05100	RECOVERY ROOM	82,254	0	166,397	0	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,852	0	221,276	0	107	52.00
53.00	05300	ANESTHESIOLOGY	13,767	0	3,380	0	43,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,400	0	21,260	0	1,575	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85,796	0	85,626	0	11	55.00
56.00	05600	RADIOISOTOPE	7,478	0	0	0	16,139	56.00
57.00	05700	CT SCAN	27,051	0	1,735	0	0	57.00
58.00	05800	MRI	29,127	0	0	0	61	58.00
60.00	06000	LABORATORY	857,082	0	5,580	0	1,878	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,175	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	9,798	0	29,422	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	54,735	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	157,159	0	11	0	170	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,751	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,173	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,487	0	78,238	0	568	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,582	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,130,147	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,046,544	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,105,145	73.00
74.00	07400	RENAL DIALYSIS	6	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	7,440	0	10,806	0	45	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	5,198	0	9,028	0	47	75.04
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								
90.00	09000	CLINIC	159,554	0	133,318	0	33,469	90.00
90.01	09001	PATIENT TREATMENT CENTER	31,380	0	45,679	0	752	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	44,426	0	3,148	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	3,510	0	7,011	0	223	90.06
91.00	09100	EMERGENCY	147,958	0	276,666	0	2,717	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,583,444	0	3,417,264	15,176,691	11,215,766	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,706	0	0	0	130	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	17,008	0	6,515	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,087	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	3,608,245	0	3,423,779	15,176,691	11,215,896	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV	
			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
5.10	00540	NON PATIENT TELEPHONES							5.10
5.30	00560	PURCHASING AND STORES							5.30
5.40	00570	ADMITTING							5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	00590	ADMINISTRATION & GENERAL							5.60
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	527						16.00
17.00	01700	SOCIAL SERVICE	527	8,259,561					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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		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	0	5,188,206	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	638,776	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	288,626	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	685,661	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	946,661	0	0	0	0	40.00
43.00	04300	NURSERY	0	511,631	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	527	8,259,561	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	527	8,259,561	0	0	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	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	0					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	115,620,741	0	115,620,741	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	18,959,596	0	18,959,596	31.00
32.00	03200	CORONARY CARE UNIT	0	0	6,708,149	0	6,708,149	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	11,481,439	0	11,481,439	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	16,863,775	0	16,863,775	40.00
43.00	04300	NURSERY	0	0	4,759,885	0	4,759,885	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	51,538,552	0	51,538,552	50.00
51.00	05100	RECOVERY ROOM	0	0	11,001,234	0	11,001,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	16,277,874	0	16,277,874	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,499,192	0	2,499,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,869,370	0	14,869,370	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,384,558	0	14,384,558	55.00
56.00	05600	RADIOISOTOPE	0	0	3,051,115	0	3,051,115	56.00
57.00	05700	CT SCAN	0	0	4,036,753	0	4,036,753	57.00
58.00	05800	MRI	0	0	4,562,937	0	4,562,937	58.00
60.00	06000	LABORATORY	0	0	139,761,668	0	139,761,668	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	5,981,540	0	5,981,540	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	1,563,189	0	1,563,189	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,355,710	0	6,355,710	65.00
66.00	06600	PHYSICAL THERAPY	0	0	18,156,759	0	18,156,759	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,575,913	0	2,575,913	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,642,500	0	1,642,500	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	19,500,884	0	19,500,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,769,699	0	3,769,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	53,763,979	0	53,763,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	46,596,606	0	46,596,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	107,421,180	0	107,421,180	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,372,761	0	1,372,761	74.00
75.01	07501	CARDIAC REHAB	0	0	778,556	0	778,556	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	1,026,842	0	1,026,842	75.04
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								
90.00	09000	CLINIC	0	0	18,031,250	0	18,031,250	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	4,285,196	0	4,285,196	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P	0	0	5,183,440	0	5,183,440	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	611,542	0	611,542	90.06
91.00	09100	EMERGENCY	0	0	23,270,328	0	23,270,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	758,264,712	0	758,264,712	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,514,455	0	1,514,455	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	2,227,674	0	2,227,674	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,586,635	0	12,586,635	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	774,593,476	0	774,593,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	519,751	367,372	887,123	0 5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0 5.30
5.40	00570	ADMITTING	0	19,659	13,895	33,554	0 5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0 5.50
5.60	00590	ADMINISTRATION & GENERAL	24,565,920	1,031,152	728,843	26,325,915	0 5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	0	9,725,832	6,874,448	16,600,280	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	164,066	115,966	280,032	0 8.00
9.00	00900	HOUSEKEEPING	0	222,549	157,303	379,852	0 9.00
10.00	01000	DIETARY	30,774	302,317	213,685	546,776	0 10.00
11.00	01100	CAFETERIA	34,778	257,080	181,710	473,568	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	116,637	82,442	199,079	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,389,498	185,698	131,256	2,706,452	0 14.00
15.00	01500	PHARMACY	0	110,480	78,090	188,570	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	27,442	19,397	46,839	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	1,600,253	3,557,555	2,514,565	7,672,373	0 30.00
31.00	03100	INTENSIVE CARE UNIT	28,903	629,317	444,816	1,103,036	0 31.00
32.00	03200	CORONARY CARE UNIT	4,648	153,415	108,437	266,500	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	201,593	142,491	344,084	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	743,963	525,851	1,269,814	0 40.00
43.00	04300	NURSERY	0	175,321	123,921	299,242	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,472	1,713,252	1,210,967	2,930,691	0 50.00
51.00	05100	RECOVERY ROOM	0	218,548	154,475	373,023	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,052	443,728	313,638	800,418	0 52.00
53.00	05300	ANESTHESIOLOGY	0	31,388	22,186	53,574	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	641,120	453,159	1,094,279	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	469,435	331,808	801,243	0 55.00
56.00	05600	RADIOISOTOPE	0	59,963	42,383	102,346	0 56.00
57.00	05700	CT SCAN	0	93,397	66,015	159,412	0 57.00
58.00	05800	MRI	0	75,986	53,709	129,695	0 58.00
60.00	06000	LABORATORY	1,797	818,103	578,255	1,398,155	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	40,067	28,320	68,387	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	11,309	7,994	19,303	0 64.00
65.00	06500	RESPIRATORY THERAPY	20,512	92,575	65,434	178,521	0 65.00
66.00	06600	PHYSICAL THERAPY	0	187,982	132,870	320,852	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,773	4,081	9,854	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	8,386	5,927	14,313	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	597,143	422,075	1,019,218	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	516	80,316	56,769	137,601	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	9,939	7,025	16,964	0 74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0 75.01
75.02	07502	SLEEP LAB	0	0	0	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0 75.03
75.04	07504	PAIN MANAGEMENT	0	58,227	41,156	99,383	0 75.04
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							
90.00	09000	CLINIC	-1,227,616	353,455	249,831	-624,330	0 90.00
90.01	09001	PATIENT TREATMENT CENTER	0	121,588	85,941	207,529	0 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0 90.02
90.03	09003	CANTERA	0	0	0	0	0 90.03
90.04	09004	MENTAL HEALTH O/P	0	176,180	124,528	300,708	0 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	31,936	22,573	54,509	0	90.06
91.00	09100	EMERGENCY	0	760,899	537,822	1,298,721	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0			0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,499,507	25,244,522	17,843,429	70,587,458	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,575	44,230	106,805	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	3,490	2,467	5,957	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-21,034	2,138	1,511	-17,385	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	27,478,473	25,312,725	17,891,637	70,682,835	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES	887,123					5.10
5.30	00560	PURCHASING AND STORES	0	0				5.30
5.40	00570	ADMITTING	1,404	0	34,958			5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0		5.50
5.60	00590	ADMINISTRATION & GENERAL	43,982	0	0	0	26,369,897	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	29,477	0	0	0	2,088,143	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	702	0	0	0	32,096	8.00
9.00	00900	HOUSEKEEPING	8,656	0	0	0	401,409	9.00
10.00	01000	DIETARY	6,784	0	0	0	246,015	10.00
11.00	01100	CAFETERIA	3,509	0	0	0	78,101	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	17,312	0	0	0	92,130	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,931	0	0	0	475,927	14.00
15.00	01500	PHARMACY	13,569	0	0	0	360,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	273,690	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	135,921	0	4,806	0	2,783,175	30.00
31.00	03100	INTENSIVE CARE UNIT	35,326	0	763	0	470,088	31.00
32.00	03200	CORONARY CARE UNIT	0	0	409	0	185,803	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,720	0	912	0	322,709	35.00
40.00	04000	SUBPROVIDER - IPF	19,651	0	899	0	365,468	40.00
43.00	04300	NURSERY	9,358	0	216	0	108,073	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,042	0	3,123	0	1,420,359	50.00
51.00	05100	RECOVERY ROOM	2,573	0	340	0	325,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,941	0	825	0	459,814	52.00
53.00	05300	ANESTHESIOLOGY	11,229	0	821	0	77,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,551	0	693	0	383,692	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	51,234	0	77	0	399,408	55.00
56.00	05600	RADIOISOTOPE	234	0	102	0	92,279	56.00
57.00	05700	CT SCAN	936	0	1,002	0	118,196	57.00
58.00	05800	MRI	1,638	0	332	0	140,675	58.00
60.00	06000	LABORATORY	35,794	0	2,511	0	4,583,300	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,638	0	222	0	196,234	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	702	0	280	0	49,846	64.00
65.00	06500	RESPIRATORY THERAPY	5,381	0	1,092	0	197,727	65.00
66.00	06600	PHYSICAL THERAPY	17,780	0	153	0	578,545	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,170	0	99	0	85,847	67.00
68.00	06800	SPEECH PATHOLOGY	702	0	102	0	53,960	68.00
69.00	06900	ELECTROCARDIOLOGY	31,583	0	2,079	0	547,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,977	0	251	0	113,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,110	0	1,553,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,638	0	1,346,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,656	0	3,278,971	73.00
74.00	07400	RENAL DIALYSIS	0	0	173	0	44,946	74.00
75.01	07501	CARDIAC REHAB	0	0	2	0	25,882	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	25,797	75.04
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								
90.00	09000	CLINIC	106,679	0	33	0	532,102	90.00
90.01	09001	PATIENT TREATMENT CENTER	17,078	0	178	0	121,359	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	3,743	0	62	0	143,146	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	2,339	0	0	0	14,707	90.06
91.00	09100	EMERGENCY	40,239	0	997	0	632,400	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	885,485	0	34,958	0	25,825,234	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	42,139	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,638	0	0	0	74,518	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	428,006	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	887,123	0	34,958	0	26,369,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	18,717,900				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	219,100	531,930			8.00
9.00	00900	HOUSEKEEPING	0	297,200	0	1,087,117		9.00
10.00	01000	DIETARY	0	403,725	0	27,504	1,230,804	10.00
11.00	01100	CAFETERIA	0	343,314	0	16,106	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	155,761	0	16,001	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	247,988	0	25,233	0	14.00
15.00	01500	PHARMACY	0	147,539	0	6,517	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	36,647	0	3,134	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	4,750,882	188,990	305,133	966,593	30.00
31.00	03100	INTENSIVE CARE UNIT	0	840,412	26,922	49,091	102,729	31.00
32.00	03200	CORONARY CARE UNIT	0	204,876	0	11,849	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	269,215	0	15,765	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	993,514	0	57,591	161,482	40.00
43.00	04300	NURSERY	0	234,130	6,836	13,203	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,287,936	57,351	128,040	0	50.00
51.00	05100	RECOVERY ROOM	0	291,857	12,230	16,922	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	592,570	31,405	34,515	0	52.00
53.00	05300	ANESTHESIOLOGY	0	41,917	0	2,430	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	856,174	36,161	48,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	626,899	0	36,339	0	55.00
56.00	05600	RADIOISOTOPE	0	80,076	0	4,642	0	56.00
57.00	05700	CT SCAN	0	124,726	13,613	7,230	0	57.00
58.00	05800	MRI	0	101,474	0	5,882	0	58.00
60.00	06000	LABORATORY	0	1,092,523	903	57,670	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	53,506	0	1,778	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	15,103	0	878	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	123,628	0	7,483	0	65.00
66.00	06600	PHYSICAL THERAPY	0	251,038	3,787	14,552	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,710	0	447	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,199	0	649	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	797,446	26,642	48,374	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	107,257	0	6,217	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,273	0	769	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	77,759	0	0	0	75.04
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								
90.00	09000	CLINIC	0	472,017	49,390	31,857	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	162,373	0	9,412	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	235,276	0	13,638	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	42,649	0	2,472	0	90.06
91.00	09100	EMERGENCY	0	1,016,131	77,700	59,155	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,626,820	531,930	1,087,117	1,230,804	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83,565	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	4,660	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,855	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	18,717,900	531,930	1,087,117	1,230,804	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	914,598					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,881	0	485,164			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,299	0	0	3,489,830		14.00
15.00	01500	PHARMACY	20,196	0	0	0	736,447	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	15,920	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	175,603	0	180,066	0	497	30.00
31.00	03100	INTENSIVE CARE UNIT	27,152	0	35,477	0	6	31.00
32.00	03200	CORONARY CARE UNIT	11,573	0	14,969	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,345	0	25,056	0	5	35.00
40.00	04000	SUBPROVIDER - IPF	21,795	0	0	0	0	40.00
43.00	04300	NURSERY	5,685	0	15,264	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,855	0	57,733	0	107	50.00
51.00	05100	RECOVERY ROOM	20,849	0	23,579	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,577	0	31,356	0	7	52.00
53.00	05300	ANESTHESIOLOGY	3,490	0	479	0	2,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,900	0	3,013	0	103	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,747	0	12,134	0	1	55.00
56.00	05600	RADIOISOTOPE	1,896	0	0	0	1,060	56.00
57.00	05700	CT SCAN	6,857	0	246	0	0	57.00
58.00	05800	MRI	7,383	0	0	0	4	58.00
60.00	06000	LABORATORY	217,246	0	791	0	123	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,367	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,484	0	4,169	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,874	0	0	13,040	0	65.00
66.00	06600	PHYSICAL THERAPY	39,836	0	2	0	11	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,020	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,339	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,655	0	11,087	0	37	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,231	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,869,504	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,620,326	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	729,175	73.00
74.00	07400	RENAL DIALYSIS	1	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	1,886	0	1,531	0	3	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	1,318	0	1,279	0	3	75.04
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								
90.00	09000	CLINIC	40,443	0	18,892	0	2,198	90.00
90.01	09001	PATIENT TREATMENT CENTER	7,954	0	6,473	0	49	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	11,261	0	446	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	890	0	994	0	15	90.06
91.00	09100	EMERGENCY	37,504	0	39,205	0	178	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	908,312	0	484,241	3,489,830	736,438	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	686	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	4,311	0	923	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,289	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	914,598	0	485,164	3,489,830	736,447	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	18					16.00
17.00	01700	SOCIAL SERVICE	18	376,248				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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		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	0	236,339				30.00
31.00	03100	INTENSIVE CARE UNIT	0	29,098				31.00
32.00	03200	CORONARY CARE UNIT	0	13,148				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	31,234				35.00
40.00	04000	SUBPROVIDER - IPF	0	43,123				40.00
43.00	04300	NURSERY	0	23,306				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
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
60.00	06000	LABORATORY	0	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0				62.00
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	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.01	07501	CARDIAC REHAB	0	0				75.01
75.02	07502	SLEEP LAB	0	0				75.02
75.03	07503	INPATIENT DIALYSIS	0	0				75.03
75.04	07504	PAIN MANAGEMENT	0	0				75.04
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								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0				90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0				90.02
90.03	09003	CANTERA	0	0				90.03
90.04	09004	MENTAL HEALTH O/P	0	0				90.04
90.05	09005	WOMEN'S CLINIC	0	0				90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0				90.06
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18	376,248	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	KOFEE KORNER	0	0				190.01
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	WSKF	0	0				192.01
193.01	19301	DEVELOPMENT	0	0				193.01
193.02	19302	MARKETING	0	0				193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0				193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0				193.05
193.07	19305	JOINT VENTURE	0	0				193.07
193.08	19306	PARKINSONS CENTER	0	0				193.08
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18	376,248	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	0					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			17,400,378	0	17,400,378	30.00
31.00	03100	INTENSIVE CARE UNIT			2,720,100	0	2,720,100	31.00
32.00	03200	CORONARY CARE UNIT			709,127	0	709,127	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,035,045	0	1,035,045	35.00
40.00	04000	SUBPROVIDER - IPF			2,933,337	0	2,933,337	40.00
43.00	04300	NURSERY			715,313	0	715,313	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			7,048,237	0	7,048,237	50.00
51.00	05100	RECOVERY ROOM			1,066,809	0	1,066,809	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			2,018,428	0	2,018,428	52.00
53.00	05300	ANESTHESIOLOGY			194,166	0	194,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,502,205	0	2,502,205	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,949,082	0	1,949,082	55.00
56.00	05600	RADIOISOTOPE			282,635	0	282,635	56.00
57.00	05700	CT SCAN			432,218	0	432,218	57.00
58.00	05800	MRI			387,083	0	387,083	58.00
60.00	06000	LABORATORY			7,389,016	0	7,389,016	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			327,132	0	327,132	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY			92,765	0	92,765	64.00
65.00	06500	RESPIRATORY THERAPY			527,706	0	527,706	65.00
66.00	06600	PHYSICAL THERAPY			1,226,556	0	1,226,556	66.00
67.00	06700	OCCUPATIONAL THERAPY			111,147	0	111,147	67.00
68.00	06800	SPEECH PATHOLOGY			84,264	0	84,264	68.00
69.00	06900	ELECTROCARDIOLOGY			2,504,419	0	2,504,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			374,582	0	374,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			3,427,166	0	3,427,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			2,969,401	0	2,969,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			4,012,802	0	4,012,802	73.00
74.00	07400	RENAL DIALYSIS			76,126	0	76,126	74.00
75.01	07501	CARDIAC REHAB			29,304	0	29,304	75.01
75.02	07502	SLEEP LAB			0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS			0	0	0	75.03
75.04	07504	PAIN MANAGEMENT			205,539	0	205,539	75.04
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								
90.00	09000	CLINIC			629,281	0	629,281	90.00
90.01	09001	PATIENT TREATMENT CENTER			532,405	0	532,405	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE			0	0	0	90.02
90.03	09003	CANTERA			0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P			708,280	0	708,280	90.04
90.05	09005	WOMEN'S CLINIC			0	0	0	90.05
90.06	09006	WOUND CARE			118,575	0	118,575	90.06
91.00	09100	EMERGENCY			3,202,230	0	3,202,230	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF			0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	69,942,859	0	69,942,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			233,204	0	233,204	190.00
190.01	19001	KOFEE KORNER			0	0	0	190.01
191.00	19100	RESEARCH			92,007	0	92,007	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			414,765	0	414,765	192.00
192.01	19201	WSKF			0	0	0	192.01
193.01	19301	DEVELOPMENT			0	0	0	193.01
193.02	19302	MARKETING			0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE			0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM			0	0	0	193.05
193.07	19305	JOINT VENTURE			0	0	0	193.07
193.08	19306	PARKINSONS CENTER			0	0	0	193.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	70,682,835	0	70,682,835	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,385,465					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,385,465				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	233,217,214			4.00
5.10	00540	NON PATIENT TELEPHONES	28,448	28,448	0	3,792		5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	66,638,399	5.30
5.40	00570	ADMITTING	1,076	1,076	109	6	160	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	56,439	56,439	24,410,572	188	362,206	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	532,333	532,333	2,114,789	126	3,111	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,980	8,980	236,818	3	0	8.00
9.00	00900	HOUSEKEEPING	12,181	12,181	4,605,924	37	477	9.00
10.00	01000	DIETARY	16,547	16,547	1,631,314	29	11,083	10.00
11.00	01100	CAFETERIA	14,071	14,071	1,162,565	15	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,384	6,384	1,393,545	74	204	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	10,164	2,930,759	51	329,825	14.00
15.00	01500	PHARMACY	6,047	6,047	6,082,471	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	1,502	4,089,796	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	194,719	194,719	39,462,439	581	127,517	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	34,445	6,625,168	151	22,885	31.00
32.00	03200	CORONARY CARE UNIT	8,397	8,397	2,710,022	0	34,078	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	11,034	5,079,005	33	6,465	35.00
40.00	04000	SUBPROVIDER - IPF	40,720	40,720	4,873,250	84	3,817	40.00
43.00	04300	NURSERY	9,596	9,596	1,460,795	40	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,773	93,773	13,514,278	449	0	50.00
51.00	05100	RECOVERY ROOM	11,962	11,962	4,886,713	11	23,135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,287	24,287	6,923,500	175	0	52.00
53.00	05300	ANESTHESIOLOGY	1,718	1,718	568,660	48	24,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,091	35,091	5,182,510	246	22,109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,694	25,694	5,117,023	219	623	55.00
56.00	05600	RADIOISOTOPE	3,282	3,282	541,655	1	0	56.00
57.00	05700	CT SCAN	5,112	5,112	1,468,860	4	8,509	57.00
58.00	05800	MRI	4,159	4,159	1,885,702	7	15,915	58.00
60.00	06000	LABORATORY	44,778	44,778	32,207,359	153	4,329,184	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,193	2,193	1,156,938	7	390,163	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	619	727,247	3	117,430	64.00
65.00	06500	RESPIRATORY THERAPY	5,067	5,067	2,998,277	23	0	65.00
66.00	06600	PHYSICAL THERAPY	10,289	10,289	9,154,706	76	36,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	316	1,413,799	5	376	67.00
68.00	06800	SPEECH PATHOLOGY	459	459	899,871	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,684	32,684	8,155,782	135	82	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	4,396	1,358,635	17	51,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	32,326,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	28,018,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	544	544	148	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	413,201	0	1,993	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,187	3,187	281,082	0	700	75.04
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								
90.00	09000	CLINIC	19,346	19,346	11,494,571	456	2,168	90.00
90.01	09001	PATIENT TREATMENT CENTER	6,655	6,655	1,803,001	73	7,145	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
90.04	09004	MENTAL HEALTH O/P	9,643	9,643	2,122,803	16	23,686	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,748	1,748	169,647	10	17,810	90.06
91.00	09100	EMERGENCY	41,647	41,647	8,735,192	172	277,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,381,732	1,381,732	232,050,501	3,785	66,598,441	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,425	3,425	100,098	0	819	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	191	945,869	7	494	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117	117	120,746	0	38,645	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	25,312,725	17,891,637	0	887,125	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.270202	12.913814	0.000000	233.946466	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	887,123	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	233.945939	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING	1,745,719,424					5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0				5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	-225,786,735	548,806,741		5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	43,457,711	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	667,967	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	8,353,986	0	9.00
10.00	01000	DIETARY	0	0	0	5,119,987	0	10.00
11.00	01100	CAFETERIA	0	0	0	1,625,406	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,917,383	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,904,822	0	14.00
15.00	01500	PHARMACY	0	0	0	7,493,353	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	364	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,695,947	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	238,064,105	0	0	57,922,486	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38,141,730	0	0	9,783,308	0	31.00
32.00	03200	CORONARY CARE UNIT	20,434,522	0	0	3,866,864	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	45,621,494	0	0	6,716,100	0	35.00
40.00	04000	SUBPROVIDER - IPF	44,962,722	0	0	7,605,989	0	40.00
43.00	04300	NURSERY	10,799,535	0	0	2,249,178	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	156,174,224	0	0	29,560,015	0	50.00
51.00	05100	RECOVERY ROOM	17,013,950	0	0	6,772,859	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,229,497	0	0	9,569,496	0	52.00
53.00	05300	ANESTHESIOLOGY	41,030,606	0	0	1,610,209	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,625,708	0	0	7,985,266	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,853,584	0	0	8,312,332	0	55.00
56.00	05600	RADIOISOTOPE	5,111,307	0	0	1,920,480	0	56.00
57.00	05700	CT SCAN	50,094,653	0	0	2,459,844	0	57.00
58.00	05800	MRI	16,575,487	0	0	2,927,675	0	58.00
60.00	06000	LABORATORY	125,574,591	0	0	95,391,641	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,084,570	0	0	4,083,958	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	14,008,854	0	0	1,037,375	0	64.00
65.00	06500	RESPIRATORY THERAPY	54,624,329	0	0	4,115,016	0	65.00
66.00	06600	PHYSICAL THERAPY	7,664,281	0	0	12,040,479	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,930,108	0	0	1,786,612	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,120,965	0	0	1,122,992	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,926,789	0	0	11,390,178	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,558,081	0	0	2,352,707	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,488,133	0	0	32,331,996	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,921,876	0	0	28,021,588	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	232,824,971	0	0	68,240,810	0	73.00
74.00	07400	RENAL DIALYSIS	8,667,265	0	0	935,393	0	74.00
75.01	07501	CARDIAC REHAB	84,777	0	0	538,655	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	4,903	0	0	536,881	0	75.04
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								
90.00	09000	CLINIC	1,626,760	0	0	11,073,921	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	8,918,762	0	0	2,525,684	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	3,099,772	0	0	2,979,104	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	8,060	0	0	306,086	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
91.00	09100	EMERGENCY	49,848,453	0	0	13,161,298	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,745,719,424	0	-225,786,735	537,471,401	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	876,981	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,550,842	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	8,907,517	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	43,050	0		225,786,735	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000025	0.000000		0.411414	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,958	0		26,369,897	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000020	0.000000		0.048050	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	CAFETERIA ((FTES SERVED))	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	767,169					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,980	1,525,014				8.00
9.00	00900	HOUSEKEEPING	12,181	0	768,657			9.00
10.00	01000	DIETARY	16,547	0	19,447	239,130		10.00
11.00	01100	CAFETERIA	14,071	0	11,388	0	5,744,025	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,384	0	11,314	0	30,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	0	17,841	0	140,046	14.00
15.00	01500	PHARMACY	6,047	0	4,608	0	126,841	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	0	2,216	0	99,984	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	194,719	541,821	215,747	187,797	1,102,851	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	77,184	34,710	19,959	170,524	31.00
32.00	03200	CORONARY CARE UNIT	8,397	0	8,378	0	72,680	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	0	11,147	0	115,214	35.00
40.00	04000	SUBPROVIDER - IPF	40,720	0	40,720	31,374	136,879	40.00
43.00	04300	NURSERY	9,596	19,598	9,335	0	35,702	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,773	164,422	90,532	0	363,354	50.00
51.00	05100	RECOVERY ROOM	11,962	35,064	11,965	0	130,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,287	90,037	24,404	0	166,915	52.00
53.00	05300	ANESTHESIOLOGY	1,718	0	1,718	0	21,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,091	103,671	34,391	0	137,541	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,694	0	25,694	0	136,580	55.00
56.00	05600	RADIOISOTOPE	3,282	0	3,282	0	11,905	56.00
57.00	05700	CT SCAN	5,112	39,027	5,112	0	43,063	57.00
58.00	05800	MRI	4,159	0	4,159	0	46,367	58.00
60.00	06000	LABORATORY	44,778	2,590	40,776	0	1,364,404	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,193	0	1,257	0	33,709	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	0	621	0	15,598	64.00
65.00	06500	RESPIRATORY THERAPY	5,067	0	5,291	0	87,134	65.00
66.00	06600	PHYSICAL THERAPY	10,289	10,858	10,289	0	250,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	0	316	0	37,809	67.00
68.00	06800	SPEECH PATHOLOGY	459	0	459	0	20,970	68.00
69.00	06900	ELECTROCARDIOLOGY	32,684	76,381	34,203	0	129,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	0	4,396	0	39,133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	544	0	544	0	9	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	11,844	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,187	0	0	0	8,275	75.04
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								
90.00	09000	CLINIC	19,346	141,599	22,525	0	253,996	90.00
90.01	09001	PATIENT TREATMENT CENTER	6,655	0	6,655	0	49,955	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	9,643	0	9,643	0	70,723	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,748	0	1,748	0	5,587	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	CAFETERIA ((FTES SERVED))	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	41,647	222,762	41,826	0	235,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	763,436	1,525,014	768,657	239,130	5,704,543	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,425	0	0	0	4,308	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	0	0	0	27,076	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117	0	0	0	8,098	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	61,336,822	1,660,748	12,764,830	8,872,339	3,608,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	79.952164	1.089005	16.606666	37.102576	0.628174	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,717,900	531,930	1,087,117	1,230,804	914,598	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	24.398666	0.348803	1.414307	5.147008	0.159226	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,815,125				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	60,345,148			14.00
15.00	01500	PHARMACY	0	0	0	68,915,477		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	82	4,795,800,557	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	673,684	0	46,481	278,764,387	30.00
31.00	03100	INTENSIVE CARE UNIT	0	132,729	0	554	38,983,775	31.00
32.00	03200	CORONARY CARE UNIT	0	56,001	0	0	20,522,299	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	93,741	0	490	45,621,494	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	44,965,253	40.00
43.00	04300	NURSERY	0	57,108	0	0	10,799,535	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	215,992	0	9,971	361,497,557	50.00
51.00	05100	RECOVERY ROOM	0	88,216	0	16	77,001,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,310	0	659	52,386,456	52.00
53.00	05300	ANESTHESIOLOGY	0	1,792	0	267,188	89,400,513	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,271	0	9,679	107,369,029	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,395	0	67	117,261,112	55.00
56.00	05600	RADIOISOTOPE	0	0	0	99,163	32,397,467	56.00
57.00	05700	CT SCAN	0	920	0	0	180,696,131	57.00
58.00	05800	MRI	0	0	0	372	72,680,047	58.00
60.00	06000	LABORATORY	0	2,958	0	11,538	996,540,562	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	17,633,907	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	15,598	0	0	80,630,260	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	60,706,530	65.00
66.00	06600	PHYSICAL THERAPY	0	6	0	1,044	81,860,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	13,481,473	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	9,434,694	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,478	0	3,487	268,212,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	29,982,552	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	32,326,858	0	378,445,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,018,290	0	219,955,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	68,234,989	771,358,674	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	9,540,270	74.00
75.01	07501	CARDIAC REHAB	0	5,729	0	276	3,162,198	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	4,786	0	290	1,475,088	75.04
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								
90.00	09000	CLINIC	0	70,679	0	205,645	52,664,964	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	24,217	0	4,620	39,371,356	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	1,669	0	0	22,499,674	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION ((DIRECT NRSG HRS))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
90.06	09006	WOUND CARE	0	3,717	0	1,373	849,187	90.06
91.00	09100	EMERGENCY	0	146,675	0	16,697	207,648,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,811,671	60,345,148	68,914,681	4,795,800,557	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	796	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	3,454	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	3,423,779	15,176,691	11,215,896	527	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.886250	0.251498	0.162749	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	485,164	3,489,830	736,447	18	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.267290	0.057831	0.010686	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES APPRV (ASSIGNED TIME)		PRGM COSTS APPRV (ASSIGNED TIME)
			17.00	19.00	20.00	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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	94,779					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	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,535	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,330	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,312	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,868	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	10,863	0	0	0	0	40.00
43.00	04300	NURSERY	5,871	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)	
			17.00	19.00	20.00	21.00	22.00	
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,779	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	8,259,561	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	87.145475	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	376,248	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.969740	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.10	00540	NON PATIENT TELEPHONES	5.10
5.30	00560	PURCHASING AND STORES	5.30
5.40	00570	ADMITTING	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	5.50
5.60	00590	ADMINISTRATION & GENERAL	5.60
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
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
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
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
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.01	07501	CARDIAC REHAB	75.01
75.02	07502	SLEEP LAB	75.02
75.03	07503	INPATIENT DIALYSIS	75.03
75.04	07504	PAIN MANAGEMENT	75.04
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			
90.00	09000	CLINIC	90.00
90.01	09001	PATIENT TREATMENT CENTER	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	90.02
90.03	09003	CANTERA	90.03
90.04	09004	MENTAL HEALTH O/P	90.04
90.05	09005	WOMEN'S CLINIC	90.05
90.06	09006	WOUND CARE	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet B-1
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	
			23.00	
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	KOFEE KORNER	0	190.01
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	WSKF	0	192.01
193.01	19301	DEVELOPMENT	0	193.01
193.02	19302	MARKETING	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	193.05
193.07	19305	JOINT VENTURE	0	193.07
193.08	19306	PARKINSONS CENTER	0	193.08
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	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 8:17 am

