

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: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 1/29/2020 12:18 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 1/29/2020	Time: 12:18 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHWESTERN MEMORIAL HOSPITAL (14-0281) 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	1,033,147	-190,218	0	0	1.00
2.00	Subprovider - IPF	0	60,564	1,760		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	1,093,711	-188,458	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: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/29/2020 12:18 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 251E HURON			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60611		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			NORTHWESTERN MEMORIAL HOSPITAL	140281	16974	1	09/01/1972	N	P O	3.00
4.00	Subprovider - IPF			NORTHWESTERN MEMORIAL PSYCH UNIT	14S281	16974	4	09/01/1984	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
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	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			12,582	7,487	0	140	31,354	256	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.02	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.06	
		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)					
61.02	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)					
61.03	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)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
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)					
61.06	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)					
		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)				Y	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		13.16	319.21	0.039594	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	21.55	115.30	0.157472	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)		35.00	370.17	0.086383	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	32.00	138.29	0.187915	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/29/2020 12:18 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
						1.00	2.00
						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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,890,036		48,860,687		-6,432,697	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1973					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.	09/29/2006					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.	02/02/1996					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.	12/29/2015					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.	07/01/1999					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				HB0640	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/29/2020 12:18 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS - INC		Contractor's Number: 06101				141.00	
142.00	Street: 251 E HURON ST	PO Box: PO BOX 6474 INDIANAPOLIS IN 46206						142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60611				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N		149.00	
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N			155.00	
156.00	Subprovider - IPF	N	N	N	N			156.00	
157.00	Subprovider - IRF	N	N	N	N			157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00	
161.00	CMHC		N	N	N			161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00	
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					09/01/2018	08/31/2019	170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 1/29/2020 12:18 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/30/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/03/2019	Y
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: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/29/2020 12:18 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JOHN	VANDER LAAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HOSPITAL			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: 14-0281

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.	MANAGER OF REIMB	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: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	678	247,694	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)		678	247,694	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	115	40,784	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	86	31,390	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		879	319,868	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	29	10,585		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	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		908				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)		32	11,680			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: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	60,123	11,161	195,289			1.00
2.00	HMO and other (see instructions)	19,018	31,354				2.00
3.00	HMO IPF Subprovider	319	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	60,123	11,161	195,289			7.00
8.00	INTENSIVE CARE UNIT	11,946	2,222	30,556			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	3,740	19,287			12.00
13.00	NURSERY		2,093	24,318			13.00
14.00	Total (see instructions)	72,069	19,216	269,450	572.04	5,770.43	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,730	434	9,998	2.92	47.40	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	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			27			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				574.96	5,817.83	27.00
28.00	Observation Bed Days		0	17,187			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	1,240	7,445			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			473			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: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	12,261	3,558	45,106	1.00
2.00 HMO and other (see instructions)			2,701	5,789		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	12,261	3,558	45,106	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	110	29	820	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	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/29/2020 12:18 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	479,370,224	13,676,197	493,046,421	13,369,525.00	36.88	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		9,545,784	0	9,545,784	61,810.00	154.44	4.00
4.01	Physicians - Part A - Teaching		2,208,476	0	2,208,476	20,909.00	105.62	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	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	32,072,982	2,169,115	34,242,097	1,174,319.00	29.16	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)		6,544,627	7,280,648	13,825,275	393,439.00	35.14	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		121,372,177	0	121,372,177	2,754,963.00	44.06	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)		107,976,322	0	107,976,322			17.00
18.00	Wage-related costs (other) (see instructions)		757,825	0	757,825			18.00
19.00	Excluded areas		2,122,057	0	2,122,057			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		1,621,572	0	1,621,572			22.00
22.01	Physician Part A - Teaching		660,776	0	660,776			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		6,951,699	0	6,951,699			25.00
25.50	Home office wage-related (core)		26,503,812	0	26,503,812			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	3,429,155	0	3,429,155	0.00	0.00	26.00
27.00	Administrative & General	5.00	46,171,210	-8,567,145	37,604,065	599,535.00	62.72	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/29/2020 12:18 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,863,333	0	1,863,333	51,903.00	35.90	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	15,457,562	0	15,457,562	740,642.00	20.87	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	7,881,072	-3,585,597	4,295,475	185,029.00	23.22	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	3,585,597	3,585,597	146,758.00	24.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	9,324,653	122,403	9,447,056	169,061.00	55.88	38.00
39.00	Central Services and Supply	14.00	8,527,473	0	8,527,473	326,327.00	26.13	39.00
40.00	Pharmacy	15.00	25,872,687	-1,804,169	24,068,518	524,501.00	45.89	40.00
41.00	Medical Records & Medical Records Library	16.00	2,772,736	0	2,772,736	94,013.00	29.49	41.00
42.00	Social Service	17.00	3,414,888	0	3,414,888	113,805.00	30.01	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part III
Date/Time Prepared:
1/29/2020 12:18 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	445,088,766	11,507,082	456,595,848	12,174,297.00	37.50	1.00
2.00	Excluded area salaries (see instructions)	6,544,627	7,280,648	13,825,275	393,439.00	35.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	438,544,139	4,226,434	442,770,573	11,780,858.00	37.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	121,372,177	0	121,372,177	2,754,963.00	44.06	4.00
5.00	Subtotal wage-related costs (see inst.)	136,859,531	0	136,859,531	0.00	30.91	5.00
6.00	Total (sum of lines 3 thru 5)	696,775,847	4,226,434	701,002,281	14,535,821.00	48.23	6.00
7.00	Total overhead cost (see instructions)	124,714,769	-10,248,911	114,465,858	2,951,574.00	38.78	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	27,154,580	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)	32,200,047	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	11,893,520	9.00
10.00	Dental, Hearing and Vision Plan	1,616,593	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	373,028	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)	3,487,991	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	30,477,060	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	240,964	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	721,938	22.00
23.00	Tuition Reimbursement	1,432,171	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	109,597,892	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	757,825	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part V
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	109,597,892	1.00
2.00	Hospital	0	109,597,892	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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-5

Date/Time Prepared:
1/29/2020 12:18 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-5

Date/Time Prepared:
1/29/2020 12:18 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0281

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

Worksheet S-10

Date/Time Prepared:
1/29/2020 12:18 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.190039	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		136,307,199	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		22,174,000	5.00
6.00	Medicaid charges		830,941,327	6.00
7.00	Medicaid cost (line 1 times line 6)		157,911,259	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	122,774,208	15,314,515	138,088,723
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	23,331,888	15,314,515	38,646,403
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	23,331,888	15,314,515	38,646,403
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		53,580,591	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,755,094	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,238,605	27.01
28.00	Non-Medicare bad debt expense (see instructions)		49,341,986	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		10,860,413	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		49,506,816	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		49,506,816	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		65,539,829	65,539,829	0	65,539,829	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		31,474,980	31,474,980	0	31,474,980	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,429,155	2,283,347	5,712,502	179,563	5,892,065	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	46,171,210	658,416,808	704,588,018	-34,795,784	669,792,234	5.00
7.00	00700	OPERATION OF PLANT	1,863,333	102,023,237	103,886,570	-34,188,237	69,698,333	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,124,180	4,124,180	8.00
9.00	00900	HOUSEKEEPING	15,457,562	7,992,461	23,450,023	-2,078,428	21,371,595	9.00
10.00	01000	DIETARY	7,881,072	7,829,594	15,710,666	-7,123,448	8,587,218	10.00
11.00	01100	CAFETERIA	0	0	0	7,123,448	7,123,448	11.00
13.00	01300	NURSING ADMINISTRATION	9,324,653	2,962,397	12,287,050	344,005	12,631,055	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,527,473	15,923,191	24,450,664	0	24,450,664	14.00
15.00	01500	PHARMACY	25,872,687	247,127,985	273,000,672	-98,241,010	174,759,662	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,772,736	1,852,786	4,625,522	0	4,625,522	16.00
17.00	01700	SOCIAL SERVICE	3,414,888	1,548,455	4,963,343	0	4,963,343	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	32,072,982	360,576	32,433,558	8,824,284	41,257,842	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	520,709	4,600,682	5,121,391	441,955	5,563,346	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	0	0	0	1,382,997	1,382,997	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	0	0	0	268,045	268,045	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	0	0	0	571,826	571,826	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	0	0	0	378,098	378,098	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	0	0	0	391,831	391,831	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	0	0	0	418,709	418,709	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,258,548	48,472,198	145,730,746	-2,289,406	143,441,340	30.00
31.00	03100	INTENSIVE CARE UNIT	24,531,690	13,567,341	38,099,031	642,117	38,741,148	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,773,532	3,731,818	15,505,350	243,112	15,748,462	35.00
40.00	04000	SUBPROVIDER - IPF	3,649,833	1,010,754	4,660,587	0	4,660,587	40.00
43.00	04300	NURSERY	0	0	0	4,510,753	4,510,753	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,993,088	115,894,917	145,888,005	-67,891,000	77,997,005	50.00
51.00	05100	RECOVERY ROOM	6,433,675	1,776,782	8,210,457	102,918	8,313,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,384,352	6,669,753	21,054,105	-64,632	20,989,473	52.00
53.00	05300	ANESTHESIOLOGY	3,210,545	5,151,242	8,361,787	-2,329,773	6,032,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,343,195	22,687,821	43,031,016	-7,533,581	35,497,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,178,783	4,199,170	11,377,953	-42,747	11,335,206	55.00
56.00	05600	RADIOISOTOPE	2,553,777	15,327,650	17,881,427	-187,375	17,694,052	56.00
57.00	05700	CT SCAN	5,402,269	4,255,940	9,658,209	194,888	9,853,097	57.00
58.00	05800	MRI	8,310,260	6,432,353	14,742,613	25,914	14,768,527	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,027,800	16,457,734	18,485,534	-15,625,064	2,860,470	59.00
59.01	03650	VASCULAR LAB	1,008,321	245,402	1,253,723	0	1,253,723	59.01
59.02	03140	CARDIOLOGY	3,820,394	1,416,618	5,237,012	86,228	5,323,240	59.02
59.03	03560	PULMONARY FUNCTION TESTING	525,081	509,429	1,034,510	46,416	1,080,926	59.03
59.04	03290	ELECTROMYOGRAPHY	1,565,547	13,829,593	15,395,140	-12,492,350	2,902,790	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	4,992,015	8,275,876	13,267,891	-1,104,607	12,163,284	59.05
60.00	06000	LABORATORY	24,961,102	64,784,510	89,745,612	461,999	90,207,611	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,826,818	10,826,818	-423	10,826,395	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,343,945	4,076,586	7,420,531	25,461	7,445,992	63.00
65.00	06500	RESPIRATORY THERAPY	7,398,274	5,421,479	12,819,753	-866,615	11,953,138	65.00
66.00	06600	PHYSICAL THERAPY	2,767,084	1,948,695	4,715,779	16,709	4,732,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,800,448	486,097	2,286,545	0	2,286,545	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,499,555	1,997,377	5,496,932	285,114	5,782,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	38,579,597	38,579,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	66,881,104	66,881,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	96,630,330	96,630,330	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,597,756	3,597,756	74.00
76.97	07697	CARDIAC REHABILITATION	351,138	256,322	607,460	9,256	616,716	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,038,787	3,152,006	10,190,793	1,432,184	11,622,977	90.00
90.01	09001	PSYCH CLINIC	1,358,204	3,047,509	4,405,713	136,093	4,541,806	90.01
90.02	09002	TRANSPLANT CLINIC	777,420	321,811	1,099,231	4,410,053	5,509,284	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	460,997	460,997	90.03
91.00	09100	EMERGENCY	13,722,135	6,558,137	20,280,272	596,528	20,876,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,186,173	1,041,142	4,227,315	-242	4,227,073	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,060,151	8,617,044	9,677,195	1,616,159	11,293,354	105.00
106.00	10600	HEART ACQUISITION	390,684	3,406,022	3,796,706	128,276	3,924,982	106.00
107.00	10700	LIVER ACQUISITION	637,957	4,464,373	5,102,330	549,692	5,652,022	107.00
108.00	10800	LUNG ACQUISITION	726,428	2,078,412	2,804,840	-248,605	2,556,235	108.00
109.00	10900	PANCREAS ACQUISITION	0	861,579	861,579	113,532	975,111	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,290,650	1,563,194,638	2,042,485,288	-40,871,200	2,001,614,088	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,472	63,946	78,418	0	78,418	190.00
191.00	19100	RESEARCH	242	97	339	2,753,775	2,754,114	191.00
191.01	19101	SPONSERED PROJECT	2,880	2,662	5,542	1,850,760	1,856,302	191.01
194.00	07950	REAL ESTATE	61,980	12,702,449	12,764,429	36,266,665	49,031,094	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	193,185	193,185	0	193,185	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	479,370,224	1,576,156,977	2,055,527,201	0	2,055,527,201	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,742,961	73,282,790	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-988,074	30,486,906	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,001,995	2,890,070	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-254,414,648	415,377,586	5.00
7.00	00700	OPERATION OF PLANT	-19,397,126	50,301,207	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,124,180	8.00
9.00	00900	HOUSEKEEPING	-1,519,678	19,851,917	9.00
10.00	01000	DIETARY	-1,321,906	7,265,312	10.00
11.00	01100	CAFETERIA	0	7,123,448	11.00
13.00	01300	NURSING ADMINISTRATION	-518,109	12,112,946	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-48,773	24,401,891	14.00
15.00	01500	PHARMACY	-159,502,150	15,257,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,962	4,623,560	16.00
17.00	01700	SOCIAL SERVICE	75,260	5,038,603	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	41,257,842	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,241,763	4,321,583	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	1,382,997	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	268,045	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	-340,312	231,514	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	-99,355	278,743	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	-115,347	276,484	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	-113,370	305,339	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,759,326	141,682,014	30.00
31.00	03100	INTENSIVE CARE UNIT	-456,585	38,284,563	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	94,314	15,842,776	35.00
40.00	04000	SUBPROVIDER - IPF	-1,540	4,659,047	40.00
43.00	04300	NURSERY	0	4,510,753	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,889,230	76,107,775	50.00
51.00	05100	RECOVERY ROOM	-99,863	8,213,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-31,795	20,957,678	52.00
53.00	05300	ANESTHESIOLOGY	-257,810	5,774,204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,835,421	33,662,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-203,408	11,131,798	55.00
56.00	05600	RADIOISOTOPE	-1,523,957	16,170,095	56.00
57.00	05700	CT SCAN	-455,303	9,397,794	57.00
58.00	05800	MRI	-721,223	14,047,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	-276,266	2,584,204	59.00
59.01	03650	VASCULAR LAB	-26,773	1,226,950	59.01
59.02	03140	CARDIOLOGY	-1,232,462	4,090,778	59.02
59.03	03560	PULMONARY FUNCTION TESTING	-46,235	1,034,691	59.03
59.04	03290	ELECTROMYOGRAPHY	-68,105	2,834,685	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	-161,552	12,001,732	59.05
60.00	06000	LABORATORY	-4,962,638	85,244,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-116,116	10,710,279	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-36,534	7,409,458	63.00
65.00	06500	RESPIRATORY THERAPY	-45,939	11,907,199	65.00
66.00	06600	PHYSICAL THERAPY	-61,252	4,671,236	66.00
67.00	06700	OCCUPATIONAL THERAPY	-120,806	2,165,739	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-481,801	5,300,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	38,579,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,881,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,630,330	73.00
74.00	07400	RENAL DIALYSIS	0	3,597,756	74.00
76.97	07697	CARDIAC REHABILITATION	-115,170	501,546	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-166,991	11,455,986	90.00
90.01	09001	PSYCH CLINIC	-566,750	3,975,056	90.01
90.02	09002	TRANSPLANT CLINIC	-497,072	5,012,212	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	460,997	90.03
91.00	09100	EMERGENCY	-381,130	20,495,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-1,826	4,225,247	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-367,119	10,926,235	105.00
106.00	10600	HEART ACQUISITION	0	3,924,982	106.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
107.00	10700	LIVER ACQUISITION	-430,115	5,221,907	107.00
108.00	10800	LUNG ACQUISITION	0	2,556,235	108.00
109.00	10900	PANCREAS ACQUISITION	0	975,111	109.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-454,110,146	1,547,503,942	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	78,418	190.00
191.00	19100	RESEARCH	0	2,754,114	191.00
191.01	19101	SPONSERED PROJECT	0	1,856,302	191.01
194.00	07950	REAL ESTATE	-97,771	48,933,323	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	193,185	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-454,207,917	1,601,319,284	200.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/29/2020 12:18 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS CC1567 IP DIALYSIS					
1.00	RENAL DIALYSIS	74.00	2,024,003	1,573,753		1.00
	TOTALS		2,024,003	1,573,753		
	B - RECL RESIDENT FRINGE TO LINE21					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	6,210,893		1.00
	TOTALS		0	6,210,893		
	C - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	96,630,330		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	TOTALS		0	96,630,330		
	D - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	66,881,104		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
	TOTALS		0	66,881,104		
	E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	44,774,347		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		0	44,774,347		
	F - NN RECLASS					
1.00	NURSERY	43.00	3,311,043	1,199,710		1.00
	TOTALS		3,311,043	1,199,710		
	G - DIETARY RECLASS					
1.00	CAFETERIA	11.00	3,585,597	3,537,851		1.00
	TOTALS		3,585,597	3,537,851		

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
1/29/2020 12:18 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - RECLASS PURCHASING CREDIT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,194,750		1.00
	TOTALS		0	6,194,750		
	I - RECLASS PHYSICIAN SAL FRING MALPR					
1.00	I&R SERVICES-OTHER PRGM	22.00	2,498,470	0		1.00
	COSTS APPRV					
2.00	I&R SERVICES-OTHER PRGM	22.00	0	212,589		2.00
	COSTS APPRV					
3.00	NURSING ADMINISTRATION	13.00	101,135	17,193		3.00
4.00	NURSING ADMINISTRATION	13.00	0	8,605		4.00
5.00	ADULTS & PEDIATRICS	30.00	2,876,482	489,003		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	244,754		6.00
7.00	INTENSIVE CARE UNIT	31.00	609,955	103,692		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	51,900		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	50,723	8,623		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,316		10.00
11.00	OPERATING ROOM	50.00	2,022,279	343,787		11.00
12.00	OPERATING ROOM	50.00	0	172,071		12.00
13.00	RECOVERY ROOM	51.00	82,013	13,942		13.00
14.00	RECOVERY ROOM	51.00	0	6,978		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	118,425	20,132		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,077		16.00
17.00	ANESTHESIOLOGY	53.00	334,675	56,895		17.00
18.00	ANESTHESIOLOGY	53.00	0	28,477		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	298,873	50,808		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,430		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	128,445	21,836		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,929		22.00
23.00	RADIOISOTOPE	56.00	69,868	11,870		23.00
24.00	RADIOISOTOPE	56.00	0	5,945		24.00
25.00	CT SCAN	57.00	177,875	30,239		25.00
26.00	CT SCAN	57.00	0	15,135		26.00
27.00	MRI	58.00	23,411	3,980		27.00
28.00	MRI	58.00	0	1,992		28.00
29.00	CARDIAC CATHETERIZATION	59.00	147,550	25,083		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	12,555		30.00
31.00	CARDIOLOGY	59.02	68,703	11,679		31.00
32.00	CARDIOLOGY	59.02	0	5,846		32.00
33.00	PULMONARY FUNCTION TESTING	59.03	47,756	8,119		33.00
34.00	PULMONARY FUNCTION TESTING	59.03	0	4,063		34.00
35.00	ELECTROMYOGRAPHY	59.04	65,625	11,156		35.00
36.00	ELECTROMYOGRAPHY	59.04	0	5,584		36.00
37.00	GASTRO INTESTINAL SERVICES	59.05	141,918	24,126		37.00
38.00	GASTRO INTESTINAL SERVICES	59.05	0	12,075		38.00
39.00	LABORATORY	60.00	368,101	62,577		39.00
40.00	LABORATORY	60.00	0	31,321		40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	20,286	3,449		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,726		42.00
43.00	RESPIRATORY THERAPY	65.00	68,249	11,602		43.00
44.00	RESPIRATORY THERAPY	65.00	0	5,807		44.00
45.00	PHYSICAL THERAPY	66.00	13,722	2,333		45.00
46.00	PHYSICAL THERAPY	66.00	0	1,168		46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	234,257	39,824		47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,932		48.00
49.00	CARDIAC REHABILITATION	76.97	7,375	1,254		49.00
50.00	CARDIAC REHABILITATION	76.97	0	627		50.00
51.00	CLINIC	90.00	261,249	44,412		51.00
52.00	CLINIC	90.00	0	22,229		52.00
53.00	PSYCH CLINIC	90.01	108,433	18,434		53.00
54.00	PSYCH CLINIC	90.01	0	9,226		54.00
55.00	EMERGENCY	91.00	476,163	80,948		55.00
56.00	EMERGENCY	91.00	0	40,516		56.00
57.00	TRANSPLANT CLINIC	90.02	0	857,153		57.00
58.00	TRANSPLANT CLINIC	90.02	0	62,336		58.00
59.00	HEART ACQUISITION	106.00	0	5,673		59.00
60.00	KIDNEY ACQUISITION	105.00	0	2,872		60.00
61.00	KIDNEY ACQUISITION	105.00	0	4,169		61.00
62.00	HEART ACQUISITION	106.00	0	2,553		62.00
63.00	LIVER ACQUISITION	107.00	0	4,552		63.00
64.00	LIVER ACQUISITION	107.00	0	4,226		64.00
65.00	LUNG ACQUISITION	108.00	0	7,936		65.00
66.00	LUNG ACQUISITION	108.00	0	2,741		66.00