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs			
						RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115,620,741		115,620,741	864	115,621,605	30.00	
31.00	03100	INTENSIVE CARE UNIT	18,959,596		18,959,596	0	18,959,596	31.00	
32.00	03200	CORONARY CARE UNIT	6,708,149		6,708,149	0	6,708,149	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,481,439		11,481,439	0	11,481,439	35.00	
40.00	04000	SUBPROVIDER - IPF	16,863,775		16,863,775	10,180	16,873,955	40.00	
43.00	04300	NURSERY	4,759,885		4,759,885	0	4,759,885	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,538,552		51,538,552	0	51,538,552	50.00	
51.00	05100	RECOVERY ROOM	11,001,234		11,001,234	0	11,001,234	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,277,874		16,277,874	0	16,277,874	52.00	
53.00	05300	ANESTHESIOLOGY	2,499,192		2,499,192	0	2,499,192	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,869,370		14,869,370	0	14,869,370	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	14,384,558		14,384,558	54,568	14,439,126	55.00	
56.00	05600	RADIOISOTOPE	3,051,115		3,051,115	0	3,051,115	56.00	
57.00	05700	CT SCAN	4,036,753		4,036,753	0	4,036,753	57.00	
58.00	05800	MRI	4,562,937		4,562,937	0	4,562,937	58.00	
60.00	06000	LABORATORY	139,761,668		139,761,668	0	139,761,668	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,981,540		5,981,540	0	5,981,540	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	1,563,189		1,563,189	0	1,563,189	64.00	
65.00	06500	RESPIRATORY THERAPY	6,355,710	0	6,355,710	0	6,355,710	65.00	
66.00	06600	PHYSICAL THERAPY	18,156,759	0	18,156,759	0	18,156,759	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,575,913	0	2,575,913	0	2,575,913	67.00	
68.00	06800	SPEECH PATHOLOGY	1,642,500	0	1,642,500	0	1,642,500	68.00	
69.00	06900	ELECTROCARDIOLOGY	19,500,884		19,500,884	0	19,500,884	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,769,699		3,769,699	6,636	3,776,335	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,763,979		53,763,979	0	53,763,979	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,596,606		46,596,606	0	46,596,606	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	107,421,180		107,421,180	0	107,421,180	73.00	
74.00	07400	RENAL DIALYSIS	1,372,761		1,372,761	0	1,372,761	74.00	
75.01	07501	CARDIAC REHAB	778,556		778,556	0	778,556	75.01	
75.02	07502	SLEEP LAB	0		0	0	0	75.02	
75.03	07503	INPATIENT DIALYSIS	0		0	0	0	75.03	
75.04	07504	PAIN MANAGEMENT	1,026,842		1,026,842	0	1,026,842	75.04	
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								
90.00	09000	CLINIC	18,031,250		18,031,250	0	18,031,250	90.00	
90.01	09001	PATIENT TREATMENT CENTER	4,285,196		4,285,196	11,524	4,296,720	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0	0	90.02	
90.03	09003	CANTERA	0		0	0	0	90.03	
90.04	09004	MENTAL HEALTH O/P	5,183,440		5,183,440	12,927	5,196,367	90.04	
90.05	09005	WOMEN'S CLINIC	0		0	0	0	90.05	
90.06	09006	WOUND CARE	611,542		611,542	0	611,542	90.06	
91.00	09100	EMERGENCY	23,270,328		23,270,328	14,087	23,284,415	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	28,063,717		28,063,717		28,063,717	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
200.00		Subtotal (see instructions)	786,328,429	0	786,328,429	110,786	786,439,215	200.00	
201.00		Less Observation Beds	28,063,717		28,063,717		28,063,717	201.00	
202.00		Total (see instructions)	758,264,712	0	758,264,712	110,786	758,375,498	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 8:17 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	238,064,105		238,064,105		30.00
31.00	03100	INTENSIVE CARE UNIT	38,141,730		38,141,730		31.00
32.00	03200	CORONARY CARE UNIT	20,434,522		20,434,522		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	45,621,494		45,621,494		35.00
40.00	04000	SUBPROVIDER - IPF	44,962,722		44,962,722		40.00
43.00	04300	NURSERY	10,799,535		10,799,535		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	156,174,224	205,323,333	361,497,557	0.142570	0.000000
51.00	05100	RECOVERY ROOM	17,013,950	59,987,461	77,001,411	0.142871	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,229,497	10,388,762	51,618,259	0.315351	0.000000
53.00	05300	ANESTHESIOLOGY	41,030,606	48,369,907	89,400,513	0.027955	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,625,708	72,743,321	107,369,029	0.138488	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	3,853,584	113,407,528	117,261,112	0.122671	0.000000
56.00	05600	RADIOISOTOPE	5,111,307	27,286,160	32,397,467	0.094178	0.000000
57.00	05700	CT SCAN	50,094,653	130,601,478	180,696,131	0.022340	0.000000
58.00	05800	MRI	16,575,487	56,104,560	72,680,047	0.062781	0.000000
60.00	06000	LABORATORY	125,574,591	870,967,209	996,541,800	0.140247	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,084,570	6,549,337	17,633,907	0.339270	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	14,008,854	66,621,406	80,630,260	0.019387	0.000000
65.00	06500	RESPIRATORY THERAPY	54,624,329	6,082,201	60,706,530	0.104696	0.000000
66.00	06600	PHYSICAL THERAPY	7,664,281	74,196,240	81,860,521	0.221801	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,930,108	8,551,365	13,481,473	0.191071	0.000000
68.00	06800	SPEECH PATHOLOGY	5,120,965	4,313,730	9,434,695	0.174091	0.000000
69.00	06900	ELECTROCARDIOLOGY	103,926,789	164,285,753	268,212,542	0.072707	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	12,558,081	17,424,471	29,982,552	0.125730	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,488,133	172,957,696	378,445,829	0.142065	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,921,876	88,033,324	219,955,200	0.211846	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	232,824,971	538,533,702	771,358,673	0.139262	0.000000
74.00	07400	RENAL DIALYSIS	8,667,265	873,005	9,540,270	0.143891	0.000000
75.01	07501	CARDIAC REHAB	84,777	3,077,421	3,162,198	0.246207	0.000000
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000
75.04	07504	PAIN MANAGEMENT	4,903	1,470,186	1,475,089	0.696122	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,626,760	51,038,204	52,664,964	0.342377	0.000000
90.01	09001	PATIENT TREATMENT CENTER	8,918,762	30,452,594	39,371,356	0.108840	0.000000
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000
90.03	09003	CANTERA	0	0	0	0.000000	0.000000
90.04	09004	MENTAL HEALTH O/P	3,099,772	19,399,902	22,499,674	0.230378	0.000000
90.05	09005	WOMEN'S CLINIC	0	0	0	0.000000	0.000000
90.06	09006	WOUND CARE	8,060	841,127	849,187	0.720150	0.000000
91.00	09100	EMERGENCY	49,848,453	157,800,156	207,648,609	0.112066	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	42,399,594	42,399,594	0.661886	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
200.00		Subtotal (see instructions)	1,745,719,424	3,050,081,133	4,795,800,557		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,745,719,424	3,050,081,133	4,795,800,557		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.142570		50.00
51.00	05100	RECOVERY ROOM	0.142871		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315351		52.00
53.00	05300	ANESTHESIOLOGY	0.027955		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138488		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123137		55.00
56.00	05600	RADIOISOTOPE	0.094178		56.00
57.00	05700	CT SCAN	0.022340		57.00
58.00	05800	MRI	0.062781		58.00
60.00	06000	LABORATORY	0.140247		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.339207		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.019387		64.00
65.00	06500	RESPIRATORY THERAPY	0.104696		65.00
66.00	06600	PHYSICAL THERAPY	0.221801		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191071		67.00
68.00	06800	SPEECH PATHOLOGY	0.174091		68.00
69.00	06900	ELECTROCARDIOLOGY	0.072707		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125951		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.142065		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211846		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139262		73.00
74.00	07400	RENAL DIALYSIS	0.143891		74.00
75.01	07501	CARDIAC REHAB	0.246207		75.01
75.02	07502	SLEEP LAB	0.000000		75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		75.03
75.04	07504	PAIN MANAGEMENT	0.696122		75.04
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					
90.00	09000	CLINIC	0.342377		90.00
90.01	09001	PATIENT TREATMENT CENTER	0.109133		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		90.02
90.03	09003	CANTERA	0.000000		90.03
90.04	09004	MENTAL HEALTH O/P	0.230953		90.04
90.05	09005	WOMEN'S CLINIC	0.000000		90.05
90.06	09006	WOUND CARE	0.720150		90.06
91.00	09100	EMERGENCY	0.112134		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.661886		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 8:17 am

			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	115,620,741		115,620,741	0
31.00	03100	INTENSIVE CARE UNIT	18,959,596		18,959,596	0
32.00	03200	CORONARY CARE UNIT	6,708,149		6,708,149	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,481,439		11,481,439	0
40.00	04000	SUBPROVIDER - IPF	16,863,775		16,863,775	0
43.00	04300	NURSERY	4,759,885		4,759,885	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,538,552		51,538,552	0
51.00	05100	RECOVERY ROOM	11,001,234		11,001,234	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,277,874		16,277,874	0
53.00	05300	ANESTHESIOLOGY	2,499,192		2,499,192	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,869,370		14,869,370	0
55.00	05500	RADIOLOGY-THERAPEUTIC	14,384,558		14,384,558	0
56.00	05600	RADIOISOTOPE	3,051,115		3,051,115	0
57.00	05700	CT SCAN	4,036,753		4,036,753	0
58.00	05800	MRI	4,562,937		4,562,937	0
60.00	06000	LABORATORY	139,761,668		139,761,668	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,981,540		5,981,540	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
64.00	06400	INTRAVENOUS THERAPY	1,563,189		1,563,189	0
65.00	06500	RESPIRATORY THERAPY	6,355,710	0	6,355,710	0
66.00	06600	PHYSICAL THERAPY	18,156,759	0	18,156,759	0
67.00	06700	OCCUPATIONAL THERAPY	2,575,913	0	2,575,913	0
68.00	06800	SPEECH PATHOLOGY	1,642,500	0	1,642,500	0
69.00	06900	ELECTROCARDIOLOGY	19,500,884		19,500,884	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,769,699		3,769,699	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,763,979		53,763,979	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,596,606		46,596,606	0
73.00	07300	DRUGS CHARGED TO PATIENTS	107,421,180		107,421,180	0
74.00	07400	RENAL DIALYSIS	1,372,761		1,372,761	0
75.01	07501	CARDIAC REHAB	778,556		778,556	0
75.02	07502	SLEEP LAB	0		0	0
75.03	07503	INPATIENT DIALYSIS	0		0	0
75.04	07504	PAIN MANAGEMENT	1,026,842		1,026,842	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,031,250		18,031,250	0
90.01	09001	PATIENT TREATMENT CENTER	4,285,196		4,285,196	0
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0
90.03	09003	CANTERA	0		0	0
90.04	09004	MENTAL HEALTH O/P	5,183,440		5,183,440	0
90.05	09005	WOMEN'S CLINIC	0		0	0
90.06	09006	WOUND CARE	611,542		611,542	0
91.00	09100	EMERGENCY	23,270,328		23,270,328	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	28,063,717		28,063,717	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0
200.00		Subtotal (see instructions)	786,328,429	0	786,328,429	0
201.00		Less Observation Beds	28,063,717		28,063,717	0
202.00		Total (see instructions)	758,264,712	0	758,264,712	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 8:17 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	238,064,105		238,064,105		30.00
31.00	03100	INTENSIVE CARE UNIT	38,141,730		38,141,730		31.00
32.00	03200	CORONARY CARE UNIT	20,434,522		20,434,522		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	45,621,494		45,621,494		35.00
40.00	04000	SUBPROVIDER - IPF	44,962,722		44,962,722		40.00
43.00	04300	NURSERY	10,799,535		10,799,535		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	156,174,224	205,323,333	361,497,557	0.142570	0.000000
51.00	05100	RECOVERY ROOM	17,013,950	59,987,461	77,001,411	0.142871	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,229,497	10,388,762	51,618,259	0.315351	0.000000
53.00	05300	ANESTHESIOLOGY	41,030,606	48,369,907	89,400,513	0.027955	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,625,708	72,743,321	107,369,029	0.138488	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	3,853,584	113,407,528	117,261,112	0.122671	0.000000
56.00	05600	RADIOISOTOPE	5,111,307	27,286,160	32,397,467	0.094178	0.000000
57.00	05700	CT SCAN	50,094,653	130,601,478	180,696,131	0.022340	0.000000
58.00	05800	MRI	16,575,487	56,104,560	72,680,047	0.062781	0.000000
60.00	06000	LABORATORY	125,574,591	870,967,209	996,541,800	0.140247	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,084,570	6,549,337	17,633,907	0.339270	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	14,008,854	66,621,406	80,630,260	0.019387	0.000000
65.00	06500	RESPIRATORY THERAPY	54,624,329	6,082,201	60,706,530	0.104696	0.000000
66.00	06600	PHYSICAL THERAPY	7,664,281	74,196,240	81,860,521	0.221801	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,930,108	8,551,365	13,481,473	0.191071	0.000000
68.00	06800	SPEECH PATHOLOGY	5,120,965	4,313,730	9,434,695	0.174091	0.000000
69.00	06900	ELECTROCARDIOLOGY	103,926,789	164,285,753	268,212,542	0.072707	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	12,558,081	17,424,471	29,982,552	0.125730	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,488,133	172,957,696	378,445,829	0.142065	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,921,876	88,033,324	219,955,200	0.211846	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	232,824,971	538,533,702	771,358,673	0.139262	0.000000
74.00	07400	RENAL DIALYSIS	8,667,265	873,005	9,540,270	0.143891	0.000000
75.01	07501	CARDIAC REHAB	84,777	3,077,421	3,162,198	0.246207	0.000000
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000
75.04	07504	PAIN MANAGEMENT	4,903	1,470,186	1,475,089	0.696122	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,626,760	51,038,204	52,664,964	0.342377	0.000000
90.01	09001	PATIENT TREATMENT CENTER	8,918,762	30,452,594	39,371,356	0.108840	0.000000
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000
90.03	09003	CANTERA	0	0	0	0.000000	0.000000
90.04	09004	MENTAL HEALTH O/P	3,099,772	19,399,902	22,499,674	0.230378	0.000000
90.05	09005	WOMEN'S CLINIC	0	0	0	0.000000	0.000000
90.06	09006	WOUND CARE	8,060	841,127	849,187	0.720150	0.000000
91.00	09100	EMERGENCY	49,848,453	157,800,156	207,648,609	0.112066	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	42,399,594	42,399,594	0.661886	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
200.00		Subtotal (see instructions)	1,745,719,424	3,050,081,133	4,795,800,557		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,745,719,424	3,050,081,133	4,795,800,557		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.01	07501	CARDIAC REHAB	0.000000		75.01
75.02	07502	SLEEP LAB	0.000000		75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		75.03
75.04	07504	PAIN MANAGEMENT	0.000000		75.04
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					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		90.02
90.03	09003	CANTERA	0.000000		90.03
90.04	09004	MENTAL HEALTH O/P	0.000000		90.04
90.05	09005	WOMEN'S CLINIC	0.000000		90.05
90.06	09006	WOUND CARE	0.000000		90.06
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/28/2020 8:17 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	17,400,378	0	17,400,378	82,663	210.50	30.00
31.00	INTENSIVE CARE UNIT	2,720,100		2,720,100	6,653	408.85	31.00
32.00	CORONARY CARE UNIT	709,127		709,127	3,351	211.62	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,035,045		1,035,045	7,054	146.73	35.00
40.00	SUBPROVIDER - IPF	2,933,337	0	2,933,337	10,458	280.49	40.00
43.00	NURSERY	715,313		715,313	5,862	122.03	43.00
200.00	Total (lines 30 through 199)	25,513,300		25,513,300	116,041		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	20,856	4,390,188				30.00
31.00	INTENSIVE CARE UNIT	2,865	1,171,355				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,849	518,626				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	25,570	6,080,169				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part II Date/Time Prepared: 1/28/2020 8:17 am		
				Title XVIII	Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,048,237	361,497,557	0.019497	50,648,735	987,498	50.00
51.00	05100	RECOVERY ROOM	1,066,809	77,001,411	0.013854	4,532,109	62,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,018,428	51,618,259	0.039103	39,995	1,564	52.00
53.00	05300	ANESTHESIOLOGY	194,166	89,400,513	0.002172	13,216,159	28,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,502,205	107,369,029	0.023305	13,879,951	323,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,949,082	117,261,112	0.016622	1,569,503	26,088	55.00
56.00	05600	RADIOISOTOPE	282,635	32,397,467	0.008724	2,527,340	22,049	56.00
57.00	05700	CT SCAN	432,218	180,696,131	0.002392	21,429,980	51,261	57.00
58.00	05800	MRI	387,083	72,680,047	0.005326	6,229,629	33,179	58.00
60.00	06000	LABORATORY	7,389,016	996,541,800	0.007415	48,038,907	356,208	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	327,132	17,633,907	0.018551	5,098,473	94,582	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	92,765	80,630,260	0.001150	96,254	111	64.00
65.00	06500	RESPIRATORY THERAPY	527,706	60,706,530	0.008693	20,378,734	177,152	65.00
66.00	06600	PHYSICAL THERAPY	1,226,556	81,860,521	0.014983	3,578,282	53,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,147	13,481,473	0.008244	2,366,458	19,509	67.00
68.00	06800	SPEECH PATHOLOGY	84,264	9,434,695	0.008931	2,546,541	22,743	68.00
69.00	06900	ELECTROCARDIOLOGY	2,504,419	268,212,542	0.009337	39,869,331	372,260	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	374,582	29,982,552	0.012493	4,089,272	51,087	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,427,166	378,445,829	0.009056	74,027,770	670,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,969,401	219,955,200	0.013500	62,282,775	840,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,012,802	771,358,673	0.005202	78,174,839	406,666	73.00
74.00	07400	RENAL DIALYSIS	76,126	9,540,270	0.007979	4,101,261	32,724	74.00
75.01	07501	CARDIAC REHAB	29,304	3,162,198	0.009267	84,777	786	75.01
75.02	07502	SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504	PAIN MANAGEMENT	205,539	1,475,089	0.139340	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	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							
90.00	09000	CLINIC	629,281	52,664,964	0.011949	639,465	7,641	90.00
90.01	09001	PATIENT TREATMENT CENTER	532,405	39,371,356	0.013523	13,695	185	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003	CANTERA	0	0	0.000000	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	708,280	22,499,674	0.031480	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	WOUND CARE	118,575	849,187	0.139634	0	0	90.06
91.00	09100	EMERGENCY	3,202,230	207,648,609	0.015421	22,871,426	352,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,223,421	42,399,594	0.099610	0	0	92.00
200.00		Total (lines 50 through 199)	48,652,980	4,397,776,449		482,331,661	4,995,783	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/28/2020 8:17 am		
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		PPS	
				1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	82,663	0.00	20,856		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	6,653	0.00	2,865		31.00		
32.00	03200	CORONARY CARE UNIT	0	0	3,351	0.00	0		32.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	7,054	0.00	0		35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	10,458	0.00	1,849		40.00		
43.00	04300	NURSERY	0	0	5,862	0.00	0		43.00		
200.00		Total (lines 30 through 199)	0	0	116,041		25,570		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
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0								35.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	75.04
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							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	90.06
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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	361,497,557	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	77,001,411	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	51,618,259	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	89,400,513	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	107,369,029	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	117,261,112	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	32,397,467	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	180,696,131	0.000000	57.00
58.00	05800	MRI	0	0	0	72,680,047	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	996,541,800	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,633,907	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	80,630,260	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	60,706,530	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	81,860,521	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,481,473	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,434,695	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	268,212,542	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	29,982,552	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	378,445,829	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	219,955,200	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	771,358,673	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,540,270	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	3,162,198	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	1,475,089	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	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								
90.00	09000	CLINIC	0	0	0	52,664,964	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	39,371,356	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	22,499,674	0.000000	90.04
90.05	09005	WOMEN'S CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	849,187	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	207,648,609	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	42,399,594	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	4,397,776,449		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 8:17 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		50,648,735	0	45,546,986	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		4,532,109	0	14,606,010	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		39,995	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		13,216,159	0	12,601,376	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		13,879,951	0	19,268,579	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		1,569,503	0	34,211,001	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		2,527,340	0	13,804,830	0	56.00
57.00	05700	CT SCAN	0.000000		21,429,980	0	42,183,815	0	57.00
58.00	05800	MRI	0.000000		6,229,629	0	18,808,689	0	58.00
60.00	06000	LABORATORY	0.000000		48,038,907	0	31,684,706	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		5,098,473	0	3,607,659	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000		96,254	0	7,508,141	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		20,378,734	0	2,830,148	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		3,578,282	0	717,858	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		2,366,458	0	160,270	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		2,546,541	0	166,633	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		39,869,331	0	38,341,512	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		4,089,272	0	3,209,585	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		74,027,770	0	48,861,906	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		62,282,775	0	35,008,399	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		78,174,839	0	177,491,132	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		4,101,261	0	555,268	0	74.00
75.01	07501	CARDIAC REHAB	0.000000		84,777	0	1,002,435	0	75.01
75.02	07502	SLEEP LAB	0.000000		0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.000000		0	0	0	0	75.04
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									
90.00	09000	CLINIC	0.000000		639,465	0	3,033,435	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000		13,695	0	21,302,752	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		0	0	0	0	90.02
90.03	09003	CANTERA	0.000000		0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.000000		0	0	551,855	0	90.04
90.05	09005	WOMEN'S CLINIC	0.000000		0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000		0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000		22,871,426	0	32,331,010	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	11,664,856	0	92.00
200.00		Total (lines 50 through 199)			482,331,661	0	621,060,846	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
1/28/2020 8:17 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.142570	45,546,986	0	0	6,493,634	50.00
51.00	05100	RECOVERY ROOM	0.142871	14,606,010	0	0	2,086,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315351	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027955	12,601,376	0	0	352,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138488	19,268,579	0	0	2,668,467	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122671	34,211,001	0	0	4,196,698	55.00
56.00	05600	RADIOISOTOPE	0.094178	13,804,830	0	0	1,300,111	56.00
57.00	05700	CT SCAN	0.022340	42,183,815	0	0	942,386	57.00
58.00	05800	MRI	0.062781	18,808,689	0	0	1,180,828	58.00
60.00	06000	LABORATORY	0.140247	31,684,706	728	0	4,443,685	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.339207	3,607,659	0	0	1,223,743	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.019387	7,508,141	0	0	145,560	64.00
65.00	06500	RESPIRATORY THERAPY	0.104696	2,830,148	0	0	296,305	65.00
66.00	06600	PHYSICAL THERAPY	0.221801	717,858	0	0	159,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191071	160,270	0	0	30,623	67.00
68.00	06800	SPEECH PATHOLOGY	0.174091	166,633	0	0	29,009	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072707	38,341,512	0	0	2,787,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125730	3,209,585	0	0	403,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.142065	48,861,906	0	0	6,941,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211846	35,008,399	273,293	0	7,416,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139262	177,491,132	972	342,558	24,717,770	73.00
74.00	07400	RENAL DIALYSIS	0.143891	555,268	0	0	79,898	74.00
75.01	07501	CARDIAC REHAB	0.246207	1,002,435	0	0	246,807	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.696122	0	0	0	0	75.04
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							
90.00	09000	CLINIC	0.342377	3,033,435	0	23	1,038,578	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.108840	21,302,752	0	0	2,318,592	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.230378	551,855	0	0	127,135	90.04
90.05	09005	WOMEN'S CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.720150	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.112066	32,331,010	0	0	3,623,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.661886	11,664,856	0	0	7,720,805	92.00
200.00		Subtotal (see instructions)		621,060,846	274,993	342,581	82,971,302	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		621,060,846	274,993	342,581	82,971,302	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
1/28/2020 8:17 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	102	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,896	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135	47,705		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	SLEEP LAB	0	0		75.02
75.03	07503	INPATIENT DIALYSIS	0	0		75.03
75.04	07504	PAIN MANAGEMENT	0	0		75.04
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					
90.00	09000	CLINIC	0	8		90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		90.02
90.03	09003	CANTERA	0	0		90.03
90.04	09004	MENTAL HEALTH O/P	0	0		90.04
90.05	09005	WOMEN'S CLINIC	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	58,133	47,713		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	58,133	47,713		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2018
To 08/31/2019Part II
Date/Time Prepared:
1/28/2020 8:17 am