RECLASSIFICATIONS

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

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	TOTALS		11,422,016	3,443,080	
	J - RECLASS I&R FRINGE				
1.00		0.00	0	0	1.00
	TOTALS		0	0	
	K - RECLASS LAUNDRY SERVICES				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,124,180	1.00
	TOTALS		0	4,124,180	
	L - RECLS PRE ACQ SAL FRING AND MALPRACT				
1.00	KIDNEY ACQUISITION	105.00	53,653	10,989	1.00
3.00	LIVER ACQUISITION	107.00	27,657	5,665	3.00
5.00	PANCREAS ACQUISITION	109.00	3,756	770	5.00
	TOTALS		85,066	17,424	
	M - TRANSP PRE-POST OVERHEAD AND BONUS				
1.00	TRANSPLANT CLINIC	90.02	22,562	0	1.00
2.00	KIDNEY ACQUISITION	105.00	27,942	0	2.00
3.00	HEART ACQUISITION	106.00	10,677	0	3.00
4.00	LIVER ACQUISITION	107.00	21,642	0	4.00
5.00	LUNG ACQUISITION	108.00	37,663	0	5.00
6.00	TRANSPLANT CLINIC	90.02	127,491	0	6.00
7.00	KIDNEY ACQUISITION	105.00	991,010	261,121	7.00
8.00	HEART ACQUISITION	106.00	20,965	5,524	8.00
9.00	LIVER ACQUISITION	107.00	394,304	103,895	9.00
10.00	LUNG ACQUISITION	108.00	11,435	3,013	10.00
11.00	PANCREAS ACQUISITION	109.00	76,190	20,075	11.00
12.00	TRANSPLANT CLINIC	90.02	869	0	12.00
13.00	TRANSPLANT CLINIC	90.02	135,506	0	13.00
14.00	TRANSPLANT CLINIC	90.02	324,230	0	14.00
15.00	TRANSPLANT CLINIC	90.02	97	0	15.00
	TOTALS		2,202,583	393,628	
	N - RECL CC 1301 TO TRANSPLANT				
1.00	TRANSPLANT CLINIC	90.02	642,909	302,393	1.00
2.00	KIDNEY ACQUISITION	105.00	265,272	0	2.00
3.00	HEART ACQUISITION	106.00	82,884	0	3.00
4.00	LIVER ACQUISITION	107.00	123,257	0	4.00
5.00	LUNG ACQUISITION	108.00	12,837	0	5.00
6.00	PANCREAS ACQUISITION	109.00	12,838	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		1,139,997	302,393	
	Q - TRASP CC1447 1760,1761,1762,1820				
1.00	TRANSPLANT CLINIC	90.02	528,543	99,300	1.00
2.00	TRANSPLANT CLINIC	90.02	288,658	80,171	2.00
3.00	TRANSPLANT CLINIC	90.02	298,459	62,384	3.00
4.00	TRANSPLANT CLINIC	90.02	930,041	247,134	4.00
5.00	TRANSPLANT CLINIC	90.02	1,050,193	236,112	5.00
7.00	TRANSPLANT CLINIC	90.02	119,148	0	7.00
8.00	TRANSPLANT CLINIC	90.02	2,528	0	8.00
9.00	TRANSPLANT CLINIC	90.02	5,815	0	9.00
	TOTALS		3,223,385	725,101	
	R - COMPANY WIDE OTHER FRINGES				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	179,563	1.00
2.00	NURSING ADMINISTRATION	13.00	21,268	195,804	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,169,115	444,276	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	459	228,907	4.00
5.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	0	28,973	5.00
6.00	PARAMED ED PRGM-(NM SCHL)	23.02	0	4,692	6.00
7.00	ADULTS & PEDIATRICS	30.00	364,928	1,865,083	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	120,996	61,332	8.00
9.00	CLINIC	90.00	57,270	1,095,575	9.00
10.00	TRANSPLANT CLINIC	90.02	0	10,764	10.00
11.00	RESEARCH	191.00	2,081,114	672,661	11.00
12.00	SPONSERED PROJECT	191.01	189,314	1,661,446	12.00
	TOTALS		5,004,464	6,449,076	
	S - NM SCHOOLS & PHARM PARA PRGM				
1.00	PARAMED ED PRGM-(NM SCHL)	23.02	178,161	0	1.00
2.00	PARAMED ED PRGM-(RAD THER)	23.03	159,760	0	2.00
3.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	258,225	0	3.00
4.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	229,287	0	4.00
5.00		0.00	0	0	5.00
6.00	PARAMED ED PRGM-(PHARMACY)	23.00	980,034	0	6.00
7.00	PARAMED ED PRGM-(PHARMACY)	23.00	395,898	0	7.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	PARAMED ED PRGM-(PHARMACY)	23.00	0	7,065	8.00
10.00	PARAMED ED PRGM-(NM SCHL)	23.02	49,861	18,459	10.00
11.00	PARAMED ED PRGM-(RAD THER)	23.03	49,861	18,459	11.00
12.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	49,861	18,459	12.00
13.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	49,861	18,459	13.00
15.00	PARAMED ED PRGM-(NM SCHL)	23.02	320,653	0	15.00
16.00	PARAMED ED PRGM-(RAD THER)	23.03	150,018	0	16.00
17.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	65,286	0	17.00
18.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	121,102	0	18.00
	TOTALS		3,057,868	80,901	
T - RECL CHAPLAINCY PARA PROGRM					
1.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	130,438	0	1.00
2.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	103,551	0	2.00
3.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	5,083	0	3.00
	TOTALS		239,072	0	
U - DEPRECIATION					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
V - SPECIALTY PHARMACY					
1.00	MEDICINE THERAPY MANAGEMENT	90.03	428,237	32,760	1.00
	TOTALS		428,237	32,760	
W - BLDG REIM NON REIMB RECL					
1.00	REAL ESTATE	194.00	0	34,188,237	1.00
2.00	REAL ESTATE	194.00	0	2,078,428	2.00
	TOTALS		0	36,266,665	
500.00	Grand Total: Increases		35,723,331	278,837,946	500.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS CC1567 IP DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	2,024,003	1,573,753	0		1.00
	TOTALS		2,024,003	1,573,753			
	B - RECL RESIDENT FRINGE TO LINE21						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,210,893	0		1.00
	TOTALS		0	6,210,893			
	C - DRUG RECLASS						
1.00	PHARMACY	15.00	0	96,388,131	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	789	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,096	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1	0		4.00
5.00	OPERATING ROOM	50.00	0	158,071	0		5.00
6.00	RECOVERY ROOM	51.00	0	5	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	855	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,971	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	7	0		9.00
10.00	RADIOISOTOPE	56.00	0	5,930	0		10.00
11.00	CT SCAN	57.00	0	244	0		11.00
12.00	MRI	58.00	0	3,338	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	169	0		13.00
14.00	PULMONARY FUNCTION TESTING	59.03	0	68	0		14.00
15.00	ELECTROMYOGRAPHY	59.04	0	11,212	0		15.00
16.00	GASTRO INTESTINAL SERVICES	59.05	0	9,098	0		16.00
17.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	423	0		17.00
18.00	CLINIC	90.00	0	47,558	0		18.00
19.00	EMERGENCY	91.00	0	327	0		19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	37	0		20.00
	TOTALS		0	96,630,330			
	D - IMPLANT RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	27	0		1.00
2.00	OPERATING ROOM	50.00	0	45,153,316	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,301,733	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	11,338,002	0		4.00
5.00	PULMONARY FUNCTION TESTING	59.03	0	150	0		5.00
6.00	ELECTROMYOGRAPHY	59.04	0	6,506,668	0		6.00
7.00	GASTRO INTESTINAL SERVICES	59.05	0	580,215	0		7.00
8.00	CLINIC	90.00	0	993	0		8.00
	TOTALS		0	66,881,104			
	E - MED SUPPLY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36,890	0		1.00
2.00	PHARMACY	15.00	0	8,885	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	20,331	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	121,334	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,877	0		5.00
6.00	OPERATING ROOM	50.00	0	25,117,750	0		6.00
7.00	RECOVERY ROOM	51.00	0	10	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	212,411	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	2,749,820	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,294,927	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	65	0		11.00
12.00	RADIOISOTOPE	56.00	0	10,620	0		12.00
13.00	MRI	58.00	0	131	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	4,472,081	0		14.00
15.00	PULMONARY FUNCTION TESTING	59.03	0	13,304	0		15.00
16.00	ELECTROMYOGRAPHY	59.04	0	6,056,835	0		16.00
17.00	GASTRO INTESTINAL SERVICES	59.05	0	693,413	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	952,273	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	514	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,899	0		20.00
21.00	EMERGENCY	91.00	0	772	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	205	0		22.00
	TOTALS		0	44,774,347			
	F - NN RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	3,311,043	1,199,710	0		1.00
	TOTALS		3,311,043	1,199,710			
	G - DIETARY RECLASS						
1.00	DIETARY	10.00	3,585,597	3,537,851	0		1.00
	TOTALS		3,585,597	3,537,851			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	H - RECLASS PURCHASING CREDIT						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,194,750	0		1.00
	TOTALS		0	6,194,750			
	I - RECLASS PHYSICIAN SAL FRING MALPR						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,498,470	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	212,589	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	118,328	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	8,605	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	3,365,485	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	244,754	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	713,647	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	51,900	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	59,346	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	4,316	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	2,366,066	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	172,071	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	95,955	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	6,978	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	138,557	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	10,077	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	391,570	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	28,477	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	0	349,681	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	0	25,430	0		20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	0	150,281	0		21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	0	10,929	0		22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	0	81,738	0		23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	0	5,945	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	0	208,114	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	0	15,135	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	0	27,391	0		27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	0	1,992	0		28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	0	172,633	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	0	12,555	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	0	80,382	0		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	0	5,846	0		32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	0	55,875	0		33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	0	4,063	0		34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	0	76,781	0		35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	0	5,584	0		36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	0	166,044	0		37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	0	12,075	0		38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	0	430,678	0		39.00
40.00	ADMINISTRATIVE & GENERAL	5.00	0	31,321	0		40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	0	23,735	0		41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	0	1,726	0		42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	0	79,852	0		43.00
44.00	ADMINISTRATIVE & GENERAL	5.00	0	5,807	0		44.00
45.00	ADMINISTRATIVE & GENERAL	5.00	0	16,055	0		45.00
46.00	ADMINISTRATIVE & GENERAL	5.00	0	1,168	0		46.00
47.00	ADMINISTRATIVE & GENERAL	5.00	0	274,081	0		47.00
48.00	ADMINISTRATIVE & GENERAL	5.00	0	19,932	0		48.00
49.00	ADMINISTRATIVE & GENERAL	5.00	0	8,629	0		49.00
50.00	ADMINISTRATIVE & GENERAL	5.00	0	627	0		50.00
51.00	ADMINISTRATIVE & GENERAL	5.00	0	305,661	0		51.00
52.00	ADMINISTRATIVE & GENERAL	5.00	0	22,229	0		52.00
53.00	ADMINISTRATIVE & GENERAL	5.00	0	126,867	0		53.00
54.00	ADMINISTRATIVE & GENERAL	5.00	0	9,226	0		54.00
55.00	ADMINISTRATIVE & GENERAL	5.00	0	557,111	0		55.00
56.00	ADMINISTRATIVE & GENERAL	5.00	0	40,516	0		56.00
57.00	ADMINISTRATIVE & GENERAL	5.00	0	857,153	0		57.00
58.00	ADMINISTRATIVE & GENERAL	5.00	0	62,336	0		58.00
59.00	TRANSPLANT CLINIC	90.02	0	5,673	0		59.00
60.00	TRANSPLANT CLINIC	90.02	0	2,872	0		60.00
61.00	TRANSPLANT CLINIC	90.02	0	4,169	0		61.00
62.00	TRANSPLANT CLINIC	90.02	0	2,553	0		62.00
63.00	TRANSPLANT CLINIC	90.02	0	4,552	0		63.00
64.00	TRANSPLANT CLINIC	90.02	0	4,226	0		64.00
65.00	TRANSPLANT CLINIC	90.02	0	7,936	0		65.00
66.00	TRANSPLANT CLINIC	90.02	0	2,740	0		66.00
	TOTALS		0	14,865,096			

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/29/2020 12:18 pm

	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
1.00	J - RECLASS I&R FRINGE						1.00	
	0.00		0	0	0			
	TOTALS		0	0				
1.00	K - RECLASS LAUNDRY SERVICES						1.00	
	5.00		0	4,124,180	0			
	TOTALS		0	4,124,180				
1.00	L - RECLS PRE ACQ SAL FRING AND MALPRACT						1.00	
	90.02		0	64,642	0			
	90.02		0	33,322	0			
	90.02		0	4,526	0			
	TOTALS		0	102,490				
1.00	M - TRANSP PRE-POST OVERHEAD AND BONUS						1.00	
	5.00		22,562	0	0			
	5.00		27,942	0	0			
	5.00		10,677	0	0			
	5.00		21,642	0	0			
	5.00		37,663	0	0			
	5.00		127,491	0	0			
	90.02		991,010	261,121	0			
	90.02		20,965	5,524	0			
	90.02		394,304	103,895	0			
	90.02		11,435	3,013	0			
	90.02		76,190	20,075	0			
	105.00		869	0	0			
	107.00		135,506	0	0			
	108.00		324,230	0	0			
	109.00		97	0	0			
	TOTALS		2,202,583	393,628				
	N - RECL CC 1301 TO TRANSPLANT							
	5.00		40,331	0	0			
	5.00		825,273	0	0			
	5.00		353	0	0			
5.00		9,374	0	0				
5.00		1,900	0	0				
5.00		85,371	0	0				
5.00		177,395	0	0				
5.00		0	302,393	0				
TOTALS		1,139,997	302,393					
Q - TRASP CC1447 1760,1761,1762,1820								
5.00		528,543	99,300	0				
5.00		288,658	80,171	0				
5.00		298,459	62,384	0				
5.00		930,041	247,134	0				
5.00		1,050,193	236,112	0				
5.00		119,148	0	0				
5.00		2,528	0	0				
5.00		5,815	0	0				
TOTALS		3,223,385	725,101					
R - COMPANY WIDE OTHER FRINGES								
5.00		0	179,563	0				
5.00		21,268	195,804	0				
5.00		0	2,613,391	0				
5.00		459	228,907	0				
5.00		0	28,973	0				
5.00		0	4,692	0				
5.00		364,928	1,865,083	0				
5.00		120,996	61,332	0				
5.00		57,270	1,095,575	0				
5.00		0	10,764	0				
5.00		2,081,114	672,661	0				
5.00		189,314	1,661,446	0				
TOTALS		2,835,349	8,618,191					
S - NM SCHOOLS & PHARM PARA PRGM								
5.00		24,862	0	0				
54.00		310,061	0	0				
55.00		203,885	0	0				
56.00		258,508	0	0				
57.00		28,117	0	0				
15.00		980,034	0	0				
15.00		395,898	0	0				
15.00		0	7,065	0				
5.00		49,861	18,459	0				
5.00		49,861	18,459	0				
5.00		49,861	18,459	0				

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
1/29/2020 12:18 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00	ADMINISTRATIVE & GENERAL	5.00	49,861	18,459	0	13.00
15.00	ADMINISTRATIVE & GENERAL	5.00	320,653	0	0	15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	150,018	0	0	16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	65,286	0	0	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	121,102	0	0	18.00
	TOTALS		3,057,868	80,901		
T - RECL CHAPLAINCY PARA PROGRM						
1.00	ADMINISTRATIVE & GENERAL	5.00	130,438	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	103,551	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	5,083	0	0	3.00
	TOTALS		239,072	0		
U - DEPRECIATION						
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
V - SPECIALTY PHARMACY						
1.00	PHARMACY	15.00	428,237	32,760	0	1.00
	TOTALS		428,237	32,760		
W - BLDG REIM NON REIMB RECL						
1.00	OPERATION OF PLANT	7.00	0	34,188,237	0	1.00
2.00	HOUSEKEEPING	9.00	0	2,078,428	0	2.00
	TOTALS		0	36,266,665		
500.00	Grand Total: Decreases		22,047,134	292,514,143		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

		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	208,945,354	0	0	0	320,000	1.00
2.00	Land Improvements	1,691,815	0	0	0	4,977	2.00
3.00	Buildings and Fixtures	2,016,263,444	42,808,996	0	42,808,996	32,757,166	3.00
4.00	Building Improvements	16,021,590	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	383,882,138	45,260,073	0	45,260,073	17,707,627	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,626,804,341	88,069,069	0	88,069,069	50,789,770	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,626,804,341	88,069,069	0	88,069,069	50,789,770	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	208,625,354	0				1.00
2.00	Land Improvements	1,686,838	0				2.00
3.00	Buildings and Fixtures	2,026,315,274	0				3.00
4.00	Building Improvements	16,021,590	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	411,434,584	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	2,664,083,640	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	2,664,083,640	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	65,539,829	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,474,980	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	97,014,809	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	65,539,829				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,474,980				2.00
3.00	Total (sum of lines 1-2)	0	97,014,809				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,026,315,274	0	2,026,315,274	0.831224	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	411,434,584	0	411,434,584	0.168776	0	2.00
3.00	Total (sum of lines 1-2)	2,437,749,858	0	2,437,749,858	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	65,539,829	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	31,474,980	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	97,014,809	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	7,742,961	73,282,790	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-988,074	30,486,906	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,754,887	103,769,696	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,693,205			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	-99,623,263			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
1/29/2020 12:18 pm

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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	BLDG DEPR RELIFE ADJ FOR MEDICARE	A	18,625,570	CAP REL COSTS-BLDG & FIXT		1.00	14	33.00
33.01	EQUIP DEPR ADJ FOR MEDICARE	A	-988,074	CAP REL COSTS-MVBLE EQUIP		2.00	14	33.01
33.02	OTHER BUILDING DEPR ADJ	A	-3,288,007	CAP REL COSTS-BLDG & FIXT		1.00	14	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.03
33.06	FEES REG_1359_400200	B	1,050	HOUSEKEEPING		9.00	0	33.06
33.10	FEES REG_1403_400200	B	3,000	NURSING ADMINISTRATION		13.00	0	33.10
33.11	FEES REG_1409_400200	B	917	NURSING ADMINISTRATION		13.00	0	33.11
33.12	FEES REG_1499_400200	B	6,100	LABORATORY		60.00	0	33.12
34.00	FEES REG_1545_400200	B	10,600	RADIOLOGY-THERAPEUTIC		55.00	0	34.00
34.01	FEES REG_1573_400200	B	2,500	RADIOLOGY-THERAPEUTIC		55.00	0	34.01
34.02	CONF FEES_1343_400400	B	-401,845	ADMINISTRATIVE & GENERAL		5.00	0	34.02
34.03	CONF FEES_1441_400400	B	-2,150	NURSING ADMINISTRATION		13.00	0	34.03
34.04	NUTR SUPP_1481_410000	B	134,869	NEONATAL INTENSIVE CARE UNIT		35.00	0	34.04
34.05	VEND MACH_1318_410200	B	-332,142	DIETARY		10.00	0	34.05
34.06	DIET TRAY_1300_410400	B	-136,236	DIETARY		10.00	0	34.06
34.07	CATERING CASH_1054_410600	B	3,978	ADMINISTRATIVE & GENERAL		5.00	0	34.07
34.08	CATERING CASH_1300_410600	B	-107,550	DIETARY		10.00	0	34.08
34.09	CANTEEN REV_1300_411400	B	-83,282	DIETARY		10.00	0	34.09
34.10	IC BLDG RENT REV_1076_415225	B	-293,839	PSYCH CLINIC		90.01	0	34.10
34.11	IC BLDG RENT REV_1076_415402	B	10,390	PSYCH CLINIC		90.01	0	34.11
34.12	IC INTEREST INC_1804_416011	B	-54,106	OPERATION OF PLANT		7.00	0	34.12
34.13	RE TAX REV_1233_416200	B	-188,903	OPERATION OF PLANT		7.00	0	34.13
34.14	RE TAX REV_1804_416200	B	-18,895	OPERATION OF PLANT		7.00	0	34.14
34.15	OPER EXP REV_1233_416210	B	-115,535	OPERATION OF PLANT		7.00	0	34.15
34.16	OPER EXP REV_1804_416210	B	-11,626	OPERATION OF PLANT		7.00	0	34.16
34.17	LAB CHRGMG_1099_430401	B	9,656	ADMINISTRATIVE & GENERAL		5.00	0	34.17
34.18	LAB CHRGMG_1496_430401	B	-224	LABORATORY		60.00	0	34.18
34.19	LAB CHRGMG_1505_430401	B	-2,849	LABORATORY		60.00	0	34.19
34.20	LAB CHRGMG_1506_430401	B	-5,340	LABORATORY		60.00	0	34.20
34.21	LAB CHRGMG_1525_430401	B	-1,244	RADIOLOGY-DIAGNOSTIC		54.00	0	34.21
34.22	CORP REV_1099_430410	B	165,031	ADMINISTRATIVE & GENERAL		5.00	0	34.22
34.23	CORP REV_1421_430410	B	-1,625	OPERATING ROOM		50.00	0	34.23
34.24	CORP REV_1474_430410	B	-48,585	LABORATORY		60.00	0	34.24
34.25	CORP REV_1491_430410	B	-52,551	LABORATORY		60.00	0	34.25
34.26	CORP REV_1492_430410	B	-170,739	LABORATORY		60.00	0	34.26
34.27	CORP REV_1494_430410	B	-29,274	LABORATORY		60.00	0	34.27
34.28	CORP REV_1496_430410	B	-498,573	LABORATORY		60.00	0	34.28
34.29	CORP REV_1498_430410	B	-196	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	34.29
34.30	CORP REV_1500_430410	B	-1,357	BLOOD STORING, PROCESSING & TRANS.		63.00	0	34.30
34.31	CORP REV_1503_430410	B	-5,789	LABORATORY		60.00	0	34.31
34.33	CORP REV_1504_430410	B	-572,479	LABORATORY		60.00	0	34.33
34.34	CORP REV_1505_430410	B	-785,652	LABORATORY		60.00	0	34.34
34.35	CORP REV_1506_430410	B	-49,469	LABORATORY		60.00	0	34.35
34.36	CORP REV_1508_430410	B	-13,647	LABORATORY		60.00	0	34.36
34.44	CORP REV_1509_430410	B	-6,431	LABORATORY		60.00	0	34.44
34.45	CORP REV_1514_430410	B	-461,789	LABORATORY		60.00	0	34.45
34.46	CORP REV_1515_430410	B	-2,941	LABORATORY		60.00	0	34.46
34.47	CORP REV_1517_430410	B	-84,699	LABORATORY		60.00	0	34.47
34.48	CORP REV_1518_430410	B	-13,615	MRI		58.00	0	34.48
34.49	CORP REV_1520_430410	B	-361,283	CARDIOLOGY		59.02	0	34.49
34.50	CORP REV_1522_430410	B	-4,342	RADIOLOGY-DIAGNOSTIC		54.00	0	34.50
34.51	CORP REV_1523_430410	B	-36,191	CT SCAN		57.00	0	34.51
34.52	CORP REV_1524_430410	B	-8,200	RADIOLOGY-DIAGNOSTIC		54.00	0	34.52
34.53	CORP REV_1525_430410	B	-131,518	RADIOLOGY-DIAGNOSTIC		54.00	0	34.53
34.54	CORP REV_1526_430410	B	-2,111	RADIOLOGY-DIAGNOSTIC		54.00	0	34.54
34.55	CORP REV_1529_430410	B	-19,829	RADIOLOGY-DIAGNOSTIC		54.00	0	34.55
34.56	CORP REV_1530_430410	B	-894	VASCULAR LAB		59.01	0	34.56
34.57	CORP REV_1544_430410	B	-1,641,351	RADIOISOTOPE		56.00	0	34.57
34.58	CORP REV_1552_430410	B	-1,949	RADIOLOGY-DIAGNOSTIC		54.00	0	34.58
34.59	CORP REV_1559_430410	B	-97,762	LABORATORY		60.00	0	34.59
34.63	CORP REV_1574_430410	B	-9,108	MRI		58.00	0	34.63
34.64	CORP REV_1578_430410	B	-7	LABORATORY		60.00	0	34.64
34.65	CORP REV_1586_430410	B	-2,288	CLINIC		90.00	0	34.65