			Title XVIII		Subprovider - IPF	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	7,048,237	361,497,557	0.019497	0	0
51.00	05100	RECOVERY ROOM	1,066,809	77,001,411	0.013854	112,026	1,552
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,018,428	51,618,259	0.039103	0	0
53.00	05300	ANESTHESIOLOGY	194,166	89,400,513	0.002172	43,082	94
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,502,205	107,369,029	0.023305	34,092	795
55.00	05500	RADIOLOGY-THERAPEUTIC	1,949,082	117,261,112	0.016622	5,247	87
56.00	05600	RADIOISOTOPE	282,635	32,397,467	0.008724	0	0
57.00	05700	CT SCAN	432,218	180,696,131	0.002392	61,356	147
58.00	05800	MRI	387,083	72,680,047	0.005326	17,648	94
60.00	06000	LABORATORY	7,389,016	996,541,800	0.007415	567,692	4,209
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	327,132	17,633,907	0.018551	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	92,765	80,630,260	0.001150	58,669	67
65.00	06500	RESPIRATORY THERAPY	527,706	60,706,530	0.008693	159,334	1,385
66.00	06600	PHYSICAL THERAPY	1,226,556	81,860,521	0.014983	6,687	100
67.00	06700	OCCUPATIONAL THERAPY	111,147	13,481,473	0.008244	1,134	9
68.00	06800	SPEECH PATHOLOGY	84,264	9,434,695	0.008931	3,707	33
69.00	06900	ELECTROCARDIOLOGY	2,504,419	268,212,542	0.009337	44,636	417
70.00	07000	ELECTROENCEPHALOGRAPHY	374,582	29,982,552	0.012493	14,279	178
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,427,166	378,445,829	0.009056	66,080	598
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,969,401	219,955,200	0.013500	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,012,802	771,358,673	0.005202	1,041,650	5,419
74.00	07400	RENAL DIALYSIS	76,126	9,540,270	0.007979	0	0
75.01	07501	CARDIAC REHAB	29,304	3,162,198	0.009267	0	0
75.02	07502	SLEEP LAB	0	0	0.000000	0	0
75.03	07503	INPATIENT DIALYSIS	0	0	0.000000	0	0
75.04	07504	PAIN MANAGEMENT	205,539	1,475,089	0.139340	1,282	179
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	629,281	52,664,964	0.011949	0	0
90.01	09001	PATIENT TREATMENT CENTER	532,405	39,371,356	0.013523	150	2
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0
90.03	09003	CANTERA	0	0	0.000000	0	0
90.04	09004	MENTAL HEALTH O/P	708,280	22,499,674	0.031480	365,970	11,521
90.05	09005	WOMEN'S CLINIC	0	0	0.000000	0	0
90.06	09006	WOUND CARE	118,575	849,187	0.139634	0	0
91.00	09100	EMERGENCY	3,202,230	207,648,609	0.015421	489,394	7,547
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	42,399,594	0.000000	0	0
200.00	Total (lines 50 through 199)		44,429,559	4,397,776,449		3,094,115	34,433