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
1/29/2020 12:18 pm

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
34.69	CORP REV_1590_430410	B	-9	PHARMACY		15.00	0 34.69
34.70	CORP REV_1594_430410	B	-2,575	PHARMACY		15.00	0 34.70
34.71	CORP REV_1606_430410	B	-1,007	CLINIC		90.00	0 34.71
34.72	CORP REV_1608_430410	B	-3,989	LABORATORY		60.00	0 34.72
34.73	CORP REV_1636_430410	B	-925	LABORATORY		60.00	0 34.73
34.74	CORP REV_1648_430410	B	-2,708	CT SCAN		57.00	0 34.74
34.75	CORP REV_1655_430410	B	-2	LABORATORY		60.00	0 34.75
34.76	CORP REV_1755_430410	B	-773	ADMINISTRATIVE & GENERAL		5.00	0 34.76
34.77	CORP REV_1766_430410	B	-746	LABORATORY		60.00	0 34.77
34.78	DRUG INC_1590_430503	B	-44,439	PHARMACY		15.00	0 34.78
34.79	DRUG INC_1590_430510	B	-57,225	PHARMACY		15.00	0 34.79
34.80	CORP REV_1039_430800	B	-10	LABORATORY		60.00	0 34.80
34.81	CORP REV_1099_430800	B	187,207	ADMINISTRATIVE & GENERAL		5.00	0 34.81
34.82	CORP REV_1122_430800	B	-9,933	OPERATING ROOM		50.00	0 34.82
34.83	CORP REV_1124_430800	B	-9,098	ANESTHESIOLOGY		53.00	0 34.83
34.84	CORP REV_1243_430800	B	-49,498	MRI		58.00	0 34.84
34.85	CORP REV_1368_430800	B	-1,194	RADIOLOGY-DIAGNOSTIC		54.00	0 34.85
34.88	CORP REV_1414_430800	B	-25	ELECTROMYOGRAPHY		59.04	0 34.88
34.89	CORP REV_1415_430800	B	-2,828	INTENSIVE CARE UNIT		31.00	0 34.89
34.90	CORP REV_1416_430800	B	-3,092	INTENSIVE CARE UNIT		31.00	0 34.90
34.91	CORP REV_1417_430800	B	-13,661	INTENSIVE CARE UNIT		31.00	0 34.91
34.92	CORP REV_1420_430800	B	-56,297	INTENSIVE CARE UNIT		31.00	0 34.92
34.93	CORP REV_1421_430800	B	-18,804	OPERATING ROOM		50.00	0 34.93
34.94	CORP REV_1426_430800	B	-33,196	OPERATING ROOM		50.00	0 34.94
34.95	CORP REV_1427_430800	B	-101,927	OPERATING ROOM		50.00	0 34.95
34.96	CORP REV_1428_430800	B	-30,646	OPERATING ROOM		50.00	0 34.96
34.97	CORP REV_1431_430800	B	-8,232	OPERATING ROOM		50.00	0 34.97
34.98	CORP REV_1433_430800	B	-59,568	EMERGENCY		91.00	0 34.98
34.99	CORP REV_1436_430800	B	-23,694	RECOVERY ROOM		51.00	0 34.99
35.00	CORP REV_1436_430800	B	-14,693	RECOVERY ROOM		51.00	0 35.00
35.01	CORP REV_1437_430800	B	-83	OPERATING ROOM		50.00	0 35.01
35.02	CORP REV_1438_430800	B	-325,283	OPERATING ROOM		50.00	0 35.02
35.03	CORP REV_1440_430800	B	-959	ADULTS & PEDIATRICS		30.00	0 35.03
35.04	CORP REV_1442_430800	B	-182	ADULTS & PEDIATRICS		30.00	0 35.04
35.05	CORP REV_1446_430800	B	-41,863	TRANSPLANT CLINIC		90.02	0 35.05
36.00	CORP REV_1459_430800	B	-71	OPERATING ROOM		50.00	0 36.00
36.01	CORP REV_1464_430800	B	-71	ADULTS & PEDIATRICS		30.00	0 36.01
36.02	CORP REV_1465_430800	B	241	ADULTS & PEDIATRICS		30.00	0 36.02
36.03	CORP REV_1467_430800	B	-6,469	ADULTS & PEDIATRICS		30.00	0 36.03
36.05	CORP REV_1469_430800	B	-175	ADULTS & PEDIATRICS		30.00	0 36.05
36.06	CORP REV_1470_430800	B	-69	ADULTS & PEDIATRICS		30.00	0 36.06
36.07	CORP REV_1474_430800	B	-12,266	LABORATORY		60.00	0 36.07
36.15	CORP REV_1475_430800	B	-1,614	ADULTS & PEDIATRICS		30.00	0 36.15
36.20	CORP REV_1476_430800	B	-653	ADULTS & PEDIATRICS		30.00	0 36.20
36.23	CORP REV_1491_430800	B	-23,562	LABORATORY		60.00	0 36.23
36.24	CORP REV_1492_430800	B	-91,457	LABORATORY		60.00	0 36.24
36.25	CORP REV_1494_430800	B	-11,680	LABORATORY		60.00	0 36.25
36.26	CORP REV_1496_430800	B	-34,885	LABORATORY		60.00	0 36.26
36.27	CORP REV_1498_430800	B	-116,435	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0 36.27
36.29	CORP REV_1499_430800	B	-354,550	LABORATORY		60.00	0 36.29
36.30	CORP REV_1500_430800	B	-12,099	BLOOD STORING, PROCESSING & TRANS.		63.00	0 36.30
36.32	CORP REV_1502_430800	B	-33,722	GASTRO INTESTINAL SERVICES		59.05	0 36.32
36.33	CORP REV_1503_430800	B	-62,664	LABORATORY		60.00	0 36.33
36.34	CORP REV_1504_430800	B	-144,568	LABORATORY		60.00	0 36.34
37.01	CORP REV_1505_430800	B	-172,884	LABORATORY		60.00	0 37.01
37.02	CORP REV_1506_430800	B	-18,381	LABORATORY		60.00	0 37.02
38.00	CORP REV_1508_430800	B	-64,462	LABORATORY		60.00	0 38.00
38.01	CORP REV_1509_430800	B	-3,014	LABORATORY		60.00	0 38.01
38.04	CORP REV_1514_430800	B	-65,990	LABORATORY		60.00	0 38.04
39.67	CORP REV_1515_430800	B	-6,809	LABORATORY		60.00	0 39.67
39.68	CORP REV_1516_430800	B	-478	LABORATORY		60.00	0 39.68
39.72	CORP REV_1517_430800	B	-313,265	LABORATORY		60.00	0 39.72
39.73	CORP REV_1518_430800	B	-412,789	MRI		58.00	0 39.73
39.74	CORP REV_1520_430800	B	-469,735	CARDIOLOGY		59.02	0 39.74
39.75	CORP REV_1521_430800	B	-143,735	CARDIAC CATHETERIZATION		59.00	0 39.75
39.76	CORP REV_1522_430800	B	-843,879	RADIOLOGY-DIAGNOSTIC		54.00	0 39.76
39.77	CORP REV_1523_430800	B	-110,667	CT SCAN		57.00	0 39.77

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
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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
39.78	CORP REV_1524_430800	B	-109,647	RADIOLOGY-DIAGNOSTIC		54.00	0 39.78
39.79	CORP REV_1525_430800	B	-179,873	RADIOLOGY-DIAGNOSTIC		54.00	0 39.79
39.80	CORP REV_1528_430800	B	-106,787	ELECTROENCEPHALOGRAPHY		70.00	0 39.80
39.82	CT POST PRIMARY CERT PRG TUITION	A	-7,500	PARAMED ED PRGM-(NM SCHL)		23.02	0 39.82
39.83	MRI POST PRIMARY CERT PRG TUITION	A	-14,700	PARAMED ED PRGM-(NM SCHL)		23.02	0 39.83
39.84	SCH OF DIAG MEDICAL SONOGRA TUITION	A	-113,370	PARAMED ED PRGM-(SONOGRAPHY)		23.05	0 39.84
39.85	SCH OF RADIATION THERAPY TUITION	A	-99,355	PARAMED ED PRGM-(RAD THER)		23.03	0 39.85
39.86	SCH OF RADIOGRAPHY TUITION	A	-318,112	PARAMED ED PRGM-(NM SCHL)		23.02	0 39.86
39.87	SCH OF NUCLEAR MED TECH TUITION	A	-115,347	PARAMED ED PRGM-(NUCLEAR MED)		23.04	0 39.87
39.88	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.88
39.90	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.90
39.91	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.91
39.92	INTEREST EXPENSE 1108 VARIOUS	A	-9,175,622	ADMINISTRATIVE & GENERAL		5.00	0 39.92
39.94	INTERCO SUPPORT 1099 739201	A	-36,834,999	ADMINISTRATIVE & GENERAL		5.00	0 39.94
39.95	MEDICAID TAX 1099 793000	A	-68,926,338	ADMINISTRATIVE & GENERAL		5.00	0 39.95
39.96	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.96
40.00	CS-BASE/GOALS-HOSP	A	-11,078,000	ADMINISTRATIVE & GENERAL		5.00	0 40.00
40.01	CS-BASE/GOALS-PERI	A	-644,509	ADMINISTRATIVE & GENERAL		5.00	0 40.01
40.02	CS-BASE/GOALS-REC	A	-381,331	ADMINISTRATIVE & GENERAL		5.00	0 40.02
40.03	CS-BASE/GOALS-PALL	A	-514,723	ADMINISTRATIVE & GENERAL		5.00	0 40.03
40.04	CS-BASE/GOALS-HEART	A	-471,180	ADMINISTRATIVE & GENERAL		5.00	0 40.04
40.05	CS-BASE/GOALS-PULM	A	-330,000	ADMINISTRATIVE & GENERAL		5.00	0 40.05
40.06	CS-CALL COVER-KIDNEY	A	-585,261	ADMINISTRATIVE & GENERAL		5.00	0 40.06
40.07	CD-CALL COVER-LIVER	A	-585,261	ADMINISTRATIVE & GENERAL		5.00	0 40.07
40.08	CS-BASE/GOALS-GYNEONC	A	-100,000	ADMINISTRATIVE & GENERAL		5.00	0 40.08
40.09	CS-BASE/GOALS-L&D	A	-457,446	ADMINISTRATIVE & GENERAL		5.00	0 40.09
40.10	CS-BASE/GOALS-PAC	A	-86,487	ADMINISTRATIVE & GENERAL		5.00	0 40.10
40.11	CS-BASE/GOALS-ANESTH	A	-15,118,000	ADMINISTRATIVE & GENERAL		5.00	0 40.11
40.13	CS-TRAUMA CALL COVER	A	-365,000	ADMINISTRATIVE & GENERAL		5.00	0 40.13
42.00	CS-CSF OPTH ROB PROGRAM	A	-85,600	ADMINISTRATIVE & GENERAL		5.00	0 42.00
43.00	CS-DENTAL CENTER LAB AND PROFF SERV	A	-177,777	ADMINISTRATIVE & GENERAL		5.00	0 43.00
44.00	CS- PFF NICU HOSPITALISTS	A	-1,620,825	ADMINISTRATIVE & GENERAL		5.00	0 44.00
44.01	EXCLUDED COST	A	-176	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 44.01
44.02	EXCLUDED COST	A	-962,091	ADMINISTRATIVE & GENERAL		5.00	0 44.02
44.03	EXCLUDED COST	A	-98,914	OPERATION OF PLANT		7.00	0 44.03
44.04	EXCLUDED COST	A	-17,640	HOUSEKEEPING		9.00	0 44.04
44.05	EXCLUDED COST	A	-410	DIETARY		10.00	0 44.05
44.06	EXCLUDED COST	A	-320,172	NURSING ADMINISTRATION		13.00	0 44.06
44.07	EXCLUDED COST	A	-48,773	CENTRAL SERVICES & SUPPLY		14.00	0 44.07
44.08	EXCLUDED COST	A	-192,620	PHARMACY		15.00	0 44.08
44.09	EXCLUDED COST	A	-1,962	MEDICAL RECORDS & LIBRARY		16.00	0 44.09
44.10	EXCLUDED COST	A	-3,604	SOCIAL SERVICE		17.00	0 44.10
44.11	EXCLUDED COST	A	-219,031	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 44.11
44.12	EXCLUDED COST	A	-358,068	ADULTS & PEDIATRICS		30.00	0 44.12
44.13	EXCLUDED COST	A	-12,598	INTENSIVE CARE UNIT		31.00	0 44.13
44.14	EXCLUDED COST	A	-40,555	NEONATAL INTENSIVE CARE UNIT		35.00	0 44.14
44.15	EXCLUDED COST	A	-1,540	SUBPROVIDER - IPF		40.00	0 44.15
44.16	EXCLUDED COST	A	-37,325	OPERATING ROOM		50.00	0 44.16
44.17	EXCLUDED COST	A	-1,181	RECOVERY ROOM		51.00	0 44.17
44.18	EXCLUDED COST	A	-1,926	DELIVERY ROOM & LABOR ROOM		52.00	0 44.18
44.19	EXCLUDED COST	A	-8,245	RADIOLOGY-DIAGNOSTIC		54.00	0 44.19
44.20	EXCLUDED COST	A	-31,934	RADIOLOGY-THERAPEUTIC		55.00	0 44.20
44.21	EXCLUDED COST	A	-887	CT SCAN		57.00	0 44.21
44.22	EXCLUDED COST	A	-2,041	MRI		58.00	0 44.22
44.23	EXCLUDED COST	A	-1,206	CARDIAC CATHETERIZATION		59.00	0 44.23
44.24	EXCLUDED COST	A	-293	VASCULAR LAB		59.01	0 44.24
44.25	EXCLUDED COST	A	-6,357	CARDIOLOGY		59.02	0 44.25
44.26	EXCLUDED COST	A	-257	PULMONARY FUNCTION TESTING		59.03	0 44.26
44.27	EXCLUDED COST	A	-6,654	ELECTROMYOGRAPHY		59.04	0 44.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2018
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Worksheet A-8

Date/Time Prepared:
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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	
44.28	EXCLUDED COST	A	-3,656	GASTRO INTESTINAL SERVICES	59.05	0	44.28
44.29	EXCLUDED COST	A	-61,893	LABORATORY	60.00	0	44.29
44.30	EXCLUDED COST	A	-10,989	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.30
44.31	EXCLUDED COST	A	-2,680	RESPIRATORY THERAPY	65.00	0	44.31
44.32	EXCLUDED COST	A	-1,164	PHYSICAL THERAPY	66.00	0	44.32
44.33	EXCLUDED COST	A	-3,585	OCCUPATIONAL THERAPY	67.00	0	44.33
44.34	EXCLUDED COST	A	-13,434	ELECTROENCEPHALOGRAPHY	70.00	0	44.34
44.35	EXCLUDED COST	A	-17,846	CLINIC	90.00	0	44.35
44.36	EXCLUDED COST	A	-1,158	PSYCH CLINIC	90.01	0	44.36
44.37	EXCLUDED COST	A	-135	TRANSPLANT CLINIC	90.02	0	44.37
44.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.38
44.39	EXCLUDED COST	A	-7,375	EMERGENCY	91.00	0	44.39
44.40	EXCLUDED COST	A	-1,322	OBSERVATION BEDS (DISTINCT PART)	92.01	0	44.40
44.41	EXCLUDED COST	A	-1,968	ANESTHESIOLOGY	53.00	0	44.41
44.42	EXCLUDED COST	A	-3,091	RADIOISOTOPE	56.00	0	44.42
44.43	REAL ESTATE TAXES ERIE MCCLURG	A	-57,812	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.43
44.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.44
44.45	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.45
44.46	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.46
44.47	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.47
44.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.48
44.49	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.49
44.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.50
44.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.51
44.52	PARKING REV OFFSET 1230_415802	B	-286,963	ADMINISTRATIVE & GENERAL	5.00	0	44.52
44.53	PARKING REV OFFSET 1069_415805	B	-2,589,769	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.53
44.54	PARKING REV OFFSET 1645_415800	B	-1,908,989	OPERATION OF PLANT	7.00	0	44.54
44.55	PARKING REV OFFSET 1123_415802	B	-2,883,884	OPERATION OF PLANT	7.00	0	44.55
44.56	PARKING REV OFFSET 1399_415802	B	-179,815	OPERATION OF PLANT	7.00	0	44.56
44.57	PARKING REV OFFSET 1676_415802	B	-39,235	OPERATION OF PLANT	7.00	0	44.57
44.58	PARKING REV OFFSET 1862_415802	B	-918,346	OPERATION OF PLANT	7.00	0	44.58
44.59	EXCLUDED COST COMPANYWIDE	A	-801,021	ADMINISTRATIVE & GENERAL	5.00	0	44.59
44.60	PARKING REV OFFSET 1862_415806	B	-3,060	OPERATION OF PLANT	7.00	0	44.60
44.61	PARKING REV OFFSET 1645_415807	B	-1,262,154	OPERATION OF PLANT	7.00	0	44.61
44.62	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.62
44.63	SALARY SUPPORT	A	-281,043	ADMINISTRATIVE & GENERAL	5.00	0	44.63
44.64	SALARY SUPPORT	A	-372,953	ADMINISTRATIVE & GENERAL	5.00	0	44.64
44.65	SALARY SUPPORT	A	-87,970	DIETARY	10.00	0	44.65
44.66	SALARY SUPPORT	A	-2,649,451	PHARMACY	15.00	0	44.66
44.67	SALARY SUPPORT	A	39,432	SOCIAL SERVICE	17.00	0	44.67
44.68	SALARY SUPPORT	A	-21,336	PHYSICAL THERAPY	66.00	0	44.68
44.69	SALARY SUPPORT	A	-52,335	OCCUPATIONAL THERAPY	67.00	0	44.69
44.70	SALARY SUPPORT	A	-55,080	CARDIAC REHABILITATION	76.97	0	44.70
44.71	SALARY SUPPORT	A	-187,432	LIVER ACQUISITION	107.00	0	44.71
44.72	SALARY SUPPORT	A	-20,684	OPERATION OF PLANT	7.00	0	44.72
44.73	SALARY SUPPORT	A	-2,150	NURSING ADMINISTRATION	13.00	0	44.73
44.74	SALARY SUPPORT	A	-401,845	ADMINISTRATIVE & GENERAL	5.00	0	44.74
44.75	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.75
44.76	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.76
44.77	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.77
44.78	CORP REV_1529_430800	B	6,334	RADIOLOGY-DIAGNOSTIC	54.00	0	44.78
44.79	CORP REV_1530_430800	B	-24,352	VASCULAR LAB	59.01	0	44.79
44.80	CORP REV_1535_430800	B	-18,728	PULMONARY FUNCTION TESTING	59.03	0	44.80
44.81	CORP REV_1540_430800	B	-31,116	RESPIRATORY THERAPY	65.00	0	44.81
44.82	CORP REV_1541_430800	B	-73,595	ANESTHESIOLOGY	53.00	0	44.82

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
1/29/2020 12:18 pm

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	
44.83	CORP REV_1542_430800	B	-19,955	ANESTHESIOLOGY		53.00	0	44.83
44.84	CORP REV_1544_430800	B	336,372	RADIOISOTOPE		56.00	0	44.84
44.85	CORP REV_1545_430800	B	-90,161	RADIOLOGY-THERAPEUTIC		55.00	0	44.85
44.86	CORP REV_1552_430800	B	3,898	RADIOLOGY-DIAGNOSTIC		54.00	0	44.86
44.87	CORP REV_1555_430800	B	-216	BLOOD STORING, PROCESSING & TRANS.		63.00	0	44.87
44.88	CORP REV_1559_430800	B	-3,160	LABORATORY		60.00	0	44.88
44.89	CORP REV_1562_430800	B	-594	OCCUPATIONAL THERAPY		67.00	0	44.89
44.90	CORP REV_1563_430800	B	-1,666	PHYSICAL THERAPY		66.00	0	44.90
44.91	CORP REV_1566_430800	B	3,412	CLINIC		90.00	0	44.91
44.92	CORP REV_1574_430800	B	-93,564	MRI		58.00	0	44.92
44.93	CORP REV_1586_430800	B	-1,738	CLINIC		90.00	0	44.93
44.94	CORP REV_1594_430800	B	-67,574	PHARMACY		15.00	0	44.94
44.95	CORP REV_1606_430800	B	-15,027	CLINIC		90.00	0	44.95
44.96	CORP REV_1608_430800	B	-20,332	LABORATORY		60.00	0	44.96
44.97	CORP REV_1614_430800	B	-112,675	ELECTROENCEPHALOGRAPHY		70.00	0	44.97
44.98	CORP REV_1634_430800	B	-27,802	RADIOLOGY-DIAGNOSTIC		54.00	0	44.98
44.99	CORP REV_1646_430800	B	-1,260	RADIOLOGY-DIAGNOSTIC		54.00	0	44.99
45.00	CORP REV_1648_430800	B	-5,608	CT SCAN		57.00	0	45.00
45.01	CORP REV_1655_430800	B	-18,352	LABORATORY		60.00	0	45.01
45.02	CORP REV_1680_430800	B	-15,607	RADIOLOGY-THERAPEUTIC		55.00	0	45.02
45.03	CORP REV_1703_430800	B	-19,219	RECOVERY ROOM		51.00	0	45.03
45.04	CORP REV_1712_430800	B	-1,385	CLINIC		90.00	0	45.04
45.05	CORP REV_1732_430800	B	-6,600	ADMINISTRATIVE & GENERAL		5.00	0	45.05
45.06	CORP REV_1735_430800	B	-57,937	OPERATING ROOM		50.00	0	45.06
45.07	CORP REV_1764_430800	B	-1,305	BLOOD STORING, PROCESSING & TRANS.		63.00	0	45.07
45.08	CORP REV_1766_430800	B	-7,859	LABORATORY		60.00	0	45.08
45.09	CORP REV_1819_430800	B	-12,602	OPERATING ROOM		50.00	0	45.09
45.10	CORP REV_1896_430800	B	-6,798	GASTRO INTESTINAL SERVICES		59.05	0	45.10
45.11	CORP REV_1924_430800	B	-7,522	MRI		58.00	0	45.11
45.12	CORP REV_1996_430800	B	-33	ADULTS & PEDIATRICS		30.00	0	45.12
45.13	RESEARCH REV_1099_430850	B	-4,279	ADMINISTRATIVE & GENERAL		5.00	0	45.13
45.14	RESEARCH REV_1122_430850	B	-3,053	OPERATING ROOM		50.00	0	45.14
45.15	RESEARCH REV_1124_430850	B	-5,302	ANESTHESIOLOGY		53.00	0	45.15
45.16	RESEARCH REV_1243_430850	B	-20,992	MRI		58.00	0	45.16
45.17	RESEARCH REV_1414_430850	B	-21,210	ELECTROMYOGRAPHY		59.04	0	45.17
45.18	RESEARCH REV_1417_430850	B	-128	INTENSIVE CARE UNIT		31.00	0	45.18
45.19	RESEARCH REV_1418_430850	B	-1,043	INTENSIVE CARE UNIT		31.00	0	45.19
45.20	RESEARCH REV_1420_430850	B	-541	INTENSIVE CARE UNIT		31.00	0	45.20
45.21	RESEARCH REV_1422_430850	B	-32,047	OPERATING ROOM		50.00	0	45.21
45.22	RESEARCH REV_1423_430850	B	-16,930	OPERATING ROOM		50.00	0	45.22
45.23	RESEARCH REV_1427_430850	B	-6,752	OPERATING ROOM		50.00	0	45.23
45.24	RESEARCH REV_1431_430850	B	-1,289	OPERATING ROOM		50.00	0	45.24
45.25	RESEARCH REV_1436_430850	B	-791	RECOVERY ROOM		51.00	0	45.25
45.26	RESEARCH REV_1436_430850	B	-543	RECOVERY ROOM		51.00	0	45.26
45.27	RESEARCH REV_1437_430850	B	-99	OPERATING ROOM		50.00	0	45.27
45.28	RESEARCH REV_1440_430850	B	-1,029	ADULTS & PEDIATRICS		30.00	0	45.28
45.29	RESEARCH REV_1446_430850	B	-1,425	TRANSPLANT CLINIC		90.02	0	45.29
45.30	RESEARCH REV_1459_430850	B	-10	OPERATING ROOM		50.00	0	45.30
45.31	RESEARCH REV_1467_430850	B	-12,921	ADULTS & PEDIATRICS		30.00	0	45.31
45.32	RESEARCH REV_1476_430850	B	-496	ADULTS & PEDIATRICS		30.00	0	45.32
45.33	RESEARCH REV_1491_430850	B	-13,210	LABORATORY		60.00	0	45.33
45.34	RESEARCH REV_1492_430850	B	-46	LABORATORY		60.00	0	45.34
45.35	RESEARCH REV_1494_430850	B	-8,740	LABORATORY		60.00	0	45.35
45.36	RESEARCH REV_1496_430850	B	-12,651	LABORATORY		60.00	0	45.36
45.37	RESEARCH REV_1498_430850	B	515	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	45.37
45.38	RESEARCH REV_1499_430850	B	-5,952	LABORATORY		60.00	0	45.38
45.39	RESEARCH REV_1500_430850	B	-1,243	BLOOD STORING, PROCESSING & TRANS.		63.00	0	45.39
45.40	RESEARCH REV_1502_430850	B	-40,533	GASTRO INTESTINAL SERVICES		59.05	0	45.40
45.41	RESEARCH REV_1503_430850	B	-23,725	LABORATORY		60.00	0	45.41
45.42	RESEARCH REV_1504_430850	B	-4,656	LABORATORY		60.00	0	45.42
45.43	RESEARCH REV_1505_430850	B	-11,887	LABORATORY		60.00	0	45.43
45.44	RESEARCH REV_1506_430850	B	-19,864	LABORATORY		60.00	0	45.44
45.45	RESEARCH REV_1508_430850	B	-18,465	LABORATORY		60.00	0	45.45
45.46	RESEARCH REV_1509_430850	B	-3,651	LABORATORY		60.00	0	45.46
45.47	RESEARCH REV_1514_430850	B	-69,956	LABORATORY		60.00	0	45.47

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

Period:
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Worksheet A-8

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Cost Center Description			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		
45.48	RESEARCH REV_1515_430850	B	-6,903	LABORATORY	60.00	0 45.48
45.49	RESEARCH REV_1516_430850	B	-3,098	LABORATORY	60.00	0 45.49
45.50	RESEARCH REV_1517_430850	B	-97,691	LABORATORY	60.00	0 45.50
45.51	RESEARCH REV_1518_430850	B	-48,914	MRI	58.00	0 45.51
45.52	RESEARCH REV_1520_430850	B	-368,915	CARDIOLOGY	59.02	0 45.52
45.53	RESEARCH REV_1521_430850	B	-112,426	CARDIAC CATHETERIZATION	59.00	0 45.53
45.54	RESEARCH REV_1522_430850	B	-280,036	RADIOLOGY-DIAGNOSTIC	54.00	0 45.54
45.55	RESEARCH REV_1523_430850	B	-206,877	CT SCAN	57.00	0 45.55
45.56	RESEARCH REV_1524_430850	B	-14,187	RADIOLOGY-DIAGNOSTIC	54.00	0 45.56
45.57	RESEARCH REV_1525_430850	B	-72,922	RADIOLOGY-DIAGNOSTIC	54.00	0 45.57
45.58	RESEARCH REV_1526_430850	B	-199	RADIOLOGY-DIAGNOSTIC	54.00	0 45.58
45.59	RESEARCH REV_1528_430850	B	-33,524	ELECTROENCEPHALOGRAPHY	70.00	0 45.59
45.60	RESEARCH REV_1529_430850	B	-8,549	RADIOLOGY-DIAGNOSTIC	54.00	0 45.60
45.61	RESEARCH REV_1530_430850	B	-1,234	VASCULAR LAB	59.01	0 45.61
45.62	RESEARCH REV_1535_430850	B	-12,616	PULMONARY FUNCTION TESTING	59.03	0 45.62
45.63	RESEARCH REV_1540_430850	B	-60	RESPIRATORY THERAPY	65.00	0 45.63
45.64	RESEARCH REV_1541_430850	B	-7,714	ANESTHESIOLOGY	53.00	0 45.64
45.65	RESEARCH REV_1542_430850	B	-833	ANESTHESIOLOGY	53.00	0 45.65
45.66	RESEARCH REV_1544_430850	B	-215,520	RADIOISOTOPE	56.00	0 45.66
45.67	RESEARCH REV_1552_430850	B	-216	RADIOLOGY-DIAGNOSTIC	54.00	0 45.67
45.68	RESEARCH REV_1554_430850	B	-233	RADIOLOGY-DIAGNOSTIC	54.00	0 45.68
45.69	RESEARCH REV_1555_430850	B	-5,161	BLOOD STORING, PROCESSING & TRANS.	63.00	0 45.69
45.70	RESEARCH REV_1559_430850	B	-4,691	LABORATORY	60.00	0 45.70
45.71	RESEARCH REV_1563_430850	B	-1,568	PHYSICAL THERAPY	66.00	0 45.71
45.72	RESEARCH REV_1566_430850	B	-8,906	CLINIC	90.00	0 45.72
45.73	RESEARCH REV_1574_430850	B	-38,324	MRI	58.00	0 45.73
45.74	RESEARCH REV_1586_430850	B	-2,080	CLINIC	90.00	0 45.74
45.75	RESEARCH REV_1590_430850	B	-309,686	PHARMACY	15.00	0 45.75
45.76	RESEARCH REV_1594_430850	B	-60,955	PHARMACY	15.00	0 45.76
45.77	RESEARCH REV_1606_430850	B	-34,740	CLINIC	90.00	0 45.77
45.78	RESEARCH REV_1608_430850	B	-5,178	LABORATORY	60.00	0 45.78
45.79	RESEARCH REV_1614_430850	B	-6,660	ELECTROENCEPHALOGRAPHY	70.00	0 45.79
45.80	RESEARCH REV_1634_430850	B	-16,311	RADIOLOGY-DIAGNOSTIC	54.00	0 45.80
45.81	RESEARCH REV_1646_430850	B	-10,950	RADIOLOGY-DIAGNOSTIC	54.00	0 45.81
45.82	RESEARCH REV_1648_430850	B	-30,166	CT SCAN	57.00	0 45.82
45.83	RESEARCH REV_1649_430850	B	-1,193	MRI	58.00	0 45.83
45.84	RESEARCH REV_1655_430850	B	-139	LABORATORY	60.00	0 45.84
45.85	RESEARCH REV_1680_430850	B	-2,846	RADIOLOGY-THERAPEUTIC	55.00	0 45.85
45.86	RESEARCH REV_1703_430850	B	-334	RECOVERY ROOM	51.00	0 45.86
45.87	RESEARCH REV_1712_430850	B	-231	CLINIC	90.00	0 45.87
45.88	RESEARCH REV_1764_430850	B	-4,164	BLOOD STORING, PROCESSING & TRANS.	63.00	0 45.88
45.89	RESEARCH REV_1766_430850	B	-5,776	LABORATORY	60.00	0 45.89
45.90	RESEARCH REV_1793_430850	B	-1,110	ADULTS & PEDIATRICS	30.00	0 45.90
45.91	RESEARCH REV_1816_430850	B	-504	OBSERVATION BEDS (DISTINCT PART)	92.01	0 45.91
45.92	RESEARCH REV_1819_430850	B	-10,711	OPERATING ROOM	50.00	0 45.92
45.93	RESEARCH REV_1882_430850	B	-21,416	RADIOLOGY-DIAGNOSTIC	54.00	0 45.93
45.94	RESEARCH REV_1896_430850	B	2,772	GASTRO INTESTINAL SERVICES	59.05	0 45.94
45.95	RESEARCH REV_1924_430850	B	-17,089	MRI	58.00	0 45.95
45.96	RESEARCH REV_1983_430850	B	-19	NURSING ADMINISTRATION	13.00	0 45.96
45.97	CORP BILL ADJ_5_431000	B	6,335	ADMINISTRATIVE & GENERAL	5.00	0 45.97
45.98	CORP BILL ADJ_1099_431000	B	3,216,873	ADMINISTRATIVE & GENERAL	5.00	0 45.98
45.99	CORP BILL ADJ_1569_431000	B	7,675	KIDNEY ACQUISITION	105.00	0 45.99
47.00	IC MAIL SRVC_1356_432304	B	-275,347	ADMINISTRATIVE & GENERAL	5.00	0 47.00
47.01	IC SHARED SRV INC_1069_432500	B	-73,250	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.01
47.02	IC SHARED SRV INC_1562_432500	B	-11,956	OCCUPATIONAL THERAPY	67.00	0 47.02
47.03	IC SHARED SRV INC_1563_432500	B	-11,687	PHYSICAL THERAPY	66.00	0 47.03
47.04	IC SHARED SRV INC_1645_432500	B	-17,379	REAL ESTATE	194.00	0 47.04
47.05	IC FAC SUPP SRV_1320_432701	B	-1,299,727	OPERATION OF PLANT	7.00	0 47.05
47.06	IC FAC SUPP SRV_1350_432701	B	-331,843	OPERATION OF PLANT	7.00	0 47.06
47.07	IC FAC SUPP SRV_1355_432701	B	-10,800	ADULTS & PEDIATRICS	30.00	0 47.07
47.08	IC FAC SUPP SRV_1359_432701	B	-50,734	HOUSEKEEPING	9.00	0 47.08
47.09	IC FAC SUPP SRV_1399_432701	B	-80,392	REAL ESTATE	194.00	0 47.09
47.10	FSM FAC SUPP SRV_1324_432703	B	-14,300	HOUSEKEEPING	9.00	0 47.10
47.11	FSM FAC SUPP SRV_1383_432703	B	-230,208	OPERATION OF PLANT	7.00	0 47.11
47.12	INT INC_1108_433130	B	-383	ADMINISTRATIVE & GENERAL	5.00	0 47.12
47.13	INT INC_1108_433624	B	-2	ADMINISTRATIVE & GENERAL	5.00	0 47.13

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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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
47.14	MAN FEES_1233_434000	A	-966	OPERATION OF PLANT		7.00	0 47.14
47.15	MAN FEES_1383_434000	A	-566,157	OPERATION OF PLANT		7.00	0 47.15
47.16	MAN FEES_1804_434000	A	-26,135	OPERATION OF PLANT		7.00	0 47.16
47.17	CONTR SRV REV_1099_434010	B	387,189	ADMINISTRATIVE & GENERAL		5.00	0 47.17
47.18	CONTR SRV REV_1996_434010	B	-12,004	ADULTS & PEDIATRICS		30.00	0 47.18
47.19	IC MD LEADERSP_1768_434035	B	-28,101	ELECTROENCEPHALOGRAPHY		70.00	0 47.19
47.20	WRK ORDR REV_1233_434219	B	-4,660	OPERATION OF PLANT		7.00	0 47.20
47.21	WRK ORDR REV_1804_434219	B	-16,024	OPERATION OF PLANT		7.00	0 47.21
47.22	SAL CHRG TO INC_1384_434400	B	39,432	SOCIAL SERVICE		17.00	0 47.22
47.23	SAL CHRG TO INC_1519_434400	B	-55,080	CARDIAC REHABILITATION		76.97	0 47.23
47.24	IC LEASE EMPL REV_1062_434401	B	-257,231	ADMINISTRATIVE & GENERAL		5.00	0 47.24
47.25	IC LEASE EMPL REV_1311_434401	B	-87,970	DIETARY		10.00	0 47.25
47.26	IC LEASE EMPL REV_1445_434401	B	-107,888	LIVER ACQUISITION		107.00	0 47.26
47.27	IC LEASE EMPL REV_1457_434401	B	-79,544	LIVER ACQUISITION		107.00	0 47.27
47.28	IC LEASE EMPL REV_1590_434401	B	-2,649,451	PHARMACY		15.00	0 47.28
47.29	IC LEASE EMPL REV_1820_434401	B	-5,158	ADMINISTRATIVE & GENERAL		5.00	0 47.29
47.30	FSM LEASE EMP_1383_434403	B	-372,953	OPERATION OF PLANT		7.00	0 47.30
47.31	FSM LEASE EMP_1534_434403	B	-660	PHYSICAL THERAPY		66.00	0 47.31
47.32	FSM LEASE EMP_1562_434403	B	-32,893	OCCUPATIONAL THERAPY		67.00	0 47.32
47.33	FSM LEASE EMP_1563_434403	B	-20,676	PHYSICAL THERAPY		66.00	0 47.33
47.34	OUTSD SAL SUPP_1562_434600	B	-19,443	OCCUPATIONAL THERAPY		67.00	0 47.34
47.35	OUTSD SAL SUPP_1761_434600	B	-2,796	ADMINISTRATIVE & GENERAL		5.00	0 47.35
47.36	OUTSD SAL SUPP_1762_434600	B	-15,857	ADMINISTRATIVE & GENERAL		5.00	0 47.36
47.37	FSM MISC INC_1300_435703	B	-403,829	DIETARY		10.00	0 47.37
47.38	UNIV INC_1410_435800	B	-156,540	ADMINISTRATIVE & GENERAL		5.00	0 47.38
47.39	CASH SAL_1410_436400	B	-150,057	ADMINISTRATIVE & GENERAL		5.00	0 47.39
47.40	NEWS DEL_1576_438000	B	-1,318	PSYCH CLINIC		90.01	0 47.40
47.41	NEWS DEL_1996_438000	B	168	ADULTS & PEDIATRICS		30.00	0 47.41
47.42	OTR OP INC_1011_438200	B	-46,055	OPERATION OF PLANT		7.00	0 47.42
47.43	OTR OP INC_1017_438200	B	-52,212	NURSING ADMINISTRATION		13.00	0 47.43
47.44	OTR OP INC_1069_438200	B	-223,176	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 47.44
47.45	OTR OP INC_1099_438200	B	-52,586	ADMINISTRATIVE & GENERAL		5.00	0 47.45
47.46	OTR OP INC_1108_438200	B	-111	ADMINISTRATIVE & GENERAL		5.00	0 47.46
47.47	OTR OP INC_1233_438200	B	-8,400	OPERATION OF PLANT		7.00	0 47.47
47.48	OTR OP INC_1300_438200	B	-66,904	DIETARY		10.00	0 47.48
47.49	OTR OP INC_1307_438200	B	-58	DIETARY		10.00	0 47.49
47.50	OTR OP INC_1308_438200	B	-2,372,073	ADMINISTRATIVE & GENERAL		5.00	0 47.50
47.51	OTR OP INC_1311_438200	B	-15,555	DIETARY		10.00	0 47.51
47.52	OTR OP INC_1343_438200	B	-4,000	ADMINISTRATIVE & GENERAL		5.00	0 47.52
47.53	OTR OP INC_1398_438200	B	-175	OPERATION OF PLANT		7.00	0 47.53
47.54	OTR OP INC_1410_438200	B	-99,750	ADMINISTRATIVE & GENERAL		5.00	0 47.54
47.55	OTR OP INC_1457_438200	B	-55,251	LIVER ACQUISITION		107.00	0 47.55
47.56	OTR OP INC_1506_438200	B	-136,431	LABORATORY		60.00	0 47.56
47.57	OTR OP INC_1519_438200	B	-2,000	CARDIAC REHABILITATION		76.97	0 47.57
47.58	OTR OP INC_1523_438200	B	-987	CT SCAN		57.00	0 47.58
47.59	OTR OP INC_1569_438200	B	-374,794	KIDNEY ACQUISITION		105.00	0 47.59
47.60	OTR OP INC_1576_438200	B	-900	PSYCH CLINIC		90.01	0 47.60
47.61	OTR OP INC_1585_438200	B	-476,648	PHARMACY		15.00	0 47.61
47.62	OTR OP INC_1590_438200	B	-35,052	PHARMACY		15.00	0 47.62
47.63	OTR OP INC_1641_438200	B	-18,000	ADMINISTRATIVE & GENERAL		5.00	0 47.63
47.64	OTR OP INC_1680_438200	B	-2,492	RADIOLOGY-THERAPEUTIC		55.00	0 47.64
47.65	OTR OP INC_1768_438200	B	-41,100	ELECTROENCEPHALOGRAPHY		70.00	0 47.65
47.66	OTR OP INC_1804_438200	B	-3,201	OPERATION OF PLANT		7.00	0 47.66
47.67	OTR OP INC_1925_438200	B	-128,542	NURSING ADMINISTRATION		13.00	0 47.67
47.68	OTR OP INC_1996_438200	B	-18,112	ADULTS & PEDIATRICS		30.00	0 47.68
47.69	PAYOR INT INC_1099_469999	B	-1,534,713	ADMINISTRATIVE & GENERAL		5.00	0 47.69
47.70	EXCLUDE CC1650 NOT RECLASSED TO MTM	A	-152,956,465	PHARMACY		15.00	0 47.70
47.71	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 47.71
47.72	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 47.72
47.73	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 47.73
47.74	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 47.74
47.75	RE TAXES ERIE MCCLURG 1069_801400	A	-57,812	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 47.75