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 8:17 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB		0	0	0	0	0	75.01
75.02	07502	SLEEP LAB		0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS		0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT		0	0	0	0	0	75.04
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									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER		0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0	0	0	0	0	90.02
90.03	09003	CANTERA		0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P		0	0	0	0	0	90.04
90.05	09005	WOMEN'S CLINIC		0	0	0	0	0	90.05
90.06	09006	WOUND CARE		0	0	0	0	0	90.06
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: 14-0242 Component CCN: 14-S242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 8:17 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	361,497,557	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	77,001,411	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	51,618,259	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	89,400,513	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	107,369,029	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	117,261,112	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	32,397,467	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	180,696,131	0.000000	57.00
58.00	05800	MRI		0	0	0	72,680,047	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	996,541,800	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	17,633,907	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY		0	0	0	80,630,260	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	60,706,530	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	81,860,521	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,481,473	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	9,434,695	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	268,212,542	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	29,982,552	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	378,445,829	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	219,955,200	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	771,358,673	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	9,540,270	0.000000	74.00
75.01	07501	CARDIAC REHAB		0	0	0	3,162,198	0.000000	75.01
75.02	07502	SLEEP LAB		0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS		0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT		0	0	0	1,475,089	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	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									
90.00	09000	CLINIC		0	0	0	52,664,964	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER		0	0	0	39,371,356	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0	0	0	0	0.000000	90.02
90.03	09003	CANTERA		0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P		0	0	0	22,499,674	0.000000	90.04
90.05	09005	WOMEN'S CLINIC		0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE		0	0	0	849,187	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	207,648,609	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	42,399,594	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	4,397,776,449		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 8:17 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	112,026	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	43,082	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	34,092	0	1,589	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	5,247	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	61,356	0	2,524	0	57.00
58.00	05800	MRI		0.000000	17,648	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	567,692	0	462	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.000000	58,669	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	159,334	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	6,687	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,134	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	3,707	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	44,636	0	404	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	14,279	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	66,080	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	1,041,650	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB		0.000000	0	0	0	0	75.01
75.02	07502	SLEEP LAB		0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS		0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT		0.000000	1,282	0	0	0	75.04
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									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER		0.000000	150	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0.000000	0	0	0	0	90.02
90.03	09003	CANTERA		0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P		0.000000	365,970	0	24,404	0	90.04
90.05	09005	WOMEN'S CLINIC		0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE		0.000000	0	0	0	0	90.06
91.00	09100	EMERGENCY		0.000000	489,394	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)			3,094,115	0	29,383	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2018

Part V

To 08/31/2019

Date/Time Prepared:
1/28/2020 8:17 am

Title XVIII

Subprovider -

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	0.142570	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.142871	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.315351	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.027955	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.138488	1,589	0	0	220 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122671	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.094178	0	0	0	0 56.00
57.00	05700 CT SCAN	0.022340	2,524	0	0	56 57.00
58.00	05800 MRI	0.062781	0	0	0	0 58.00
60.00	06000 LABORATORY	0.140247	462	0	0	65 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.339207	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
64.00	06400 INTRAVENOUS THERAPY	0.019387	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.104696	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.221801	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.191071	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.174091	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.072707	404	0	0	29 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.125730	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.142065	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211846	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139262	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.143891	0	0	0	0 74.00
75.01	07501 CARDIAC REHAB	0.246207	0	0	0	0 75.01
75.02	07502 SLEEP LAB	0.000000	0	0	0	0 75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	0	0 75.03
75.04	07504 PAIN MANAGEMENT	0.696122	0	0	0	0 75.04
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						
90.00	09000 CLINIC	0.342377	0	0	0	0 90.00
90.01	09001 PATIENT TREATMENT CENTER	0.108840	0	0	0	0 90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0 90.02
90.03	09003 CANTERA	0.000000	0	0	0	0 90.03
90.04	09004 MENTAL HEALTH O/P	0.230378	24,404	0	0	5,622 90.04
90.05	09005 WOMEN'S CLINIC	0.000000	0	0	0	0 90.05
90.06	09006 WOUND CARE	0.720150	0	0	0	0 90.06
91.00	09100 EMERGENCY	0.112066	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.661886	0	0	0	0 92.00
200.00	Subtotal (see instructions)		29,383	0	0	5,992 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		29,383	0	0	5,992 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/28/2020 8:17 am		
			Component CCN: 14-S242						
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
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	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.01	07501	CARDIAC REHAB	0	0					75.01
75.02	07502	SLEEP LAB	0	0					75.02
75.03	07503	INPATIENT DIALYSIS	0	0					75.03
75.04	07504	PAIN MANAGEMENT	0	0					75.04
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									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0					90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0					90.02
90.03	09003	CANTERA	0	0					90.03
90.04	09004	MENTAL HEALTH O/P	0	0					90.04
90.05	09005	WOMEN'S CLINIC	0	0					90.05
90.06	09006	WOUND CARE	0	0					90.06
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/28/2020 8:17 am

			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	17,400,378	0	17,400,378	82,663	210.50	30.00
31.00	INTENSIVE CARE UNIT	2,720,100		2,720,100	6,653	408.85	31.00
32.00	CORONARY CARE UNIT	709,127		709,127	3,351	211.62	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,035,045		1,035,045	7,054	146.73	35.00
40.00	SUBPROVIDER - IPF	2,933,337	0	2,933,337	10,458	280.49	40.00
43.00	NURSERY	715,313		715,313	5,862	122.03	43.00
200.00	Total (lines 30 through 199)	25,513,300		25,513,300	116,041		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	4,349	915,465				30.00
31.00	INTENSIVE CARE UNIT	372	152,092				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	204	29,933				35.00
40.00	SUBPROVIDER - IPF	521	146,135				40.00
43.00	NURSERY	459	56,012				43.00
200.00	Total (lines 30 through 199)	5,905	1,299,637				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/28/2020 8:17 am