ADJUSTMENTS TO EXPENSES

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Cost Center Description			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		
47.76	RE TAXES VA LAKESIDE 1357_801400	A	-511,200	ADMINISTRATIVE & GENERAL	5.00	0 47.76
47.77	RE TAXES 541 FAIRBANKS 1644_801400	A	-2,238,595	ADMINISTRATIVE & GENERAL	5.00	0 47.77
47.78	RE TAXES PRENTICE 1804_801400	A	-21,944	OPERATION OF PLANT	7.00	0 47.78
47.79	RE TAXES GLATER AMB PAV 1399_801400	A	-765,739	OPERATION OF PLANT	7.00	0 47.79
47.80	RE TAXES 676 1676_801400	A	-1,073,253	OPERATION OF PLANT	7.00	0 47.80
47.81	RE TAXES 211 ONTARIO 1792_801400	A	-1,024,005	OPERATION OF PLANT	7.00	0 47.81
47.82	RE 259 ERIE 1233_801400	A	-1,601,796	OPERATION OF PLANT	7.00	0 47.82
47.83	RE 560 FAIRBANKS 1862_801400	A	-460,882	OPERATION OF PLANT	7.00	0 47.83
47.84	RE 680 N FAIRBANKS 1801_801400	A	-178,893	OPERATION OF PLANT	7.00	0 47.84
47.85	RE ONTERIE CENTER 1076_801400	A	-261,422	PSYCH CLINIC	90.01	0 47.85
47.86	HOSPICE REV OFFSET (PROXY)	B	-10,800	ADMINISTRATIVE & GENERAL	5.00	0 47.86
47.87	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.87
47.88	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.88
47.89	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.89
47.90	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.90
47.91	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.91
47.92	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.92
47.93	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.93
47.94	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.94
47.95	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.95
47.96	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.96
47.97	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.97
47.98	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.98
47.99	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 47.99
48.01	RECLASS TO HOME OFFICE	A	-7,594,602	CAP REL COSTS-BLDG & FIXT	1.00	14 48.01
48.02	RECLASS TO HOME OFFICE	A	-3,659,964	OPERATION OF PLANT	7.00	0 48.02
48.03	RECLASS TO HOME OFFICE	A	-1,438,054	HOUSEKEEPING	9.00	0 48.03
49.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 49.00
49.02	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 49.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-454,207,917			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: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet A-8-1 Date/Time Prepared: 1/29/2020 12:18 pm
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	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC MANAGEMENT FEE	282,819,563	384,775,223	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	VARIOUS	140,749,414	140,749,414	2.00
3.00	7.00	OPERATION OF PLANT	VARIOUS	12,968	12,968	3.00
4.00	13.00	NURSING ADMINISTRATION	VARIOUS	45,207	45,207	4.00
4.01	21.00	I&R SERVICES-SALARY & FRINGE	VARIOUS	3,719,085	3,719,085	4.01
4.02	30.00	ADULTS & PEDIATRICS	VARIOUS	384,775,224	384,775,224	4.02
4.03	50.00	OPERATING ROOM	VARIOUS	160,688	160,688	4.03
4.04	59.00	CARDIAC CATHETERIZATION	VARIOUS	69,430	69,430	4.04
4.05	60.00	LABORATORY	VARIOUS	213,008	213,008	4.05
4.06	70.00	ELECTROENCEPHALOGRAPHY	VARIOUS	405,000	405,000	4.06
4.07	90.00	CLINIC	VARIOUS	1,111,913	1,111,913	4.07
4.08	105.00	KIDNEY ACQUISITION	VARIOUS	747,599	747,599	4.08
4.09	106.00	HEART ACQUISITION	VARIOUS	102,870	102,870	4.09
4.10	107.00	LIVER ACQUISITION	VARIOUS	146,516	146,516	4.10
4.11	108.00	LUNG ACQUISITION	VARIOUS	19,123	19,123	4.11
4.12	109.00	PANCREAS ACQUISITION	VARIOUS	12,346	12,346	4.12
4.13	194.00	REAL ESTATE	VARIOUS	113,578	113,578	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	ALLIED HEALTH	930,338	0	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	NM100 TRANSPLANT	1,402,059	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			817,555,929	917,179,192	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	100.00	NM HEALTHCARE	100.00	6.00
7.00	B	100.00	NM LAKE FOREST	100.00	7.00
8.00	B	100.00	NM FOUNDATION	100.00	8.00
9.00	B	100.00	NM MEDICAL GROUP	100.00	9.00
9.01	B	100.00	NM DELNOR	100.00	9.01
9.02	B	100.00	NM CENTRAL DUPAGE	100.00	9.02
9.03	B	100.00	NM INSURANCE CO	100.00	9.03
9.04	B	100.00	N HEALTHCARE CORP	100.00	9.04
9.05	B	100.00	NM DELNOR	100.00	9.05
9.06	B	100.00	NM KISHWAUKEE	100.00	9.06
9.07	B	100.00	NM VALLEY WEST	100.00	9.07
10.00	B	100.00	NM MARIANJOY	100.00	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: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2020 12:18 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-101,955,660	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	930,338	0		4.14
4.15	1,402,059	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	-99,623,263			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	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00	HEALTH CARE		9.00
9.01	HEALTH CARE		9.01
9.02	HEALTHCARE		9.02
9.03	HEALTHCARE		9.03
9.04	HEALTHCARE		9.04
9.05	HEALTHCARE		9.05
9.06	HEALTHCARE		9.06
9.07	HEALTHCARE		9.07
10.00	HEALTHCARE		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: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/29/2020 12:18 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	726,813	0	726,813	179,000	7,776	1.00
2.00	13.00	NURSING ADMINISTRATION	118,328	0	118,328	179,000	1,080	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	3,034,701	0	3,034,701	179,000	20,909	5.00
6.00	30.00	ADULTS & PEDIATRICS	3,365,485	0	3,365,485	197,500	18,807	6.00
7.00	31.00	INTENSIVE CARE UNIT	713,647	0	713,647	179,000	3,432	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	59,346	0	59,346	237,100	864	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	2,366,066	0	2,366,066	246,400	8,554	10.00
11.00	51.00	RECOVERY ROOM	95,955	0	95,955	179,000	576	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	138,557	0	138,557	237,400	864	12.00
13.00	53.00	ANESTHESIOLOGY	391,569	0	391,569	239,400	1,944	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	349,681	0	349,681	271,900	1,872	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	150,281	0	150,281	271,900	504	15.00
16.00	56.00	RADIOISOTOPE	81,738	0	81,738	271,900	577	16.00
17.00	57.00	CT SCAN	208,114	0	208,114	271,900	1,008	17.00
18.00	58.00	MRI	27,390	0	27,390	271,900	144	18.00
19.00	59.00	CARDIAC CATHETERIZATION	172,633	0	172,633	271,900	1,080	19.00
21.00	59.02	CARDIOLOGY	80,382	0	80,382	179,000	562	21.00
22.00	59.03	PULMONARY FUNCTION TESTING	55,874	0	55,874	179,000	432	22.00
23.00	59.04	ELECTROMYOGRAPHY	76,781	0	76,781	179,000	360	23.00
24.00	59.05	GASTRO INTESTINAL SERVICES	166,044	0	166,044	179,000	864	24.00
25.00	60.00	LABORATORY	430,678	0	430,678	260,300	2,160	25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	23,735	0	23,735	179,000	288	27.00
28.00	65.00	RESPIRATORY THERAPY	79,852	0	79,852	179,000	720	28.00
29.00	66.00	PHYSICAL THERAPY	16,055	0	16,055	179,000	144	29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	274,081	0	274,081	179,000	1,332	30.00
31.00	76.97	CARDIAC REHABILITATION	8,628	0	8,628	179,000	58	31.00
32.00	90.00	CLINIC	305,661	0	305,661	179,000	2,304	32.00
33.00	90.01	PSYCH CLINIC	126,867	0	126,867	179,000	1,152	33.00
34.00	90.02	TRANSPLANT CLINIC	0	0	0	0	0	34.00
36.00	91.00	EMERGENCY	557,111	0	557,111	179,000	2,352	36.00
37.00	90.02	TRANSPLANT CLINIC	857,154	0	857,154	246,400	2,880	37.00
200.00			15,059,207	0	15,059,207		85,599	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	669,185	33,459	0	0	52,945	1.00
2.00	13.00	NURSING ADMINISTRATION	92,942	4,647	0	0	8,605	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,799,380	89,969	0	0	212,589	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,785,761	89,288	0	0	244,754	6.00
7.00	31.00	INTENSIVE CARE UNIT	295,350	14,768	0	0	51,900	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	98,488	4,924	0	0	4,316	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	1,013,320	50,666	0	0	172,071	10.00
11.00	51.00	RECOVERY ROOM	49,569	2,478	0	0	6,978	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	98,612	4,931	0	0	10,076	12.00
13.00	53.00	ANESTHESIOLOGY	223,747	11,187	0	0	28,477	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	244,710	12,236	0	0	25,430	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	65,884	3,294	0	0	10,929	15.00
16.00	56.00	RADIOISOTOPE	75,426	3,771	0	0	5,945	16.00
17.00	57.00	CT SCAN	131,767	6,588	0	0	15,135	17.00
18.00	58.00	MRI	18,824	941	0	0	1,992	18.00
19.00	59.00	CARDIAC CATHETERIZATION	141,179	7,059	0	0	12,555	19.00
21.00	59.02	CARDIOLOGY	48,364	2,418	0	0	5,846	21.00
22.00	59.03	PULMONARY FUNCTION TESTING	37,177	1,859	0	0	4,063	22.00
23.00	59.04	ELECTROMYOGRAPHY	30,981	1,549	0	0	5,584	23.00
24.00	59.05	GASTRO INTESTINAL SERVICES	74,354	3,718	0	0	12,075	24.00
25.00	60.00	LABORATORY	270,312	13,516	0	0	31,321	25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	24,785	1,239	0	0	1,726	27.00
28.00	65.00	RESPIRATORY THERAPY	61,962	3,098	0	0	5,807	28.00
29.00	66.00	PHYSICAL THERAPY	12,392	620	0	0	1,168	29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	114,629	5,731	0	0	19,932	30.00
31.00	76.97	CARDIAC REHABILITATION	4,991	250	0	0	627	31.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/29/2020 12:18 pm

	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	
32.00	90.00	CLINIC	198,277	9,914	0	0	22,229	32.00
33.00	90.01	PSYCH CLINIC	99,138	4,957	0	0	9,226	33.00
34.00	90.02	TRANSPLANT CLINIC	0	0	0	0	0	34.00
36.00	91.00	EMERGENCY	202,408	10,120	0	0	40,516	36.00
37.00	90.02	TRANSPLANT CLINIC	341,169	17,058	0	0	62,336	37.00
200.00			8,325,083	416,253	0	0	1,087,153	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	52,945	722,130	4,683	4,683		1.00
2.00	13.00	NURSING ADMINISTRATION	8,605	101,547	16,781	16,781		2.00
3.00	15.00	PHARMACY	0	0	0	0		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	212,589	2,011,969	1,022,732	1,022,732		5.00
6.00	30.00	ADULTS & PEDIATRICS	244,754	2,030,515	1,334,970	1,334,970		6.00
7.00	31.00	INTENSIVE CARE UNIT	51,900	347,250	366,397	366,397		7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	4,316	102,804	0	0		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0		9.00
10.00	50.00	OPERATING ROOM	172,071	1,185,391	1,180,675	1,180,675		10.00
11.00	51.00	RECOVERY ROOM	6,978	56,547	39,408	39,408		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	10,076	108,688	29,869	29,869		12.00
13.00	53.00	ANESTHESIOLOGY	28,477	252,224	139,345	139,345		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	25,430	270,140	79,541	79,541		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	10,929	76,813	73,468	73,468		15.00
16.00	56.00	RADIOISOTOPE	5,945	81,371	367	367		16.00
17.00	57.00	CT SCAN	15,135	146,902	61,212	61,212		17.00
18.00	58.00	MRI	1,992	20,816	6,574	6,574		18.00
19.00	59.00	CARDIAC CATHETERIZATION	12,555	153,734	18,899	18,899		19.00
21.00	59.02	CARDIOLOGY	5,846	54,210	26,172	26,172		21.00
22.00	59.03	PULMONARY FUNCTION TESTING	4,063	41,240	14,634	14,634		22.00
23.00	59.04	ELECTROMYOGRAPHY	5,584	36,565	40,216	40,216		23.00
24.00	59.05	GASTRO INTESTINAL SERVICES	12,075	86,429	79,615	79,615		24.00
25.00	60.00	LABORATORY	31,321	301,633	129,045	129,045		25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	1,726	26,511	0	0		27.00
28.00	65.00	RESPIRATORY THERAPY	5,807	67,769	12,083	12,083		28.00
29.00	66.00	PHYSICAL THERAPY	1,168	13,560	2,495	2,495		29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	19,932	134,561	139,520	139,520		30.00
31.00	76.97	CARDIAC REHABILITATION	627	5,618	3,010	3,010		31.00
32.00	90.00	CLINIC	22,229	220,506	85,155	85,155		32.00
33.00	90.01	PSYCH CLINIC	9,226	108,364	18,503	18,503		33.00
34.00	90.02	TRANSPLANT CLINIC	0	0	0	0		34.00
36.00	91.00	EMERGENCY	40,516	242,924	314,187	314,187		36.00
37.00	90.02	TRANSPLANT CLINIC	62,336	403,505	453,649	453,649		37.00
200.00			1,087,153	9,412,236	5,693,205	5,693,205		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	73,282,790	73,282,790			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	30,486,906	30,486,906			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,890,070	0	2,890,070		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	415,377,586	3,369,153	267,404	420,415,769	5.00
7.00	00700	OPERATION OF PLANT	50,301,207	24,755,129	11,327	85,366,225	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,124,180	0	0	4,124,180	8.00
9.00	00900	HOUSEKEEPING	19,851,917	400,549	94,090	20,513,191	9.00
10.00	01000	DIETARY	7,265,312	701,061	47,972	8,305,998	10.00
11.00	01100	CAFETERIA	7,123,448	0	0	7,123,448	11.00
13.00	01300	NURSING ADMINISTRATION	12,112,946	68,800	56,759	12,267,127	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,401,891	444,965	51,907	25,083,876	14.00
15.00	01500	PHARMACY	15,257,512	363,232	149,112	15,920,967	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,623,560	10,093	16,878	4,654,730	16.00
17.00	01700	SOCIAL SERVICE	5,038,603	35,249	20,786	5,109,302	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	41,257,842	145,966	195,228	41,659,760	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,321,583	0	3,170	4,324,753	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	1,382,997	16,050	8,375	1,414,099	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	268,045	11,297	1,455	285,497	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	231,514	9,923	3,340	248,905	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	278,743	9,923	2,189	294,983	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	276,484	9,923	2,273	292,808	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	305,339	9,923	2,436	321,826	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	141,682,014	7,895,983	592,244	153,455,106	30.00
31.00	03100	INTENSIVE CARE UNIT	38,284,563	1,614,248	149,324	40,719,690	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,842,776	648,357	71,665	16,832,526	35.00
40.00	04000	SUBPROVIDER - IPF	4,659,047	481,325	22,217	5,362,829	40.00
43.00	04300	NURSERY	4,510,753	0	0	4,510,753	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,107,775	3,221,690	182,568	80,852,312	50.00
51.00	05100	RECOVERY ROOM	8,213,512	270,248	39,162	8,635,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,957,678	841,331	87,558	22,236,575	52.00
53.00	05300	ANESTHESIOLOGY	5,774,204	71,671	19,543	5,895,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,662,014	1,485,675	121,942	35,887,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,131,798	566,160	42,456	11,975,947	55.00
56.00	05600	RADIOISOTOPE	16,170,095	373,217	13,971	16,712,548	56.00
57.00	05700	CT SCAN	9,397,794	442,172	32,712	10,056,629	57.00
58.00	05800	MRI	14,047,304	280,835	50,585	14,495,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,584,204	85,113	12,343	2,717,069	59.00
59.01	03650	VASCULAR LAB	1,226,950	57,565	6,138	1,314,601	59.01
59.02	03140	CARDIOLOGY	4,090,778	199,564	23,255	4,396,619	59.02
59.03	03560	PULMONARY FUNCTION TESTING	1,034,691	84,666	3,196	1,157,775	59.03
59.04	03290	ELECTROMYOGRAPHY	2,834,685	145,425	9,529	3,050,138	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	12,001,732	603,200	30,386	12,886,260	59.05
60.00	06000	LABORATORY	85,244,973	1,000,245	151,938	86,813,275	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,710,279	337,783	0	11,188,585	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,409,458	0	20,355	7,429,813	63.00
65.00	06500	RESPIRATORY THERAPY	11,907,199	76,116	45,033	12,060,013	65.00
66.00	06600	PHYSICAL THERAPY	4,671,236	12,485	16,843	4,705,758	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,165,739	102,460	10,959	2,321,783	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,300,245	211,602	21,302	5,621,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,579,597	0	0	38,579,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,881,104	0	0	66,881,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,630,330	0	0	96,630,330	73.00
74.00	07400	RENAL DIALYSIS	3,597,756	0	0	3,597,756	74.00
76.97	07697	CARDIAC REHABILITATION	501,546	0	2,137	503,683	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,455,986	844,310	42,845	12,694,389	90.00
90.01	09001	PSYCH CLINIC	3,975,056	7,423	8,267	3,993,834	90.01
90.02	09002	TRANSPLANT CLINIC	5,012,212	0	4,732	5,016,944	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	460,997	6,482	0	470,176	90.03
91.00	09100	EMERGENCY	20,495,670	703,082	83,527	21,574,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,225,247	0	19,394	4,244,641	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,926,235	98,540	40,994	6,453	11,072,222
106.00	10600	HEART ACQUISITION	3,924,982	24,708	10,279	2,378	3,962,347
107.00	10700	LIVER ACQUISITION	5,221,907	20,742	8,629	3,883	5,255,161
108.00	10800	LUNG ACQUISITION	2,556,235	5,185	2,157	4,422	2,567,999
109.00	10900	PANCREAS ACQUISITION	975,111	5,185	2,157	0	982,453
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,547,503,942	53,186,029	22,126,306	2,889,963	1,519,046,474
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,418	0	0	88	78,506
191.00	19100	RESEARCH	2,754,114	26,144	10,876	1	2,791,135
191.01	19101	SPONSERED PROJECT	1,856,302	0	0	18	1,856,320
194.00	07950	REAL ESTATE	48,933,323	0	0	0	48,933,323
194.01	07951	MARKETING, OTHER NON-REIMB	193,185	20,070,617	8,349,724	0	28,613,526
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,601,319,284	73,282,790	30,486,906	2,890,070	1,601,319,284

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	420,415,769					5.00
7.00	00700	OPERATION OF PLANT	32,527,349	117,893,574				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,571,449	0	5,695,629			8.00
9.00	00900	HOUSEKEEPING	7,816,203	1,886,495	0	30,215,889		9.00
10.00	01000	DIETARY	3,164,859	3,301,839	0	860,016	15,632,712	10.00
11.00	01100	CAFETERIA	2,714,269	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,674,180	324,035	0	84,400	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,557,785	2,095,685	0	545,855	0	14.00
15.00	01500	PHARMACY	6,066,414	1,445,944	0	376,619	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,773,606	47,537	0	12,382	0	16.00
17.00	01700	SOCIAL SERVICE	1,946,813	166,015	0	43,241	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,873,743	687,465	0	179,061	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,647,874	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	538,818	75,594	0	19,690	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	108,784	53,206	0	13,858	0	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	94,841	46,737	0	12,173	0	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	112,398	46,737	0	12,173	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	111,570	46,737	0	12,173	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	122,626	46,737	0	12,173	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,471,925	37,188,315	3,797,349	9,686,291	12,167,318	30.00
31.00	03100	INTENSIVE CARE UNIT	15,515,546	7,602,747	572,335	1,980,256	1,833,854	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,413,748	3,053,615	361,259	795,363	0	35.00
40.00	04000	SUBPROVIDER - IPF	2,043,415	2,266,934	187,269	590,459	600,042	40.00
43.00	04300	NURSERY	1,718,746	0	455,493	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,807,399	15,173,440	0	3,952,164	0	50.00
51.00	05100	RECOVERY ROOM	3,290,353	1,272,806	0	331,523	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,472,869	3,962,482	0	1,032,092	0	52.00
53.00	05300	ANESTHESIOLOGY	2,246,279	337,554	0	87,921	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,674,397	6,997,200	0	1,822,532	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,563,231	2,666,489	0	694,530	0	55.00
56.00	05600	RADIOISOTOPE	6,368,032	1,757,768	0	457,839	0	56.00
57.00	05700	CT SCAN	3,831,908	2,082,529	0	542,428	0	57.00
58.00	05800	MRI	5,523,285	1,322,669	0	344,510	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,035,293	400,864	0	104,411	0	59.00
59.01	03650	VASCULAR LAB	500,906	271,119	0	70,617	0	59.01
59.02	03140	CARDIOLOGY	1,675,257	939,904	0	244,813	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	441,150	398,756	0	103,862	0	59.03
59.04	03290	ELECTROMYOGRAPHY	1,162,203	684,921	0	178,399	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	4,910,090	2,840,936	0	739,967	0	59.05
60.00	06000	LABORATORY	33,078,723	4,710,931	0	1,227,037	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,263,220	1,590,881	0	414,370	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,831,004	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,595,263	358,488	0	93,374	0	65.00
66.00	06600	PHYSICAL THERAPY	1,793,049	58,803	0	15,316	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	884,676	482,563	0	125,691	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,141,855	996,599	0	259,580	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,700,100	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,483,908	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,819,345	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,370,864	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	191,920	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,836,981	3,976,511	0	1,035,745	0	90.00
90.01	09001	PSYCH CLINIC	1,521,783	34,962	0	9,106	0	90.01
90.02	09002	TRANSPLANT CLINIC	1,911,621	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	179,153	30,528	0	7,952	0	90.03
91.00	09100	EMERGENCY	8,220,700	3,311,360	0	862,496	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,617,348	0	321,924	0	1,031,498	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,218,882	464,101	0	120,882	0	105.00
106.00	10600	HEART ACQUISITION	1,509,785	116,370	0	30,311	0	106.00
107.00	10700	LIVER ACQUISITION	2,002,390	97,690	0	25,445	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	978,492	24,423	0	6,361	0	108.00
109.00	10900	PANCREAS ACQUISITION	374,347	24,423	0	6,361	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	418,615,022	117,770,444	5,695,629	30,183,818	15,632,712	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,913	0	0	0	0	190.00
191.00	19100	RESEARCH	1,063,515	123,130	0	32,071	0	191.00
191.01	19101	SPONSERED PROJECT	707,319	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	420,415,769	117,893,574	5,695,629	30,215,889	15,632,712	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	9,837,717					11.00
13.00	01300	NURSING ADMINISTRATION	226,151	17,575,893				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,817	0	37,490,018			14.00
15.00	01500	PHARMACY	594,120	0	29,894,202	54,298,266		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,247	0	82,849	0	6,638,351	16.00
17.00	01700	SOCIAL SERVICE	82,821	0	72,413	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	777,866	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,629	0	71,280	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	33,370	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	5,798	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	13,307	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	8,722	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	9,055	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	9,707	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,358,875	10,038,548	285,947	14,520,528	523,606	30.00
31.00	03100	INTENSIVE CARE UNIT	594,967	2,289,854	148,987	13,503,619	165,909	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	285,543	258,428	24,454	106,421	127,870	35.00
40.00	04000	SUBPROVIDER - IPF	88,519	81,065	979	0	24,772	40.00
43.00	04300	NURSERY	0	0	0	0	23,579	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	727,422	1,863,310	3,117,626	5,675,777	1,111,191	50.00
51.00	05100	RECOVERY ROOM	156,036	60,865	8,417	378,385	55,669	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	348,864	552,724	79,880	1,891,926	168,269	52.00
53.00	05300	ANESTHESIOLOGY	77,865	4,374	103,814	2,092,943	153,329	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	485,864	308,358	464,040	4,268,657	370,703	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	169,162	88,811	12,609	94,596	196,966	55.00
56.00	05600	RADIOISOTOPE	55,667	40,493	433,251	319,262	73,024	56.00
57.00	05700	CT SCAN	130,339	99,032	46,367	153,719	349,934	57.00
58.00	05800	MRI	201,549	237,200	64,363	2,033,820	262,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,180	59,596	511,479	366,561	102,328	59.00
59.01	03650	VASCULAR LAB	24,455	0	245	0	33,981	59.01
59.02	03140	CARDIOLOGY	92,656	0	4,927	165,543	180,815	59.02
59.03	03560	PULMONARY FUNCTION TESTING	12,735	13,953	10,589	212,842	15,578	59.03
59.04	03290	ELECTROMYOGRAPHY	37,969	68,508	413,204	212,842	44,366	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	121,071	208,426	184,000	532,104	148,923	59.05
60.00	06000	LABORATORY	605,382	0	733,185	342,912	850,962	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	138,996	329,345	768,595	45,054	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,101	0	85,175	614,876	30,568	63.00
65.00	06500	RESPIRATORY THERAPY	179,430	2,307	96,224	354,736	79,480	65.00
66.00	06600	PHYSICAL THERAPY	67,110	0	13,803	0	15,727	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,666	0	459	0	8,289	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,875	45,461	5,968	0	63,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	264,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	279,913	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	479,368	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	22,868	74.00
76.97	07697	CARDIAC REHABILITATION	8,516	14,959	31	307,438	4,348	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	170,712	132,865	25,433	3,275,396	28,492	90.00
90.01	09001	PSYCH CLINIC	32,941	123,789	551	0	1,696	90.01
90.02	09002	TRANSPLANT CLINIC	18,855	45,107	2,785	23,649	5,617	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	332,803	322,956	67,087	1,832,803	270,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	77,274	319,581	7,437	189,193	11,084	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	25,712	53,104	0	47,298	21,828	105.00
106.00	10600	HEART ACQUISITION	9,475	0	306	0	5,782	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
107.00	10700	LIVER ACQUISITION	15,472	39,727	0	11,825	8,841	107.00
108.00	10800	LUNG ACQUISITION	17,618	63,496	0	0	6,159	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	1,460	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,837,290	17,575,893	37,403,711	54,298,266	6,638,351	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	351	0	0	0	0	190.00
191.00	19100	RESEARCH	6	0	34,339	0	0	191.00
191.01	19101	SPONSERED PROJECT	70	0	51,968	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	9,837,717	17,575,893	37,490,018	54,298,266	6,638,351	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	7,420,605					17.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			59,177,895			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				6,056,536		22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)					2,081,571	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)						23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,947,412	0	15,368,804	1,572,912	0	30.00
31.00	03100	INTENSIVE CARE UNIT	745,672	0	6,519,091	667,194	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	470,670	0	359,582	36,801	0	35.00
40.00	04000	SUBPROVIDER - IPF	243,986	0	1,804,570	184,688	0	40.00
43.00	04300	NURSERY	593,443	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	14,802,797	1,514,986	0	50.00
51.00	05100	RECOVERY ROOM	0	0	685,870	70,195	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,443,827	250,112	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	99,884	10,223	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,488,118	459,334	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,431,670	146,524	0	55.00
56.00	05600	RADIOISOTOPE	0	0	193,109	19,764	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	386,218	39,527	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	592,645	60,654	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	219,745	22,490	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	372,900	38,164	0	59.05
60.00	06000	LABORATORY	0	0	3,655,752	374,146	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	279,675	28,623	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	193,109	19,764	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,318	1,363	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	19,977	2,045	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	159,814	16,356	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	6,659	682	2,081,571	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,184,128	223,534	0	90.00
90.01	09001	PSYCH CLINIC	0	0	332,946	34,075	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	332,946	34,075	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	2,037,632	208,541	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	419,422	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY)	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
			17.00	20.00			23.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,420,605	0	58,984,786	6,036,772	2,081,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	193,109	19,764	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	7,420,605	0	59,177,895	6,056,536	2,081,571	202.00