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	7,048,237	361,497,557	0.019497	0	0 50.00
51.00	05100	RECOVERY ROOM	1,066,809	77,001,411	0.013854	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,018,428	51,618,259	0.039103	0	0 52.00
53.00	05300	ANESTHESIOLOGY	194,166	89,400,513	0.002172	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,502,205	107,369,029	0.023305	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,949,082	117,261,112	0.016622	0	0 55.00
56.00	05600	RADIOISOTOPE	282,635	32,397,467	0.008724	0	0 56.00
57.00	05700	CT SCAN	432,218	180,696,131	0.002392	0	0 57.00
58.00	05800	MRI	387,083	72,680,047	0.005326	0	0 58.00
60.00	06000	LABORATORY	7,389,016	996,541,800	0.007415	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	327,132	17,633,907	0.018551	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	92,765	80,630,260	0.001150	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	527,706	60,706,530	0.008693	0	0 65.00
66.00	06600	PHYSICAL THERAPY	1,226,556	81,860,521	0.014983	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	111,147	13,481,473	0.008244	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	84,264	9,434,695	0.008931	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,504,419	268,212,542	0.009337	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	374,582	29,982,552	0.012493	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,427,166	378,445,829	0.009056	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,969,401	219,955,200	0.013500	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,012,802	771,358,673	0.005202	0	0 73.00
74.00	07400	RENAL DIALYSIS	76,126	9,540,270	0.007979	0	0 74.00
75.01	07501	CARDIAC REHAB	29,304	3,162,198	0.009267	0	0 75.01
75.02	07502	SLEEP LAB	0	0	0.000000	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0.000000	0	0 75.03
75.04	07504	PAIN MANAGEMENT	205,539	1,475,089	0.139340	0	0 75.04
76.97	07697	CARDIAC REHABILITATION	0	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							
90.00	09000	CLINIC	629,281	52,664,964	0.011949	0	0 90.00
90.01	09001	PATIENT TREATMENT CENTER	532,405	39,371,356	0.013523	0	0 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0 90.02
90.03	09003	CANTERA	0	0	0.000000	0	0 90.03
90.04	09004	MENTAL HEALTH O/P	708,280	22,499,674	0.031480	0	0 90.04
90.05	09005	WOMEN'S CLINIC	0	0	0.000000	0	0 90.05
90.06	09006	WOUND CARE	118,575	849,187	0.139634	0	0 90.06
91.00	09100	EMERGENCY	3,202,230	207,648,609	0.015421	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,223,419	42,399,594	0.099610	0	0 92.00
200.00		Total (lines 50 through 199)	48,652,978	4,397,776,449		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/28/2020 8:17 am		
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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	82,663	0.00	4,349			30.00	
31.00	03100	INTENSIVE CARE UNIT		0	6,653	0.00	372			31.00	
32.00	03200	CORONARY CARE UNIT		0	3,351	0.00	0			32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	7,054	0.00	204			35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	10,458	0.00	521			40.00	
43.00	04300	NURSERY		0	5,862	0.00	459			43.00	
200.00		Total (lines 30 through 199)		0	116,041		5,905			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
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0								35.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
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: 14-0242		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 8:17 am	
				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
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
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB		0	0	0	0	0	75.01
75.02	07502	SLEEP LAB		0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS		0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT		0	0	0	0	0	75.04
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									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER		0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0	0	0	0	0	90.02
90.03	09003	CANTERA		0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P		0	0	0	0	0	90.04
90.05	09005	WOMEN'S CLINIC		0	0	0	0	0	90.05
90.06	09006	WOUND CARE		0	0	0	0	0	90.06
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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/28/2020 8:17 am

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	361,497,557	0.000000	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	77,001,411	0.000000	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	51,618,259	0.000000	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	89,400,513	0.000000	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	107,369,029	0.000000	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	117,261,112	0.000000	55.00	
56.00	05600 RADIOISOTOPE	0	0	0	32,397,467	0.000000	56.00	
57.00	05700 CT SCAN	0	0	0	180,696,131	0.000000	57.00	
58.00	05800 MRI	0	0	0	72,680,047	0.000000	58.00	
60.00	06000 LABORATORY	0	0	0	996,541,800	0.000000	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,633,907	0.000000	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	80,630,260	0.000000	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	60,706,530	0.000000	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	81,860,521	0.000000	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	13,481,473	0.000000	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	9,434,695	0.000000	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	268,212,542	0.000000	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	29,982,552	0.000000	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	378,445,829	0.000000	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	219,955,200	0.000000	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	771,358,673	0.000000	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	9,540,270	0.000000	74.00	
75.01	07501 CARDIAC REHAB	0	0	0	3,162,198	0.000000	75.01	
75.02	07502 SLEEP LAB	0	0	0	0	0.000000	75.02	
75.03	07503 INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03	
75.04	07504 PAIN MANAGEMENT	0	0	0	1,475,089	0.000000	75.04	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	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								
90.00	09000 CLINIC	0	0	0	52,664,964	0.000000	90.00	
90.01	09001 PATIENT TREATMENT CENTER	0	0	0	39,371,356	0.000000	90.01	
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02	
90.03	09003 CANTERA	0	0	0	0	0.000000	90.03	
90.04	09004 MENTAL HEALTH O/P	0	0	0	22,499,674	0.000000	90.04	
90.05	09005 WOMEN'S CLINIC	0	0	0	0	0.000000	90.05	
90.06	09006 WOUND CARE	0	0	0	849,187	0.000000	90.06	
91.00	09100 EMERGENCY	0	0	0	207,648,609	0.000000	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	42,399,594	0.000000	92.00	
200.00	Total (lines 50 through 199)	0	0	0	4,397,776,449		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/28/2020 8:17 am

			Title XIX		Hospital		Cost	
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	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
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
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
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
75.01	07501	CARDIAC REHAB	0.000000	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.000000	0	0	0	0	75.04
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							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.000000	0	0	0	0	90.04
90.05	09005	WOMEN'S CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	0	0	0	0	90.06
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: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/28/2020 8:17 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			82,663	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			82,663	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)			62,599	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)			20,856	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)			115,621,605	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)			115,621,605	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)			115,621,605	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)			1,398.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			29,171,496	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)			29,171,496	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,959,596	6,653	2,849.78	2,865	8,164,620
44.00	CORONARY CARE UNIT	6,708,149	3,351	2,001.83	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	11,481,439	7,054	1,627.65	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					65,173,081
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					102,509,197
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,561,543
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,995,783
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,557,326
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					91,951,871
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					20,064
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,398.71
89.00	Observation bed cost (line 87 x line 88) (see instructions)					28,063,717

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/28/2020 8:17 am

		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	17,400,378	115,621,605	0.150494	28,063,717	4,223,421	90.00
91.00	Nursing School cost	0	115,621,605	0.000000	28,063,717	0	91.00
92.00	Allied health cost	0	115,621,605	0.000000	28,063,717	0	92.00
93.00	All other Medical Education	0	115,621,605	0.000000	28,063,717	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/28/2020 8:17 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,458	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,458	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)		10,458	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)		1,849	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)		16,873,955	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)		16,873,955	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)		16,873,955	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)		1,613.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,983,362	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)		2,983,362	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1	
				Component CCN: 14-S242		Date/Time Prepared: 1/28/2020 8:17 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					424,637	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,407,999	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)					518,626	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					34,433	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					553,059	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,854,940	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2018 To 08/31/2019		Worksheet D-1 Date/Time Prepared: 1/28/2020 8:17 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,933,337	16,873,955	0.173838	0	0	90.00
91.00	Nursing School cost	0	16,873,955	0.000000	0	0	91.00
92.00	Allied health cost	0	16,873,955	0.000000	0	0	92.00
93.00	All other Medical Education	0	16,873,955	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/28/2020 8:17 am
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)		82,663	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		82,663	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)		62,599	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)		4,349	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)		5,862	15.00
16.00	Nursery days (title V or XIX only)		459	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)		115,620,741	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)		115,620,741	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)		115,620,741	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)		1,398.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,082,946	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,082,946	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/28/2020 8:17 am

		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)	4,759,885	5,862	811.99	459	372,703	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,959,596	6,653	2,849.78	372	1,060,118	43.00
44.00	CORONARY CARE UNIT	6,708,149	3,351	2,001.83	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	11,481,439	7,054	1,627.65	204	332,041	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)						7,847,808 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)						20,064 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,398.70 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						28,063,517 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Title XIX		Hospital		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	17,400,378	115,620,741	0.150495	28,063,517	4,223,419	90.00
91.00	Nursing School cost	0	115,620,741	0.000000	28,063,517	0	91.00
92.00	Allied health cost	0	115,620,741	0.000000	28,063,517	0	92.00
93.00	All other Medical Education	0	115,620,741	0.000000	28,063,517	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/28/2020 8:17 am
		Title XIX	Subprovider - IPF	Cost
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)		10,458	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,458	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)		10,458	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)		521	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)		5,862	15.00
16.00	Nursery days (title V or XIX only)		459	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)		16,863,775	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)		16,863,775	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)		16,863,775	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)		1,612.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		840,123	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)		840,123	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1	
				Component CCN: 14-S242		Date/Time Prepared: 1/28/2020 8:17 am	
				Title XIX		Subprovider - IPF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					840,123	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2018 To 08/31/2019		Worksheet D-1 Date/Time Prepared: 1/28/2020 8:17 am
			Title XIX		Subprovider - IPF		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		2,933,337	16,863,775	0.173943	0	0
91.00	Nursing School cost		0	16,863,775	0.000000	0	0
92.00	Allied health cost		0	16,863,775	0.000000	0	0
93.00	All other Medical Education		0	16,863,775	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/28/2020 8:17 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		85,326,222	30.00
31.00	03100	INTENSIVE CARE UNIT		17,329,719	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.142570	50,648,735	50.00
51.00	05100	RECOVERY ROOM	0.142871	4,532,109	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315351	39,995	52.00
53.00	05300	ANESTHESIOLOGY	0.027955	13,216,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138488	13,879,951	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123137	1,569,503	55.00
56.00	05600	RADIOISOTOPE	0.094178	2,527,340	56.00
57.00	05700	CT SCAN	0.022340	21,429,980	57.00
58.00	05800	MRI	0.062781	6,229,629	58.00
60.00	06000	LABORATORY	0.140247	48,038,907	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.339207	5,098,473	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.019387	96,254	64.00
65.00	06500	RESPIRATORY THERAPY	0.104696	20,378,734	65.00
66.00	06600	PHYSICAL THERAPY	0.221801	3,578,282	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191071	2,366,458	67.00
68.00	06800	SPEECH PATHOLOGY	0.174091	2,546,541	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072707	39,869,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125951	4,089,272	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.142065	74,027,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211846	62,282,775	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139262	78,174,839	73.00
74.00	07400	RENAL DIALYSIS	0.143891	4,101,261	74.00
75.01	07501	CARDIAC REHAB	0.246207	84,777	75.01
75.02	07502	SLEEP LAB	0.000000	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	75.03
75.04	07504	PAIN MANAGEMENT	0.696122	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	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					
90.00	09000	CLINIC	0.342377	639,465	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.109133	13,695	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	90.02
90.03	09003	CANTERA	0.000000	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.230953	0	90.04
90.05	09005	WOMEN'S CLINIC	0.000000	0	90.05
90.06	09006	WOUND CARE	0.720150	0	90.06
91.00	09100	EMERGENCY	0.112134	22,871,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.661886	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		482,331,661	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)		482,331,661	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/28/2020 8:17 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		7,113,407		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142570	0	0	50.00
51.00	05100 RECOVERY ROOM	0.142871	112,026	16,005	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.315351	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027955	43,082	1,204	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.138488	34,092	4,721	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.123137	5,247	646	55.00
56.00	05600 RADIOISOTOPE	0.094178	0	0	56.00
57.00	05700 CT SCAN	0.022340	61,356	1,371	57.00
58.00	05800 MRI	0.062781	17,648	1,108	58.00
60.00	06000 LABORATORY	0.140247	567,692	79,617	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.339207	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.019387	58,669	1,137	64.00
65.00	06500 RESPIRATORY THERAPY	0.104696	159,334	16,682	65.00
66.00	06600 PHYSICAL THERAPY	0.221801	6,687	1,483	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.191071	1,134	217	67.00
68.00	06800 SPEECH PATHOLOGY	0.174091	3,707	645	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072707	44,636	3,245	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.125951	14,279	1,798	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.142065	66,080	9,388	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211846	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139262	1,041,650	145,062	73.00
74.00	07400 RENAL DIALYSIS	0.143891	0	0	74.00
75.01	07501 CARDIAC REHAB	0.246207	0	0	75.01
75.02	07502 SLEEP LAB	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	0.696122	1,282	892	75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.342377	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	0.109133	150	16	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	90.02
90.03	09003 CANTERA	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	0.230953	365,970	84,522	90.04
90.05	09005 WOMEN'S CLINIC	0.000000	0	0	90.05
90.06	09006 WOUND CARE	0.720150	0	0	90.06
91.00	09100 EMERGENCY	0.112134	489,394	54,878	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.661886	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,094,115	424,637	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,094,115		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/28/2020 8:17 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,354,284	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		58,897,122	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		4,028,618	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		19,062,377	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		290.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.84	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.92	31.00
32.00	Sum of lines 30 and 31		18.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.94	33.00
34.00	Disproportionate share adjustment (see instructions)		793,506	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/28/2020 8:17 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,900,695	8,978,949	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	320,606	8,240,951	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,561,557		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)	77,635,087		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		77,635,087	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,192,499	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		4,200	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)		83,831,786	59.00
60.00	Primary payer payments		5,000	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		83,826,786	61.00
62.00	Deductibles billed to program beneficiaries		5,838,388	62.00
63.00	Coinsurance billed to program beneficiaries		62,875	63.00
64.00	Allowable bad debts (see instructions)		475,323	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		308,960	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		422,002	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		78,234,483	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
70.01	OTHER ADJUSTMENT PER PS&R		0	70.01
70.02	SEQUESTRATION ADJUSTMENT		0	70.02
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		335,787	70.93
70.94	HRR adjustment amount (see instructions)		-23,562	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		78,546,708		71.00
71.01	Sequestration adjustment (see instructions)		1,570,934		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		76,699,629		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)		276,145		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,913,046		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,354,284	0	5,354,284		5,354,284
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	58,897,122	0		58,897,122	58,897,122
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	4,028,618	0	0	4,028,618	4,028,618
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	19,062,377	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0494	0.0494	0.0494	0.0494	
11.00	Disproportionate share adjustment (see instructions)	34.00	793,506	0	66,126	727,380	793,506
11.01	Uncompensated care payments	36.00	8,561,557	0	205,896	3,580,089	3,785,985
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	77,635,087	0	5,626,306	72,008,781	77,635,087
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	77,635,087	0	5,626,306	72,008,781	77,635,087
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,192,499	0	0	6,192,499	6,192,499
17.00	Special add-on payments for new technologies	54.00	4,200	0	0	4,200	4,200
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/28/2020 8:17 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	5,626,306	78,205,480	83,831,786	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	5,227,933	0	0	5,227,933	5,227,933	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	762,245	0	0	762,245	762,245	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0387	0.0387	0.0387	0.0387		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	202,321	0	0	202,321	202,321	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,192,499	0	0	6,192,499	6,192,499	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,354,284	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	58,897,122		64,251,406	64,251,406	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,028,618	0	4,028,618	4,028,618	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,062,377	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0494	0.0494	0.0494		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	793,506	0	793,506	793,506	11.00
11.01	Uncompensated care payments	36.00	8,561,557	320,606	8,240,951	8,561,557	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	77,635,087	320,606	77,314,481	77,635,087	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	77,635,087	320,606	77,314,481	77,635,087	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,192,499	0	6,192,499	6,192,499	16.00
17.00	Special add-on payments for new technologies	54.00	4,200	0	4,200	4,200	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			320,606	83,511,180	83,831,786	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,227,933	0	5,227,933	5,227,933	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	762,245	0	762,245	762,245	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0387	0.0387	0.0387		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	202,321	0	202,321	202,321	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,192,499	0	6,192,499	6,192,499	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	335,787	0	335,787	335,787	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-23,562	0	-23,562	-23,562	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/28/2020 8:17 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		105,846	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		82,971,302	2.00
3.00	OPPS payments		65,469,549	3.00
4.00	Outlier payment (see instructions)		871,221	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		105,846	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		617,574	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)		617,574	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)		617,574	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		511,728	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)		105,846	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)		66,340,770	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		54,659	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11,600,630	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)		54,791,327	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		54,791,327	30.00
31.00	Primary payer payments		1,748	31.00
32.00	Subtotal (line 30 minus line 31)		54,789,579	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)		831,384	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		540,400	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		684,027	36.00
37.00	Subtotal (see instructions)		55,329,979	37.00
38.00	MSP-LCC reconciliation amount from PS&R		77	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)		55,329,902	40.00
40.01	Sequestration adjustment (see instructions)		1,106,598	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		54,481,157	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-257,853	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/28/2020 8:17 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,992	2.00
3.00	OPPS payments		5,541	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		5,541	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,233	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)		4,308	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,308	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,308	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		4,308	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		4,308	40.00
40.01	Sequestration adjustment (see instructions)		86	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,222	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		76,665,824		54,380,295	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	03/06/2019	33,805	03/06/2019	100,862	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)		33,805		100,862	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)		76,699,629		54,481,157	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		276,145		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		257,853	6.02
7.00	Total Medicare program liability (see instructions)		76,975,774		54,223,304	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:

Worksheet E-1

Component CCN: 14-S242

From 09/01/2018
To 08/31/2019Part I
Date/Time Prepared:
1/28/2020 8:17 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,792,885		4,222	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)		0		0	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)		1,792,885		4,222	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		28,563		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,821,448		4,222	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part II Date/Time Prepared: 1/28/2020 8:17 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,745,394	1.00
2.00	Net IPF PPS Outlier Payments		250,095	2.00
3.00	Net IPF PPS ECT Payments		27,344	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		28.652055	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,022,833	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,022,833	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,022,833	18.00
19.00	Deductibles		174,828	19.00
20.00	Subtotal (line 18 minus line 19)		1,848,005	20.00
21.00	Coinurance		18,521	21.00
22.00	Subtotal (line 20 minus line 21)		1,829,484	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		44,825	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		29,136	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		36,091	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,858,620	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,858,620	31.00
31.01	Sequestration adjustment (see instructions)		37,172	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,792,885	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		28,563	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		250,095	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet E-3
Part VII
Date/Time Prepared:
1/28/2020 8:17 am

		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		7,847,808		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)		7,847,808	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)		7,847,808	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)		7,847,808	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)		7,847,808	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 1/28/2020 8:17 am	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 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		840,123		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)		840,123	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)		840,123	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)		840,123	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)		840,123	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		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

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

Provider CCN: 14-0242

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

Worksheet G

Date/Time Prepared:

1/28/2020 8:17 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	735,390,360	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	129,040,030	0	0	0	4.00
5.00 Other receivable	5,046,150	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	9,013,219	0	0	0	7.00
8.00 Prepaid expenses	5,102,054	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	883,591,813	0	0	0	11.00
FIXED ASSETS					
12.00 Land	34,507,595	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	602,067,478	0	0	0	15.00
16.00 Accumulated depreciation	-136,416,670	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	146,905,348	0	0	0	19.00
20.00 Accumulated depreciation	-78,918,655	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)	568,145,096	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	306,361,040	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	50,212,913	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	356,573,953	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,808,310,862	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	19,114,493	0	0	0	37.00
38.00 Salaries, wages, and fees payable	24,503,575	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	274,096,880	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	317,714,948	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	691,261	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	691,261	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	318,406,209	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,489,904,653	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)	1,489,904,653	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,808,310,862	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0242

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

Worksheet G-1

Date/Time Prepared:
1/28/2020 8:17 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		994,991,047		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		201,434,182				2.00
3.00	Total (sum of line 1 and line 2)		1,196,425,229		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSETS RELEASED	293,479,424		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)		293,479,424		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,489,904,653		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET EQUITY TRANSFERS	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)		1,489,904,653		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	NET ASSETS RELEASED		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	NET EQUITY TRANSFERS		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: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
1/28/2020 8:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	291,745,012		291,745,012	1.00
2.00	SUBPROVIDER - IPF	43,799,827		43,799,827	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)	335,544,839		335,544,839	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	57,154,884		57,154,884	11.00
12.00	CORONARY CARE UNIT	28,193,786		28,193,786	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	50,994,173		50,994,173	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	136,342,843		136,342,843	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	471,887,682		471,887,682	17.00
18.00	Ancillary services	0		0	18.00
19.00	Outpatient services	1,267,864,510	3,056,102,460	4,323,966,970	19.00
20.00	RURAL HEALTH CLINIC	0		0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,739,752,192	3,056,102,460	4,795,854,652	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		902,158,013		29.00
30.00	BAD DEBTS	53,065,000			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)		53,065,000		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)		955,223,013		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0242

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

Worksheet G-3

Date/Time Prepared:
1/28/2020 8:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,795,854,652	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,680,552,697	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,115,301,955	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	955,223,013	4.00
5.00	Net income from service to patients (line 3 minus line 4)	160,078,942	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAINING PROGRAM	97,477	24.00
24.01	WORKSHOPS, CONFERENCES ETC	320	24.01
24.02	NON-GOVT GRANT REVENUE	1,443,039	24.02
24.03	FEDERAL GRANT REVENUE	0	24.03
24.04	STATE GRANT REVENUE	-121	24.04
24.05	NET ASSETS REL FR RESTR - OP	1,114,911	24.05
24.06	DIETARY GUEST TRAYS	-2,630	24.06
24.07	FEINBERG CAFETERIA REVENUE	0	24.07
24.08	CDH CAFETERIA REVENUE	2,837,243	24.08
24.09	BUILDING RENT NON NMFF/NU	7,114,813	24.09
24.10	INTERCOMPANY RENT INCOME	13,837,976	24.10
24.11	IC CORP REVENUE	1,118,940	24.11
24.12	CORPORATE BILLING ADJUSTMENT	304,968	24.12
24.13	SHARED SERVICES INCOME, EL004	1,551	24.13
24.15	INSTYMEDS REVENUE	207,120	24.15
24.16	OTHER SERVICE REVENUE	683,786	24.16
24.18	RECOVERY LIVING REVENUE	316	24.18
24.19	NON-PATIENT MEDICAL SUPPLIES	21,845	24.19
24.20	GIFT SHOP SALES - BED TOWER	387,482	24.20
24.21	GIFT SHOP SALES - MOTHER/BABY	77,209	24.21
24.22	AUXILIARY - BABY PHOTOS	19,201	24.22
24.23	GIFT SHOP SALES	518	24.23
24.25	COST OF CONSIGNMENT SALE	-15,407	24.25
24.26	NEWSPAPER	-397	24.26
24.27	OTHER OPERATING INCOME	12,105,080	24.27
25.00	Total other income (sum of lines 6-24)	41,355,240	25.00
26.00	Total (line 5 plus line 25)	201,434,182	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)	201,434,182	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0242

Period:
From 09/01/2018
To 08/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
1/28/2020 8:17 am

		Title XVIII	Hospital	PPS	
		1.00			
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		5,227,933	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		762,245	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)		220.70	3.00	
4.00	Number of interns & residents (see instructions)		0.00	4.00	
5.00	Indirect medical education percentage (see instructions)		0.00	5.00	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.84	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.92	8.00	
9.00	Sum of lines 7 and 8		18.76	9.00	
10.00	Allowable disproportionate share percentage (see instructions)		3.87	10.00	
11.00	Disproportionate share adjustment (see instructions)		202,321	11.00	
12.00	Total prospective capital payments (see instructions)		6,192,499	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	