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	467,143					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)		415,963				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)			475,013			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				472,343		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					513,069	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	363,588	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	54,800	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	17,931	0	0	0	0	40.00
43.00	04300	NURSERY	0	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	415,963	0	0	513,069	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	475,013	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	472,343	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	30,824	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	467,143	415,963	475,013	472,343	513,069	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	467,143	415,963	475,013	472,343	513,069	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(PHARMACY)				23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	324,746,524	-16,941,716	307,804,808	30.00
31.00	03100	INTENSIVE CARE UNIT	92,914,521	-7,186,285	85,728,236	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	29,126,280	-396,383	28,729,897	35.00
40.00	04000	SUBPROVIDER - IPF	13,497,458	-1,989,258	11,508,200	40.00
43.00	04300	NURSERY	7,302,014	0	7,302,014	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	159,598,424	-16,317,783	143,280,641	50.00
51.00	05100	RECOVERY ROOM	14,945,469	-756,065	14,189,404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,439,620	-2,693,939	38,745,681	52.00
53.00	05300	ANESTHESIOLOGY	11,109,420	-110,107	10,999,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,155,933	-4,947,452	65,208,481	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,515,548	-1,578,194	20,937,354	55.00
56.00	05600	RADIOISOTOPE	26,903,100	-212,873	26,690,227	56.00
57.00	05700	CT SCAN	17,292,885	0	17,292,885	57.00
58.00	05800	MRI	24,485,039	0	24,485,039	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,772,526	-425,745	5,346,781	59.00
59.01	03650	VASCULAR LAB	2,215,924	0	2,215,924	59.01
59.02	03140	CARDIOLOGY	8,353,833	-653,299	7,700,534	59.02
59.03	03560	PULMONARY FUNCTION TESTING	2,609,475	-242,235	2,367,240	59.03
59.04	03290	ELECTROMYOGRAPHY	5,852,550	0	5,852,550	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	22,982,841	-411,064	22,571,777	59.05
60.00	06000	LABORATORY	132,392,305	-4,029,898	128,362,407	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	19,047,344	-308,298	18,739,046	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,072,537	0	11,072,537	63.00
65.00	06500	RESPIRATORY THERAPY	18,032,188	-212,873	17,819,315	65.00
66.00	06600	PHYSICAL THERAPY	6,684,247	-14,681	6,669,566	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,889,149	-22,022	3,867,127	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,218,527	0	9,218,527	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,719,931	-176,170	53,543,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,644,925	0	92,644,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,017,955	-7,341	136,010,614	73.00
74.00	07400	RENAL DIALYSIS	4,991,488	0	4,991,488	74.00
76.97	07697	CARDIAC REHABILITATION	1,030,895	0	1,030,895	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28,584,186	-2,407,662	26,176,524	90.00
90.01	09001	PSYCH CLINIC	6,085,683	-367,021	5,718,662	90.01
90.02	09002	TRANSPLANT CLINIC	7,391,599	-367,021	7,024,578	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	687,809	0	687,809	90.03
91.00	09100	EMERGENCY	39,041,993	-2,246,173	36,795,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,270,226	0	8,270,226	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	16,024,029	0	16,024,029		105.00
106.00	10600	HEART ACQUISITION	5,634,376	0	5,634,376		106.00
107.00	10700	LIVER ACQUISITION	7,456,551	0	7,456,551		107.00
108.00	10800	LUNG ACQUISITION	3,664,548	0	3,664,548		108.00
109.00	10900	PANCREAS ACQUISITION	1,389,044	0	1,389,044		109.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,516,790,919	-65,021,558	1,451,769,361		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,770	0	108,770		190.00
191.00	19100	RESEARCH	4,257,069	-212,873	4,044,196		191.00
191.01	19101	SPONSERED PROJECT	2,615,677	0	2,615,677		191.01
194.00	07950	REAL ESTATE	48,933,323	0	48,933,323		194.00
194.01	07951	MARKETING, OTHER NON-REIMB	28,613,526	0	28,613,526		194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0		194.02
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,601,319,284	-65,234,431	1,536,084,853		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,839,482	3,369,153	1,401,626	49,610,261	0 5.00
7.00	00700	OPERATION OF PLANT	96,033	24,755,129	10,298,562	35,149,724	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	0	400,549	166,635	567,184	0 9.00
10.00	01000	DIETARY	0	701,061	291,653	992,714	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	68,800	28,622	97,422	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,161	444,965	185,113	640,239	0 14.00
15.00	01500	PHARMACY	0	363,232	151,111	514,343	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,093	4,199	14,292	0 16.00
17.00	01700	SOCIAL SERVICE	0	35,249	14,664	49,913	0 17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	145,966	60,724	206,690	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-(PHARMACY)	0	16,050	6,677	22,727	0 23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	11,297	4,700	15,997	0 23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	9,923	4,128	14,051	0 23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	9,923	4,128	14,051	0 23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	9,923	4,128	14,051	0 23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	9,923	4,128	14,051	0 23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,489	7,895,983	3,284,865	11,233,337	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,614,248	671,555	2,285,803	0 31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	648,357	269,728	918,085	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	481,325	200,240	681,565	0 40.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,000	3,221,690	1,340,279	4,562,969	0 50.00
51.00	05100	RECOVERY ROOM	0	270,248	112,428	382,676	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	841,331	350,008	1,191,339	0 52.00
53.00	05300	ANESTHESIOLOGY	0	71,671	29,816	101,487	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	174	1,485,675	618,067	2,103,916	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	566,160	235,533	801,693	0 55.00
56.00	05600	RADIOISOTOPE	0	373,217	155,265	528,482	0 56.00
57.00	05700	CT SCAN	0	442,172	183,951	626,123	0 57.00
58.00	05800	MRI	0	280,835	116,832	397,667	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	85,113	35,409	120,522	0 59.00
59.01	03650	VASCULAR LAB	0	57,565	23,948	81,513	0 59.01
59.02	03140	CARDIOLOGY	0	199,564	83,022	282,586	0 59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	84,666	35,222	119,888	0 59.03
59.04	03290	ELECTROMYOGRAPHY	0	145,425	60,499	205,924	0 59.04
59.05	03340	GASTRO INTESTINAL SERVICES	1,400	603,200	250,942	855,542	0 59.05
60.00	06000	LABORATORY	0	1,000,245	416,119	1,416,364	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	337,783	140,523	478,306	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	229,779	76,116	31,665	337,560	0 65.00
66.00	06600	PHYSICAL THERAPY	0	12,485	5,194	17,679	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	102,460	42,625	145,085	0 67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	211,602	88,030	299,632	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	844,310	351,248	1,195,558	0 90.00
90.01	09001	PSYCH CLINIC	0	7,423	3,088	10,511	0 90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0 90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	6,482	2,697	9,179	0 90.03
91.00	09100	EMERGENCY	0	703,082	292,494	995,576	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	98,540	40,994	139,534	0 105.00
106.00	10600	HEART ACQUISITION	0	24,708	10,279	34,987	0 106.00
107.00	10700	LIVER ACQUISITION	0	20,742	8,629	29,371	0 107.00
108.00	10800	LUNG ACQUISITION	0	5,185	2,157	7,342	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	5,185	2,157	7,342	0 109.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,230,518	53,186,029	22,126,306	120,542,853	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	26,144	10,876	37,020	0 191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0 191.01
194.00	07950	REAL ESTATE	0	0	0	0	0 194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	20,070,617	8,349,724	28,420,341	0 194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0 194.02
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)	45,230,518	73,282,790	30,486,906	149,000,214	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,610,261					5.00
7.00	00700	OPERATION OF PLANT	3,838,322	38,988,046				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	185,436	0	185,436			8.00
9.00	00900	HOUSEKEEPING	922,335	623,874	0	2,113,393		9.00
10.00	01000	DIETARY	373,463	1,091,936	0	60,152	2,518,265	10.00
11.00	01100	CAFETERIA	320,292	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	551,567	107,160	0	5,903	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,127,846	693,055	0	38,179	0	14.00
15.00	01500	PHARMACY	715,854	478,182	0	26,342	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	209,291	15,721	0	866	0	16.00
17.00	01700	SOCIAL SERVICE	229,730	54,902	0	3,024	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,873,148	227,348	0	12,524	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	194,454	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	63,582	24,999	0	1,377	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	12,837	17,596	0	969	0	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	11,192	15,456	0	851	0	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	13,263	15,456	0	851	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	13,166	15,456	0	851	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	14,470	15,456	0	851	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,899,833	12,298,375	123,632	677,490	1,960,027	30.00
31.00	03100	INTENSIVE CARE UNIT	1,830,879	2,514,270	18,634	138,505	295,415	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	756,841	1,009,847	11,762	55,630	0	35.00
40.00	04000	SUBPROVIDER - IPF	241,129	749,687	6,097	41,299	96,660	40.00
43.00	04300	NURSERY	202,817	0	14,830	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,635,363	5,017,939	0	276,427	0	50.00
51.00	05100	RECOVERY ROOM	388,271	420,924	0	23,188	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	999,823	1,310,415	0	72,188	0	52.00
53.00	05300	ANESTHESIOLOGY	265,067	111,631	0	6,149	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,613,619	2,314,012	0	127,474	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	538,475	881,823	0	48,578	0	55.00
56.00	05600	RADIOISOTOPE	751,446	581,303	0	32,023	0	56.00
57.00	05700	CT SCAN	452,176	688,704	0	37,939	0	57.00
58.00	05800	MRI	651,764	437,414	0	24,096	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	122,168	132,568	0	7,303	0	59.00
59.01	03650	VASCULAR LAB	59,108	89,661	0	4,939	0	59.01
59.02	03140	CARDIOLOGY	197,685	310,831	0	17,123	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	52,057	131,871	0	7,264	0	59.03
59.04	03290	ELECTROMYOGRAPHY	137,143	226,507	0	12,478	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	579,405	939,513	0	51,756	0	59.05
60.00	06000	LABORATORY	3,903,385	1,557,931	0	85,823	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	503,072	526,113	0	28,982	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	334,067	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	542,254	118,554	0	6,531	0	65.00
66.00	06600	PHYSICAL THERAPY	211,585	19,446	0	1,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,394	159,586	0	8,791	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	252,745	329,581	0	18,156	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,734,654	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,007,175	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,344,790	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	161,766	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	22,647	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	570,778	1,315,054	0	72,443	0	90.00
90.01	09001	PSYCH CLINIC	179,575	11,562	0	637	0	90.01
90.02	09002	TRANSPLANT CLINIC	225,577	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	21,141	10,096	0	556	0	90.03
91.00	09100	EMERGENCY	970,067	1,095,085	0	60,326	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,852	0	10,481	0	166,163	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	497,840	153,481	0	8,455	0	105.00
106.00	10600	HEART ACQUISITION	178,159	38,484	0	2,120	0	106.00
107.00	10700	LIVER ACQUISITION	236,288	32,307	0	1,780	0	107.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	115,465	8,077	0	445	0	108.00
109.00	10900	PANCREAS ACQUISITION	44,174	8,077	0	445	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,397,767	38,947,326	185,436	2,111,150	2,518,265	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,530	0	0	0	0	190.00
191.00	19100	RESEARCH	125,498	40,720	0	2,243	0	191.00
191.01	19101	SPONSERED PROJECT	83,466	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	49,610,261	38,988,046	185,436	2,113,393	2,518,265	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	320,292					11.00
13.00	01300	NURSING ADMINISTRATION	7,366	769,418				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,737	0	2,506,056			14.00
15.00	01500	PHARMACY	19,352	0	1,998,308	3,752,381		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,190	0	5,538	0	247,898	16.00
17.00	01700	SOCIAL SERVICE	2,698	0	4,840	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	25,338	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	411	0	4,765	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,087	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	189	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	433	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	284	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	295	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	316	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,682	439,456	19,114	1,003,469	19,702	30.00
31.00	03100	INTENSIVE CARE UNIT	19,380	100,243	9,959	933,192	6,243	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,301	11,313	1,635	7,354	4,812	35.00
40.00	04000	SUBPROVIDER - IPF	2,883	3,549	65	0	932	40.00
43.00	04300	NURSERY	0	0	0	0	887	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,695	81,570	208,401	392,235	39,920	50.00
51.00	05100	RECOVERY ROOM	5,083	2,664	563	26,149	2,095	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,364	24,197	5,340	130,745	6,332	52.00
53.00	05300	ANESTHESIOLOGY	2,536	191	6,940	144,637	5,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,826	13,499	31,019	294,993	13,949	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,510	3,888	843	6,537	7,411	55.00
56.00	05600	RADIOISOTOPE	1,813	1,773	28,961	22,063	2,748	56.00
57.00	05700	CT SCAN	4,246	4,335	3,099	10,623	13,167	57.00
58.00	05800	MRI	6,565	10,384	4,302	140,551	9,862	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,602	2,609	34,190	25,332	3,850	59.00
59.01	03650	VASCULAR LAB	797	0	16	0	1,279	59.01
59.02	03140	CARDIOLOGY	3,018	0	329	11,440	6,804	59.02
59.03	03560	PULMONARY FUNCTION TESTING	415	611	708	14,709	586	59.03
59.04	03290	ELECTROMYOGRAPHY	1,237	2,999	27,621	14,709	1,669	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	3,944	9,124	12,300	36,772	5,604	59.05
60.00	06000	LABORATORY	19,719	0	49,010	23,698	32,020	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,085	22,015	53,115	1,695	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,642	0	5,694	42,492	1,150	63.00
65.00	06500	RESPIRATORY THERAPY	5,845	101	6,432	24,515	2,991	65.00
66.00	06600	PHYSICAL THERAPY	2,186	0	923	0	592	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,422	0	31	0	312	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,765	1,990	399	0	2,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,038	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	860	74.00
76.97	07697	CARDIAC REHABILITATION	277	655	2	21,246	164	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,561	5,816	1,700	226,352	1,072	90.00
90.01	09001	PSYCH CLINIC	1,073	5,419	37	0	64	90.01
90.02	09002	TRANSPLANT CLINIC	614	1,975	186	1,634	211	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	10,840	14,138	4,485	126,659	10,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,517	13,990	497	13,074	417	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	838	2,325	0	3,269	821	105.00
106.00	10600	HEART ACQUISITION	309	0	20	0	218	106.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
107.00	10700	LIVER ACQUISITION	504	1,739	0	817	333	107.00
108.00	10800	LUNG ACQUISITION	574	2,780	0	0	232	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	55	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,279	769,418	2,500,287	3,752,381	247,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	2,295	0	0	191.00
191.01	19101	SPONSERED PROJECT	2	0	3,474	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	320,292	769,418	2,506,056	3,752,381	247,898	202.00

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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM-(PHARMACY)	
			SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	345,107					17.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			2,345,048			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				199,630		22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)					113,772	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)						23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	230,087					30.00
31.00	03100	INTENSIVE CARE UNIT	34,679					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	21,889					35.00
40.00	04000	SUBPROVIDER - IPF	11,347					40.00
43.00	04300	NURSERY	27,599					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		0				50.00
51.00	05100	RECOVERY ROOM		0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0				52.00
53.00	05300	ANESTHESIOLOGY		0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0				55.00
56.00	05600	RADIOISOTOPE		0				56.00
57.00	05700	CT SCAN		0				57.00
58.00	05800	MRI		0				58.00
59.00	05900	CARDIAC CATHETERIZATION		0				59.00
59.01	03650	VASCULAR LAB		0				59.01
59.02	03140	CARDIOLOGY		0				59.02
59.03	03560	PULMONARY FUNCTION TESTING		0				59.03
59.04	03290	ELECTROMYOGRAPHY		0				59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0				59.05
60.00	06000	LABORATORY		0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0				63.00
65.00	06500	RESPIRATORY THERAPY		0				65.00
66.00	06600	PHYSICAL THERAPY		0				66.00
67.00	06700	OCCUPATIONAL THERAPY		0				67.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0				73.00
74.00	07400	RENAL DIALYSIS		0				74.00
76.97	07697	CARDIAC REHABILITATION		0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0				76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		0				90.00
90.01	09001	PSYCH CLINIC		0				90.01
90.02	09002	TRANSPLANT CLINIC		0				90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0				90.03
91.00	09100	EMERGENCY		0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,506					92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0				100.00

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	345,107	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	19100	RESEARCH	0					191.00
191.01	19101	SPONSERED PROJECT	0					191.01
194.00	07950	REAL ESTATE	0					194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0					194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0					194.02
200.00		Cross Foot Adjustments		0	2,345,048	199,630	113,772	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	345,107	0	2,345,048	199,630	113,772	202.00

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	47,588					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)		41,983				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)			43,905			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				43,819		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					45,144	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
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
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	03650	VASCULAR LAB						59.01
59.02	03140	CARDIOLOGY						59.02
59.03	03560	PULMONARY FUNCTION TESTING						59.03
59.04	03290	ELECTROMYOGRAPHY						59.04
59.05	03340	GASTRO INTESTINAL SERVICES						59.05
60.00	06000	LABORATORY						60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
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
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	PSYCH CLINIC						90.01
90.02	09002	TRANSPLANT CLINIC						90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT						90.03
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	SPONSERED PROJECT						191.01
194.00	07950	REAL ESTATE						194.00
194.01	07951	MARKETING, OTHER NON-REIMB						194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY						194.02
200.00		Cross Foot Adjustments	47,588	41,983	43,905	43,819	45,144	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	47,588	41,983	43,905	43,819	45,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(PHARMACY)				23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,981,204	0	34,981,204	30.00
31.00	03100	INTENSIVE CARE UNIT	8,187,202	0	8,187,202	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,808,469	0	2,808,469	35.00
40.00	04000	SUBPROVIDER - IPF	1,835,213	0	1,835,213	40.00
43.00	04300	NURSERY	246,133	0	246,133	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,238,519	0	14,238,519	50.00
51.00	05100	RECOVERY ROOM	1,251,613	0	1,251,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,751,743	0	3,751,743	52.00
53.00	05300	ANESTHESIOLOGY	644,408	0	644,408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,528,307	0	6,528,307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,294,758	0	2,294,758	55.00
56.00	05600	RADIOISOTOPE	1,950,612	0	1,950,612	56.00
57.00	05700	CT SCAN	1,840,412	0	1,840,412	57.00
58.00	05800	MRI	1,682,605	0	1,682,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	450,144	0	450,144	59.00
59.01	03650	VASCULAR LAB	237,313	0	237,313	59.01
59.02	03140	CARDIOLOGY	829,816	0	829,816	59.02
59.03	03560	PULMONARY FUNCTION TESTING	328,109	0	328,109	59.03
59.04	03290	ELECTROMYOGRAPHY	630,287	0	630,287	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	2,493,960	0	2,493,960	59.05
60.00	06000	LABORATORY	7,087,950	0	7,087,950	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,619,383	0	1,619,383	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	386,045	0	386,045	63.00
65.00	06500	RESPIRATORY THERAPY	1,044,783	0	1,044,783	65.00
66.00	06600	PHYSICAL THERAPY	253,482	0	253,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	419,621	0	419,621	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	907,639	0	907,639	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,744,590	0	1,744,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,017,708	0	3,017,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,362,828	0	4,362,828	73.00
74.00	07400	RENAL DIALYSIS	162,626	0	162,626	74.00
76.97	07697	CARDIAC REHABILITATION	44,991	0	44,991	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,394,334	0	3,394,334	90.00
90.01	09001	PSYCH CLINIC	208,878	0	208,878	90.01
90.02	09002	TRANSPLANT CLINIC	230,197	0	230,197	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	40,972	0	40,972	90.03
91.00	09100	EMERGENCY	3,287,367	0	3,287,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	417,497	0	417,497	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	806,563	0	806,563	105.00
106.00	10600	HEART ACQUISITION	254,297	0	254,297	106.00
107.00	10700	LIVER ACQUISITION	303,139	0	303,139	107.00
108.00	10800	LUNG ACQUISITION	134,915	0	134,915	108.00
109.00	10900	PANCREAS ACQUISITION	60,093	0	60,093	109.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,400,725	0	117,400,725	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,541	0	3,541	190.00
191.00	19100	RESEARCH	207,776	0	207,776	191.00
191.01	19101	SPONSERED PROJECT	86,942	0	86,942	191.01
194.00	07950	REAL ESTATE	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	28,420,341	0	28,420,341	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	194.02
200.00		Cross Foot Adjustments	2,880,889	0	2,880,889	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	149,000,214	0	149,000,214	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,748,440					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,748,440				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	474,756,228			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	218,308	218,308	43,930,336	-420,415,769	1,103,356,666	5.00
7.00	00700	OPERATION OF PLANT	1,604,036	1,604,036	1,860,909	0	85,366,225	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	4,124,180	8.00
9.00	00900	HOUSEKEEPING	25,954	25,954	15,457,562	0	20,513,191	9.00
10.00	01000	DIETARY	45,426	45,426	7,881,072	0	8,305,998	10.00
11.00	01100	CAFETERIA	0	0	0	0	7,123,448	11.00
13.00	01300	NURSING ADMINISTRATION	4,458	4,458	9,324,653	0	12,267,127	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,832	28,832	8,527,473	0	25,083,876	14.00
15.00	01500	PHARMACY	23,536	23,536	24,496,755	0	15,920,967	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654	654	2,772,736	0	4,654,730	16.00
17.00	01700	SOCIAL SERVICE	2,284	2,284	3,414,888	0	5,109,302	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,458	9,458	32,072,982	0	41,659,760	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	520,709	0	4,324,753	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,040	1,040	1,375,932	0	1,414,099	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	732	732	239,072	0	285,497	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	643	643	548,675	0	248,905	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	643	643	359,639	0	294,983	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	643	643	373,372	0	292,808	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	643	643	400,250	0	321,826	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	511,629	511,629	97,258,548	0	153,455,106	30.00
31.00	03100	INTENSIVE CARE UNIT	104,597	104,597	24,531,690	0	40,719,690	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	42,011	42,011	11,773,532	0	16,832,526	35.00
40.00	04000	SUBPROVIDER - IPF	31,188	31,188	3,649,833	0	5,362,829	40.00
43.00	04300	NURSERY	0	0	0	0	4,510,753	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,753	208,753	29,993,088	0	80,852,312	50.00
51.00	05100	RECOVERY ROOM	17,511	17,511	6,433,675	0	8,635,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,515	54,515	14,384,352	0	22,236,575	52.00
53.00	05300	ANESTHESIOLOGY	4,644	4,644	3,210,545	0	5,895,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,266	96,266	20,033,134	0	35,887,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,685	36,685	6,974,898	0	11,975,947	55.00
56.00	05600	RADIOISOTOPE	24,183	24,183	2,295,269	0	16,712,548	56.00
57.00	05700	CT SCAN	28,651	28,651	5,374,152	0	10,056,629	57.00
58.00	05800	MRI	18,197	18,197	8,310,260	0	14,495,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,515	5,515	2,027,800	0	2,717,069	59.00
59.01	03650	VASCULAR LAB	3,730	3,730	1,008,321	0	1,314,601	59.01
59.02	03140	CARDIOLOGY	12,931	12,931	3,820,394	0	4,396,619	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,486	5,486	525,081	0	1,157,775	59.03
59.04	03290	ELECTROMYOGRAPHY	9,423	9,423	1,565,547	0	3,050,138	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	39,085	39,085	4,992,015	0	12,886,260	59.05
60.00	06000	LABORATORY	64,812	64,812	24,961,102	0	86,813,275	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,887	21,887	0	0	11,188,585	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,343,945	0	7,429,813	63.00
65.00	06500	RESPIRATORY THERAPY	4,932	4,932	7,398,274	0	12,060,013	65.00
66.00	06600	PHYSICAL THERAPY	809	809	2,767,084	0	4,705,758	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,639	6,639	1,800,448	0	2,321,783	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	13,711	3,499,555	0	5,621,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	38,579,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	66,881,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	96,630,330	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,597,756	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	351,138	0	503,683	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	54,708	54,708	7,038,787	0	12,694,389	90.00
90.01	09001	PSYCH CLINIC	481	481	1,358,204	0	3,993,834	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	777,420	0	5,016,944	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	420	420	0	0	470,176	90.03
91.00	09100	EMERGENCY	45,557	45,557	13,722,135	0	21,574,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,186,173	0	4,244,641	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,385	6,385	1,060,151	0	11,072,222	105.00
106.00	10600 HEART ACQUISITION	1,601	1,601	390,684	0	3,962,347	106.00
107.00	10700 LIVER ACQUISITION	1,344	1,344	637,957	0	5,255,161	107.00
108.00	10800 LUNG ACQUISITION	336	336	726,428	0	2,567,999	108.00
109.00	10900 PANCREAS ACQUISITION	336	336	0	0	982,453	109.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,446,248	3,446,248	474,738,634	-420,415,769	1,098,630,705	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	14,472	0	78,506	190.00
191.00	19100 RESEARCH	1,694	1,694	242	0	2,791,135	191.00
191.01	19101 SPONSERED PROJECT	0	0	2,880	0	1,856,320	191.01
194.00	07950 REAL ESTATE	0	0	0	-48,933,323	0	194.00
194.01	07951 MARKETING, OTHER NON-REIMB	1,300,498	1,300,498	0	-28,613,526	0	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	73,282,790	30,486,906	2,890,070		420,415,769	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.433024	6.420405	0.006087		0.381033	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		49,610,261	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.044963	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,621,955				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	304,080			8.00
9.00	00900	HOUSEKEEPING	25,954	0	1,596,001		9.00
10.00	01000	DIETARY	45,426	0	45,426	260,475	10.00
11.00	01100	CAFETERIA	0	0	0	405,626,349	11.00
13.00	01300	NURSING ADMINISTRATION	4,458	0	4,458	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,832	0	28,832	0	14.00
15.00	01500	PHARMACY	19,893	0	19,893	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654	0	654	0	16.00
17.00	01700	SOCIAL SERVICE	2,284	0	2,284	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,458	0	9,458	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	520,709	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,040	0	1,040	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	732	0	732	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	643	0	643	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	643	0	643	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	643	0	643	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	643	0	643	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	511,629	202,734	511,629	202,734	30.00
31.00	03100	INTENSIVE CARE UNIT	104,597	30,556	104,597	30,556	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	42,011	19,287	42,011	0	35.00
40.00	04000	SUBPROVIDER - IPF	31,188	9,998	31,188	9,998	40.00
43.00	04300	NURSERY	0	24,318	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,753	0	208,753	0	50.00
51.00	05100	RECOVERY ROOM	17,511	0	17,511	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,515	0	54,515	0	52.00
53.00	05300	ANESTHESIOLOGY	4,644	0	4,644	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,266	0	96,266	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,685	0	36,685	0	55.00
56.00	05600	RADIOISOTOPE	24,183	0	24,183	0	56.00
57.00	05700	CT SCAN	28,651	0	28,651	0	57.00
58.00	05800	MRI	18,197	0	18,197	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,515	0	5,515	0	59.00
59.01	03650	VASCULAR LAB	3,730	0	3,730	0	59.01
59.02	03140	CARDIOLOGY	12,931	0	12,931	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,486	0	5,486	0	59.03
59.04	03290	ELECTROMYOGRAPHY	9,423	0	9,423	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	39,085	0	39,085	0	59.05
60.00	06000	LABORATORY	64,812	0	64,812	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,887	0	21,887	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,932	0	4,932	0	65.00
66.00	06600	PHYSICAL THERAPY	809	0	809	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,639	0	6,639	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	0	13,711	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	351,138	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	54,708	0	54,708	0	90.00
90.01	09001	PSYCH CLINIC	481	0	481	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	777,420	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	420	0	420	0	90.03
91.00	09100	EMERGENCY	45,557	0	45,557	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	17,187	0	17,187	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,385	0	6,385	0	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
106.00	10600	HEART ACQUISITION	1,601	0	1,601	0	390,684	106.00
107.00	10700	LIVER ACQUISITION	1,344	0	1,344	0	637,957	107.00
108.00	10800	LUNG ACQUISITION	336	0	336	0	726,428	108.00
109.00	10900	PANCREAS ACQUISITION	336	0	336	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,620,261	304,080	1,594,307	260,475	405,608,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,472	190.00
191.00	19100	RESEARCH	1,694	0	1,694	0	242	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	2,880	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	117,893,574	5,695,629	30,215,889	15,632,712	9,837,717	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	72.686094	18.730693	18.932249	60.016170	0.024253	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,988,046	185,436	2,113,393	2,518,265	320,292	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	24.037687	0.609826	1.324180	9.667972	0.000790	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	4,821,888					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,224,945				14.00
15.00	01500	PHARMACY	0	976,760	4,592			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,707	0	7,573,481,296		16.00
17.00	01700	SOCIAL SERVICE	0	2,366	0	0	304,080	17.00
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	2,329	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,754,042	9,343	1,228	597,042,043	202,734	30.00
31.00	03100	INTENSIVE CARE UNIT	628,214	4,868	1,142	189,177,874	30,556	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	70,899	799	9	145,804,125	19,287	35.00
40.00	04000	SUBPROVIDER - IPF	22,240	32	0	28,246,148	9,998	40.00
43.00	04300	NURSERY	0	0	0	26,885,839	24,318	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	511,193	101,865	480	1,271,131,413	0	50.00
51.00	05100	RECOVERY ROOM	16,698	275	32	63,477,160	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,638	2,610	160	191,868,659	0	52.00
53.00	05300	ANESTHESIOLOGY	1,200	3,392	177	174,833,599	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,597	15,162	361	422,694,665	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,365	412	8	224,590,288	0	55.00
56.00	05600	RADIOISOTOPE	11,109	14,156	27	83,265,741	0	56.00
57.00	05700	CT SCAN	27,169	1,515	13	399,012,073	0	57.00
58.00	05800	MRI	65,075	2,103	172	298,844,866	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,350	16,712	31	116,680,004	0	59.00
59.01	03650	VASCULAR LAB	0	8	0	38,747,089	0	59.01
59.02	03140	CARDIOLOGY	0	161	14	206,174,806	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	3,828	346	18	17,762,944	0	59.03
59.04	03290	ELECTROMYOGRAPHY	18,795	13,501	18	50,588,177	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	57,181	6,012	45	169,809,972	0	59.05
60.00	06000	LABORATORY	0	23,956	29	970,309,613	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	38,133	10,761	65	51,372,875	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,783	52	34,854,699	0	63.00
65.00	06500	RESPIRATORY THERAPY	633	3,144	30	90,627,362	0	65.00
66.00	06600	PHYSICAL THERAPY	0	451	0	17,933,046	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15	0	9,451,817	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,472	195	0	71,847,574	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	301,099,686	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	319,171,516	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	546,599,400	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	26,074,990	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,104	1	26	4,957,876	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,451	831	277	32,488,001	0	90.00
90.01	09001	PSYCH CLINIC	33,961	18	0	1,933,307	0	90.01
90.02	09002	TRANSPLANT CLINIC	12,375	91	2	6,405,088	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	88,602	2,192	155	308,827,877	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	87,676	243	16	12,638,621	17,187	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	14,569	0	4	24,888,838	0 105.00
106.00	10600	HEART ACQUISITION	0	10	0	6,592,650	0 106.00
107.00	10700	LIVER ACQUISITION	10,899	0	1	10,081,359	0 107.00
108.00	10800	LUNG ACQUISITION	17,420	0	0	7,023,213	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,664,403	0 109.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,821,888	1,222,125	4,592	7,573,481,296	304,080 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	1,122	0	0	0 191.00
191.01	19101	SPONSERED PROJECT	0	1,698	0	0	0 191.01
194.00	07950	REAL ESTATE	0	0	0	0	0 194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0 194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0 194.02
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)	17,575,893	37,490,018	54,298,266	6,638,351	7,420,605 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.645023	30.605470	11,824.535279	0.000877	24.403463 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	769,418	2,506,056	3,752,381	247,898	345,107 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.159568	2.045852	817.156141	0.000033	1.134922 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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAIN CY) (PATIENT DA YS)	
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES	PRGM COSTS			
				APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)			
20.00			21.00	22.00	23.00	23.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		8,887				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,887			22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)				100		23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)					260,475	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)						23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,308	2,308	0	202,734	30.00
31.00	03100	INTENSIVE CARE UNIT	0	979	979	0	30,556	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	54	54			35.00
40.00	04000	SUBPROVIDER - IPF	0	271	271	0	9,998	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,223	2,223	0	0	50.00
51.00	05100	RECOVERY ROOM	0	103	103	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	367	367	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15	15	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	674	674	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	215	215	0	0	55.00
56.00	05600	RADIOISOTOPE	0	29	29	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	58	58	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	89	89	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	33	33	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	56	56	0	0	59.05
60.00	06000	LABORATORY	0	549	549	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	42	42	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	29	29	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2	2	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	3	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24	24	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	1	1	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	328	328	0	0	90.00
90.01	09001	PSYCH CLINIC	0	50	50	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	50	50	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	306	306	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	17,187	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAIN CY) (PATIENT DA YS)	
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00	22.00	23.00	23.01		
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,858	8,858	100	260,475	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	29	29	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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	59,177,895	6,056,536	2,081,571	467,143	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6,658.928210	681.505120	20,815.710000	1.793427	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,345,048	199,630	113,772	47,588	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	263.873973	22.463148	1,137.720000	0.182697	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAP HY) (ASSIGNED TIME) 23.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
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-(PHARMACY)					23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	100				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)		100			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)			100		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
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	100	0	0	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	100	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	100	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAP HY) (ASSIGNED TIME) 23.05	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	194.02
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)	415,963	475,013	472,343	513,069	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,159.630000	4,750.130000	4,723.430000	5,130.690000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,983	43,905	43,819	45,144	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	419.830000	439.050000	438.190000	451.440000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	307,804,808		307,804,808	1,334,970	309,139,778	30.00
31.00	03100	INTENSIVE CARE UNIT	85,728,236		85,728,236	366,397	86,094,633	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,729,897		28,729,897	0	28,729,897	35.00
40.00	04000	SUBPROVIDER - IPF	11,508,200		11,508,200	0	11,508,200	40.00
43.00	04300	NURSERY	7,302,014		7,302,014	0	7,302,014	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	143,280,641		143,280,641	1,180,675	144,461,316	50.00
51.00	05100	RECOVERY ROOM	14,189,404		14,189,404	39,408	14,228,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,745,681		38,745,681	29,869	38,775,550	52.00
53.00	05300	ANESTHESIOLOGY	10,999,313		10,999,313	139,345	11,138,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,208,481		65,208,481	79,541	65,288,022	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,937,354		20,937,354	73,468	21,010,822	55.00
56.00	05600	RADIOISOTOPE	26,690,227		26,690,227	367	26,690,594	56.00
57.00	05700	CT SCAN	17,292,885		17,292,885	61,212	17,354,097	57.00
58.00	05800	MRI	24,485,039		24,485,039	6,574	24,491,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,346,781		5,346,781	18,899	5,365,680	59.00
59.01	03650	VASCULAR LAB	2,215,924		2,215,924	0	2,215,924	59.01
59.02	03140	CARDIOLOGY	7,700,534		7,700,534	26,172	7,726,706	59.02
59.03	03560	PULMONARY FUNCTION TESTING	2,367,240		2,367,240	14,634	2,381,874	59.03
59.04	03290	ELECTROMYOGRAPHY	5,852,550		5,852,550	40,216	5,892,766	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	22,571,777		22,571,777	79,615	22,651,392	59.05
60.00	06000	LABORATORY	128,362,407		128,362,407	129,045	128,491,452	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,739,046		18,739,046	0	18,739,046	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,072,537		11,072,537	0	11,072,537	63.00
65.00	06500	RESPIRATORY THERAPY	17,819,315	0	17,819,315	12,083	17,831,398	65.00
66.00	06600	PHYSICAL THERAPY	6,669,566	0	6,669,566	2,495	6,672,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,867,127	0	3,867,127	0	3,867,127	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,218,527		9,218,527	139,520	9,358,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,543,761		53,543,761	0	53,543,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,644,925		92,644,925	0	92,644,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,010,614		136,010,614	0	136,010,614	73.00
74.00	07400	RENAL DIALYSIS	4,991,488		4,991,488	0	4,991,488	74.00
76.97	07697	CARDIAC REHABILITATION	1,030,895		1,030,895	3,010	1,033,905	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	26,176,524		26,176,524	85,155	26,261,679	90.00
90.01	09001	PSYCH CLINIC	5,718,662		5,718,662	18,503	5,737,165	90.01
90.02	09002	TRANSPLANT CLINIC	7,024,578		7,024,578	453,649	7,478,227	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	687,809		687,809	0	687,809	90.03
91.00	09100	EMERGENCY	36,795,820		36,795,820	314,187	37,110,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,006,054		25,006,054		25,006,054	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,270,226		8,270,226	0	8,270,226	92.01
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	16,024,029		16,024,029		16,024,029	105.00
106.00	10600	HEART ACQUISITION	5,634,376		5,634,376		5,634,376	106.00
107.00	10700	LIVER ACQUISITION	7,456,551		7,456,551		7,456,551	107.00
108.00	10800	LUNG ACQUISITION	3,664,548		3,664,548		3,664,548	108.00
109.00	10900	PANCREAS ACQUISITION	1,389,044		1,389,044		1,389,044	109.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	1,476,775,415	0	1,476,775,415	4,649,009	1,481,424,424	200.00
201.00		Less Observation Beds	25,006,054		25,006,054		25,006,054	201.00
202.00		Total (see instructions)	1,451,769,361	0	1,451,769,361	4,649,009	1,456,418,370	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	597,042,043		597,042,043			30.00
31.00	03100	INTENSIVE CARE UNIT	189,177,874		189,177,874			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	145,804,125		145,804,125			35.00
40.00	04000	SUBPROVIDER - IPF	28,246,148		28,246,148			40.00
43.00	04300	NURSERY	26,885,839		26,885,839			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	710,533,327	560,598,086	1,271,131,413	0.112719	0.000000	50.00
51.00	05100	RECOVERY ROOM	28,336,916	35,140,244	63,477,160	0.223536	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	185,308,629	6,560,030	191,868,659	0.201939	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	93,176,881	81,656,718	174,833,599	0.062913	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,536,979	297,157,686	422,694,665	0.154269	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,565,009	210,025,279	224,590,288	0.093225	0.000000	55.00
56.00	05600	RADIOISOTOPE	10,670,446	72,595,295	83,265,741	0.320543	0.000000	56.00
57.00	05700	CT SCAN	114,653,895	284,358,178	399,012,073	0.043339	0.000000	57.00
58.00	05800	MRI	48,517,123	250,327,743	298,844,866	0.081932	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,891,096	58,788,908	116,680,004	0.045824	0.000000	59.00
59.01	03650	VASCULAR LAB	15,148,279	23,598,810	38,747,089	0.057189	0.000000	59.01
59.02	03140	CARDIOLOGY	77,571,843	128,602,963	206,174,806	0.037350	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	3,868,855	13,894,089	17,762,944	0.133268	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	13,406,723	37,181,454	50,588,177	0.115690	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	17,397,866	152,412,106	169,809,972	0.132924	0.000000	59.05
60.00	06000	LABORATORY	329,466,910	640,842,703	970,309,613	0.132290	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	43,800,518	7,572,357	51,372,875	0.364765	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,985,467	17,869,232	34,854,699	0.317677	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	89,263,027	1,364,335	90,627,362	0.196622	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,888,802	2,044,244	17,933,046	0.371915	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,910,028	541,789	9,451,817	0.409141	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,344,305	28,503,269	71,847,574	0.128307	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,845,131	123,254,555	301,099,686	0.177827	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,008,183	109,163,333	319,171,516	0.290267	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	328,926,231	217,673,169	546,599,400	0.248831	0.000000	73.00
74.00	07400	RENAL DIALYSIS	26,074,990	0	26,074,990	0.191428	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	8,563	4,949,313	4,957,876	0.207931	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	187,388	32,300,613	32,488,001	0.805729	0.000000	90.00
90.01	09001	PSYCH CLINIC	154,136	1,779,171	1,933,307	2.957969	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	138,401	6,266,687	6,405,088	1.096718	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	77,954,273	230,873,604	308,827,877	0.119147	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,564,263	49,263,431	65,827,694	0.379871	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,956,690	6,681,931	12,638,621	0.654361	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	24,888,838	0	24,888,838			105.00
106.00	10600	HEART ACQUISITION	6,592,650	0	6,592,650			106.00
107.00	10700	LIVER ACQUISITION	10,081,359	0	10,081,359			107.00
108.00	10800	LUNG ACQUISITION	7,023,213	0	7,023,213			108.00
109.00	10900	PANCREAS ACQUISITION	1,664,403	0	1,664,403			109.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	3,945,467,665	3,693,841,325	7,639,308,990			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,945,467,665	3,693,841,325	7,639,308,990			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
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	0.113648		50.00
51.00	05100	RECOVERY ROOM	0.224156		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202094		52.00
53.00	05300	ANESTHESIOLOGY	0.063710		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154457		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093552		55.00
56.00	05600	RADIOISOTOPE	0.320547		56.00
57.00	05700	CT SCAN	0.043493		57.00
58.00	05800	MRI	0.081954		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045986		59.00
59.01	03650	VASCULAR LAB	0.057189		59.01
59.02	03140	CARDIOLOGY	0.037476		59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.134092		59.03
59.04	03290	ELECTROMYOGRAPHY	0.116485		59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.133393		59.05
60.00	06000	LABORATORY	0.132423		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.364765		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317677		63.00
65.00	06500	RESPIRATORY THERAPY	0.196755		65.00
66.00	06600	PHYSICAL THERAPY	0.372054		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409141		67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130249		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.177827		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.290267		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248831		73.00
74.00	07400	RENAL DIALYSIS	0.191428		74.00
76.97	07697	CARDIAC REHABILITATION	0.208538		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.808350		90.00
90.01	09001	PSYCH CLINIC	2.967540		90.01
90.02	09002	TRANSPLANT CLINIC	1.167545		90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000		90.03
91.00	09100	EMERGENCY	0.120164		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.379871		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.654361		92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	307,804,808		307,804,808	1,334,970
31.00	03100	INTENSIVE CARE UNIT	85,728,236		85,728,236	366,397
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,729,897		28,729,897	0
40.00	04000	SUBPROVIDER - IPF	11,508,200		11,508,200	0
43.00	04300	NURSERY	7,302,014		7,302,014	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	143,280,641		143,280,641	1,180,675
51.00	05100	RECOVERY ROOM	14,189,404		14,189,404	39,408
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,745,681		38,745,681	29,869
53.00	05300	ANESTHESIOLOGY	10,999,313		10,999,313	139,345
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,208,481		65,208,481	79,541
55.00	05500	RADIOLOGY-THERAPEUTIC	20,937,354		20,937,354	73,468
56.00	05600	RADIOISOTOPE	26,690,227		26,690,227	367
57.00	05700	CT SCAN	17,292,885		17,292,885	61,212
58.00	05800	MRI	24,485,039		24,485,039	6,574
59.00	05900	CARDIAC CATHETERIZATION	5,346,781		5,346,781	18,899
59.01	03650	VASCULAR LAB	2,215,924		2,215,924	0
59.02	03140	CARDIOLOGY	7,700,534		7,700,534	26,172
59.03	03560	PULMONARY FUNCTION TESTING	2,367,240		2,367,240	14,634
59.04	03290	ELECTROMYOGRAPHY	5,852,550		5,852,550	40,216
59.05	03340	GASTRO INTESTINAL SERVICES	22,571,777		22,571,777	79,615
60.00	06000	LABORATORY	128,362,407		128,362,407	129,045
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,739,046		18,739,046	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,072,537		11,072,537	0
65.00	06500	RESPIRATORY THERAPY	17,819,315	0	17,819,315	12,083
66.00	06600	PHYSICAL THERAPY	6,669,566	0	6,669,566	2,495
67.00	06700	OCCUPATIONAL THERAPY	3,867,127	0	3,867,127	0
70.00	07000	ELECTROENCEPHALOGRAPHY	9,218,527		9,218,527	139,520
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,543,761		53,543,761	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,644,925		92,644,925	0
73.00	07300	DRUGS CHARGED TO PATIENTS	136,010,614		136,010,614	0
74.00	07400	RENAL DIALYSIS	4,991,488		4,991,488	0
76.97	07697	CARDIAC REHABILITATION	1,030,895		1,030,895	3,010
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,176,524		26,176,524	85,155
90.01	09001	PSYCH CLINIC	5,718,662		5,718,662	18,503
90.02	09002	TRANSPLANT CLINIC	7,024,578		7,024,578	453,649
90.03	09003	MEDICINE THERAPY MANAGEMENT	687,809		687,809	0
91.00	09100	EMERGENCY	36,795,820		36,795,820	314,187
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,006,054		25,006,054	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,270,226		8,270,226	0
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	16,024,029		16,024,029	0
106.00	10600	HEART ACQUISITION	5,634,376		5,634,376	0
107.00	10700	LIVER ACQUISITION	7,456,551		7,456,551	0
108.00	10800	LUNG ACQUISITION	3,664,548		3,664,548	0
109.00	10900	PANCREAS ACQUISITION	1,389,044		1,389,044	0
116.00	11600	HOSPICE	0		0	0
200.00		Subtotal (see instructions)	1,476,775,415	0	1,476,775,415	4,649,009
201.00		Less Observation Beds	25,006,054		25,006,054	0
202.00		Total (see instructions)	1,451,769,361	0	1,451,769,361	4,649,009

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

			Title XIX			Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	597,042,043		597,042,043			30.00	
31.00	03100	INTENSIVE CARE UNIT	189,177,874		189,177,874			31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	145,804,125		145,804,125			35.00	
40.00	04000	SUBPROVIDER - IPF	28,246,148		28,246,148			40.00	
43.00	04300	NURSERY	26,885,839		26,885,839			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	710,533,327	560,598,086	1,271,131,413	0.112719	0.000000	50.00	
51.00	05100	RECOVERY ROOM	28,336,916	35,140,244	63,477,160	0.223536	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	185,308,629	6,560,030	191,868,659	0.201939	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	93,176,881	81,656,718	174,833,599	0.062913	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,536,979	297,157,686	422,694,665	0.154269	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	14,565,009	210,025,279	224,590,288	0.093225	0.000000	55.00	
56.00	05600	RADIOISOTOPE	10,670,446	72,595,295	83,265,741	0.320543	0.000000	56.00	
57.00	05700	CT SCAN	114,653,895	284,358,178	399,012,073	0.043339	0.000000	57.00	
58.00	05800	MRI	48,517,123	250,327,743	298,844,866	0.081932	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	57,891,096	58,788,908	116,680,004	0.045824	0.000000	59.00	
59.01	03650	VASCULAR LAB	15,148,279	23,598,810	38,747,089	0.057189	0.000000	59.01	
59.02	03140	CARDIOLOGY	77,571,843	128,602,963	206,174,806	0.037350	0.000000	59.02	
59.03	03560	PULMONARY FUNCTION TESTING	3,868,855	13,894,089	17,762,944	0.133268	0.000000	59.03	
59.04	03290	ELECTROMYOGRAPHY	13,406,723	37,181,454	50,588,177	0.115690	0.000000	59.04	
59.05	03340	GASTRO INTESTINAL SERVICES	17,397,866	152,412,106	169,809,972	0.132924	0.000000	59.05	
60.00	06000	LABORATORY	329,466,910	640,842,703	970,309,613	0.132290	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	43,800,518	7,572,357	51,372,875	0.364765	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,985,467	17,869,232	34,854,699	0.317677	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	89,263,027	1,364,335	90,627,362	0.196622	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	15,888,802	2,044,244	17,933,046	0.371915	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	8,910,028	541,789	9,451,817	0.409141	0.000000	67.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	43,344,305	28,503,269	71,847,574	0.128307	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,845,131	123,254,555	301,099,686	0.177827	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,008,183	109,163,333	319,171,516	0.290267	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	328,926,231	217,673,169	546,599,400	0.248831	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	26,074,990	0	26,074,990	0.191428	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	8,563	4,949,313	4,957,876	0.207931	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	187,388	32,300,613	32,488,001	0.805729	0.000000	90.00	
90.01	09001	PSYCH CLINIC	154,136	1,779,171	1,933,307	2.957969	0.000000	90.01	
90.02	09002	TRANSPLANT CLINIC	138,401	6,266,687	6,405,088	1.096718	0.000000	90.02	
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	0.000000	90.03	
91.00	09100	EMERGENCY	77,954,273	230,873,604	308,827,877	0.119147	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,564,263	49,263,431	65,827,694	0.379871	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,956,690	6,681,931	12,638,621	0.654361	0.000000	92.01	
	OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	24,888,838	0	24,888,838			105.00	
106.00	10600	HEART ACQUISITION	6,592,650	0	6,592,650			106.00	
107.00	10700	LIVER ACQUISITION	10,081,359	0	10,081,359			107.00	
108.00	10800	LUNG ACQUISITION	7,023,213	0	7,023,213			108.00	
109.00	10900	PANCREAS ACQUISITION	1,664,403	0	1,664,403			109.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	3,945,467,665	3,693,841,325	7,639,308,990			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	3,945,467,665	3,693,841,325	7,639,308,990			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	03650	VASCULAR LAB	0.000000			59.01
59.02	03140	CARDIOLOGY	0.000000			59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000			59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000			59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000			59.05
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PSYCH CLINIC	0.000000			90.01
90.02	09002	TRANSPLANT CLINIC	0.000000			90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

			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	34,981,204	0	34,981,204	212,476	164.64	30.00
31.00	INTENSIVE CARE UNIT	8,187,202		8,187,202	30,556	267.94	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,808,469		2,808,469	19,287	145.61	35.00
40.00	SUBPROVIDER - IPF	1,835,213	0	1,835,213	9,998	183.56	40.00
43.00	NURSERY	246,133		246,133	24,318	10.12	43.00
200.00	Total (lines 30 through 199)	48,058,221		48,058,221	296,635		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	60,123	9,898,651				30.00
31.00	INTENSIVE CARE UNIT	11,946	3,200,811				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,730	317,559				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	73,799	13,417,021				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/29/2020 12:18 pm

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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,238,519	1,271,131,413	0.011201	236,602,544	2,650,185	50.00
51.00	05100 RECOVERY ROOM	1,251,613	63,477,160	0.019718	9,366,020	184,679	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,751,743	191,868,659	0.019554	210,951	4,125	52.00
53.00	05300 ANESTHESIOLOGY	644,408	174,833,599	0.003686	31,593,764	116,455	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,528,307	422,694,665	0.015444	41,855,308	646,413	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,294,758	224,590,288	0.010218	4,619,489	47,202	55.00
56.00	05600 RADIOISOTOPE	1,950,612	83,265,741	0.023426	4,279,579	100,253	56.00
57.00	05700 CT SCAN	1,840,412	399,012,073	0.004612	41,925,273	193,359	57.00
58.00	05800 MRI	1,682,605	298,844,866	0.005630	15,496,274	87,244	58.00
59.00	05900 CARDIAC CATHETERIZATION	450,144	116,680,004	0.003858	28,664,535	110,588	59.00
59.01	03650 VASCULAR LAB	237,313	38,747,089	0.006125	6,037,897	36,982	59.01
59.02	03140 CARDIOLOGY	829,816	206,174,806	0.004025	31,020,582	124,858	59.02
59.03	03560 PULMONARY FUNCTION TESTING	328,109	17,762,944	0.018472	1,316,920	24,326	59.03
59.04	03290 ELECTROMYOGRAPHY	630,287	50,588,177	0.012459	6,521,085	81,246	59.04
59.05	03340 GASTRO INTESTINAL SERVICES	2,493,960	169,809,972	0.014687	6,769,923	99,430	59.05
60.00	06000 LABORATORY	7,087,950	970,309,613	0.007305	110,804,463	809,427	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,619,383	51,372,875	0.031522	13,506,742	425,760	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	386,045	34,854,699	0.011076	4,700,928	52,067	63.00
65.00	06500 RESPIRATORY THERAPY	1,044,783	90,627,362	0.011528	32,334,333	372,750	65.00
66.00	06600 PHYSICAL THERAPY	253,482	17,933,046	0.014135	6,753,307	95,458	66.00
67.00	06700 OCCUPATIONAL THERAPY	419,621	9,451,817	0.044396	3,818,893	169,544	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	907,639	71,847,574	0.012633	12,832,525	162,113	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,744,590	301,099,686	0.005794	40,975,604	237,413	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,017,708	319,171,516	0.009455	99,305,626	938,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,362,828	546,599,400	0.007982	123,165,011	983,103	73.00
74.00	07400 RENAL DIALYSIS	162,626	26,074,990	0.006237	12,252,169	76,417	74.00
76.97	07697 CARDIAC REHABILITATION	44,991	4,957,876	0.009075	4,224	38	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,394,334	32,488,001	0.104480	99,845	10,432	90.00
90.01	09001 PSYCH CLINIC	208,878	1,933,307	0.108042	2,879	311	90.01
90.02	09002 TRANSPLANT CLINIC	230,197	6,405,088	0.035940	103,532	3,721	90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	40,972	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	3,287,367	308,827,877	0.010645	29,152,368	310,327	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,829,610	65,827,694	0.042985	11,811,266	507,707	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	417,497	12,638,621	0.033033	2,804,754	92,649	92.01
200.00	Total (lines 50 through 199)	70,613,107	6,601,902,498		970,708,613	9,755,517	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/29/2020 12:18 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	363,588	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	54,800	0	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	17,931	0	40.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	436,319	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	363,588	212,476	1.71	60,123	30.00			
31.00	03100	INTENSIVE CARE UNIT		54,800	30,556	1.79	11,946	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	19,287	0.00	0	35.00			
40.00	04000	SUBPROVIDER - IPF	0	17,931	9,998	1.79	1,730	40.00			
43.00	04300	NURSERY		0	24,318	0.00	0	43.00			
200.00		Total (lines 30 through 199)		436,319	296,635		73,799	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	102,810								30.00
31.00	03100	INTENSIVE CARE UNIT	21,383								31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0								35.00
40.00	04000	SUBPROVIDER - IPF	3,097								40.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	127,290								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	929,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	475,013	55.00
56.00	05600	RADIOISOTOPE	0	0	0	472,343	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
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	2,081,571	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	29,407	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	30,824	92.01
200.00		Total (lines 50 through 199)	0	0	0	4,018,190	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

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	1,271,131,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	63,477,160	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	191,868,659	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	174,833,599	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	929,032	422,694,665	0.002198	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	475,013	224,590,288	0.002115	55.00
56.00	05600	RADIOISOTOPE	0	472,343	83,265,741	0.005673	56.00
57.00	05700	CT SCAN	0	0	399,012,073	0.000000	57.00
58.00	05800	MRI	0	0	298,844,866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	116,680,004	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	38,747,089	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	206,174,806	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	17,762,944	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	50,588,177	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	169,809,972	0.000000	59.05
60.00	06000	LABORATORY	0	0	970,309,613	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	51,372,875	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	34,854,699	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	90,627,362	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	17,933,046	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,451,817	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	71,847,574	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	301,099,686	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	319,171,516	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,081,571	546,599,400	0.003808	73.00
74.00	07400	RENAL DIALYSIS	0	0	26,074,990	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	4,957,876	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	32,488,001	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	1,933,307	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	6,405,088	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	308,827,877	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	29,407	65,827,694	0.000447	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	30,824	12,638,621	0.002439	92.01
200.00		Total (lines 50 through 199)	0	4,018,190	6,601,902,498		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	236,602,544	0	118,671,427	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	9,366,020	0	6,515,560	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	210,951	0	30,646	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	31,593,764	0	18,073,796	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002198	41,855,308	91,998	60,441,623	132,851	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002115	4,619,489	9,770	70,445,192	148,992	55.00
56.00	05600	RADIOISOTOPE	0.005673	4,279,579	24,278	28,107,330	159,453	56.00
57.00	05700	CT SCAN	0.000000	41,925,273	0	89,864,655	0	57.00
58.00	05800	MRI	0.000000	15,496,274	0	64,914,393	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	28,664,535	0	24,209,053	0	59.00
59.01	03650	VASCULAR LAB	0.000000	6,037,897	0	8,963,183	0	59.01
59.02	03140	CARDIOLOGY	0.000000	31,020,582	0	40,401,381	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	1,316,920	0	4,729,831	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	6,521,085	0	14,438,339	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	6,769,923	0	36,971,465	0	59.05
60.00	06000	LABORATORY	0.000000	110,804,463	0	55,840,205	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	13,506,742	0	2,657,056	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	4,700,928	0	4,315,289	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	32,334,333	0	364,845	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,753,307	0	264,706	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,818,893	0	116,143	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	12,832,525	0	7,053,485	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	40,975,604	0	36,592,856	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	99,305,626	0	37,215,730	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003808	123,165,011	469,012	68,567,552	261,105	73.00
74.00	07400	RENAL DIALYSIS	0.000000	12,252,169	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	4,224	0	2,062,896	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	99,845	0	10,122,440	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	2,879	0	306,817	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	103,532	0	2,582,904	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	29,152,368	0	38,422,605	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000447	11,811,266	5,280	12,074,232	5,397	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002439	2,804,754	6,841	2,259,060	5,510	92.01
200.00		Total (lines 50 through 199)		970,708,613	607,179	867,596,695	713,308	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
1/29/2020 12:18 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.112719	118,671,427	0	0	13,376,525	50.00
51.00	05100	RECOVERY ROOM	0.223536	6,515,560	0	0	1,456,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.201939	30,646	0	0	6,189	52.00
53.00	05300	ANESTHESIOLOGY	0.062913	18,073,796	0	0	1,137,077	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154269	60,441,623	0	0	9,324,269	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093225	70,445,192	0	0	6,567,253	55.00
56.00	05600	RADIOISOTOPE	0.320543	28,107,330	0	0	9,009,608	56.00
57.00	05700	CT SCAN	0.043339	89,864,655	0	0	3,894,644	57.00
58.00	05800	MRI	0.081932	64,914,393	0	0	5,318,566	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045824	24,209,053	0	0	1,109,356	59.00
59.01	03650	VASCULAR LAB	0.057189	8,963,183	0	0	512,595	59.01
59.02	03140	CARDIOLOGY	0.037350	40,401,381	0	0	1,508,992	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.133268	4,729,831	0	0	630,335	59.03
59.04	03290	ELECTROMYOGRAPHY	0.115690	14,438,339	0	0	1,670,371	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.132924	36,971,465	0	0	4,914,395	59.05
60.00	06000	LABORATORY	0.132290	55,840,205	284	0	7,387,101	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.364765	2,657,056	0	0	969,201	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317677	4,315,289	0	0	1,370,868	63.00
65.00	06500	RESPIRATORY THERAPY	0.196622	364,845	0	0	71,737	65.00
66.00	06600	PHYSICAL THERAPY	0.371915	264,706	0	0	98,448	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409141	116,143	0	0	47,519	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128307	7,053,485	0	0	905,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.177827	36,592,856	0	0	6,507,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.290267	37,215,730	328,878	0	10,802,498	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248831	68,567,552	169,342	0	17,061,733	73.00
74.00	07400	RENAL DIALYSIS	0.191428	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.207931	2,062,896	0	0	428,940	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.805729	10,122,440	6,490	0	8,155,943	90.00
90.01	09001	PSYCH CLINIC	2.957969	306,817	0	0	907,555	90.01
90.02	09002	TRANSPLANT CLINIC	1.096718	2,582,904	0	0	2,832,717	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.119147	38,422,605	0	0	4,577,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.379871	12,074,232	0	0	4,586,651	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.654361	2,259,060	0	0	1,478,241	92.01
200.00		Subtotal (see instructions)		867,596,695	504,994	0	128,625,936	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		867,596,695	504,994	0	128,625,936	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part V
Date/Time Prepared:
1/29/2020 12:18 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	03650	VASCULAR LAB	0	0		59.01
59.02	03140	CARDIOLOGY	0	0		59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0		59.03
59.04	03290	ELECTROMYOGRAPHY	0	0		59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0		59.05
60.00	06000	LABORATORY	38	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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
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	95,462	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,138	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	5,229	0		90.00
90.01	09001	PSYCH CLINIC	0	0		90.01
90.02	09002	TRANSPLANT CLINIC	0	0		90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	142,867	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	142,867	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2018

Part II

To 08/31/2019

Date/Time Prepared:

1/29/2020 12:18 pm

				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	14,238,519	1,271,131,413	0.011201	0	0	50.00	
51.00	05100	RECOVERY ROOM	1,251,613	63,477,160	0.019718	109,144	2,152	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,751,743	191,868,659	0.019554	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	644,408	174,833,599	0.003686	116,080	428	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,528,307	422,694,665	0.015444	36,053	557	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,294,758	224,590,288	0.010218	0	0	55.00	
56.00	05600	RADIOISOTOPE	1,950,612	83,265,741	0.023426	0	0	56.00	
57.00	05700	CT SCAN	1,840,412	399,012,073	0.004612	55,404	256	57.00	
58.00	05800	MRI	1,682,605	298,844,866	0.005630	34,827	196	58.00	
59.00	05900	CARDIAC CATHETERIZATION	450,144	116,680,004	0.003858	0	0	59.00	
59.01	03650	VASCULAR LAB	237,313	38,747,089	0.006125	17,530	107	59.01	
59.02	03140	CARDIOLOGY	829,816	206,174,806	0.004025	70,203	283	59.02	
59.03	03560	PULMONARY FUNCTION TESTING	328,109	17,762,944	0.018472	0	0	59.03	
59.04	03290	ELECTROMYOGRAPHY	630,287	50,588,177	0.012459	0	0	59.04	
59.05	03340	GASTRO INTESTINAL SERVICES	2,493,960	169,809,972	0.014687	7,461	110	59.05	
60.00	06000	LABORATORY	7,087,950	970,309,613	0.007305	295,503	2,159	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,619,383	51,372,875	0.031522	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	386,045	34,854,699	0.011076	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	1,044,783	90,627,362	0.011528	18,472	213	65.00	
66.00	06600	PHYSICAL THERAPY	253,482	17,933,046	0.014135	5,579	79	66.00	
67.00	06700	OCCUPATIONAL THERAPY	419,621	9,451,817	0.044396	302,272	13,420	67.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	907,639	71,847,574	0.012633	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,744,590	301,099,686	0.005794	6,293	36	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,017,708	319,171,516	0.009455	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,362,828	546,599,400	0.007982	235,312	1,878	73.00	
74.00	07400	RENAL DIALYSIS	162,626	26,074,990	0.006237	59,225	369	74.00	
76.97	07697	CARDIAC REHABILITATION	44,991	4,957,876	0.009075	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,394,334	32,488,001	0.104480	0	0	90.00	
90.01	09001	PSYCH CLINIC	208,878	1,933,307	0.108042	31,771	3,433	90.01	
90.02	09002	TRANSPLANT CLINIC	230,197	6,405,088	0.035940	0	0	90.02	
90.03	09003	MEDICINE THERAPY MANAGEMENT	40,972	0	0.000000	0	0	90.03	
91.00	09100	EMERGENCY	3,287,367	308,827,877	0.010645	304,493	3,241	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	65,827,694	0.000000	14,715	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	417,497	12,638,621	0.033033	0	0	92.01	
200.00		Total (lines 50 through 199)	67,783,497	6,601,902,498		1,720,337	28,917	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 12:18 pm	
				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	929,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	475,013	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	472,343	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
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	2,081,571	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	30,824	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	3,988,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 12:18 pm	
				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	1,271,131,413	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	63,477,160	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	191,868,659	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	174,833,599	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	929,032	929,032	422,694,665	0.002198	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	475,013	475,013	224,590,288	0.002115	55.00
56.00	05600	RADIOISOTOPE		0	472,343	472,343	83,265,741	0.005673	56.00
57.00	05700	CT SCAN		0	0	0	399,012,073	0.000000	57.00
58.00	05800	MRI		0	0	0	298,844,866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	116,680,004	0.000000	59.00
59.01	03650	VASCULAR LAB		0	0	0	38,747,089	0.000000	59.01
59.02	03140	CARDIOLOGY		0	0	0	206,174,806	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	17,762,944	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	50,588,177	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	169,809,972	0.000000	59.05
60.00	06000	LABORATORY		0	0	0	970,309,613	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	51,372,875	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	34,854,699	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	90,627,362	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	17,933,046	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,451,817	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	71,847,574	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	301,099,686	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	319,171,516	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	2,081,571	2,081,571	546,599,400	0.003808	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	26,074,990	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	4,957,876	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	32,488,001	0.000000	90.00
90.01	09001	PSYCH CLINIC		0	0	0	1,933,307	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	6,405,088	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	308,827,877	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	65,827,694	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	30,824	30,824	12,638,621	0.002439	92.01
200.00		Total (lines 50 through 199)		0	3,988,783	3,988,783	6,601,902,498		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 12:18 pm	
				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	162,260	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	109,144	0	402,756	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	116,080	0	71,700	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.002198	36,053	79	139,638	307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.002115	0	0	2,338	5	55.00
56.00	05600	RADIOISOTOPE		0.005673	0	0	1,901	11	56.00
57.00	05700	CT SCAN		0.000000	55,404	0	120,346	0	57.00
58.00	05800	MRI		0.000000	34,827	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	11,004	0	59.00
59.01	03650	VASCULAR LAB		0.000000	17,530	0	0	0	59.01
59.02	03140	CARDIOLOGY		0.000000	70,203	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	1,897	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0.000000	7,461	0	0	0	59.05
60.00	06000	LABORATORY		0.000000	295,503	0	434,768	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	18,472	0	5,468	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,579	0	15,119	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	302,272	0	4,196	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	58,016	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	6,293	0	71,634	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		0.003808	235,312	896	286,587	1,091	73.00
74.00	07400	RENAL DIALYSIS		0.000000	59,225	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0.000000	31,771	0	575	0	90.01
90.02	09002	TRANSPLANT CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.000000	304,493	0	327,517	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	14,715	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.002439	0	0	8,145	20	92.01
200.00		Total (lines 50 through 199)			1,720,337	975	2,125,865	1,434	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2018

Part V

To 08/31/2019

Date/Time Prepared:

1/29/2020 12:18 pm

Title XVIII

Subprovider -
IPF

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	0.112719	162,260	0	0	18,290 50.00
51.00	05100 RECOVERY ROOM	0.223536	402,756	0	0	90,030 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.201939	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.062913	71,700	0	0	4,511 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154269	139,638	0	0	21,542 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093225	2,338	0	0	218 55.00
56.00	05600 RADIOISOTOPE	0.320543	1,901	0	0	609 56.00
57.00	05700 CT SCAN	0.043339	120,346	0	0	5,216 57.00
58.00	05800 MRI	0.081932	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045824	11,004	0	0	504 59.00
59.01	03650 VASCULAR LAB	0.057189	0	0	0	0 59.01
59.02	03140 CARDIOLOGY	0.037350	0	0	0	0 59.02
59.03	03560 PULMONARY FUNCTION TESTING	0.133268	1,897	0	0	253 59.03
59.04	03290 ELECTROMYOGRAPHY	0.115690	0	0	0	0 59.04
59.05	03340 GASTRO INTESTINAL SERVICES	0.132924	0	0	0	0 59.05
60.00	06000 LABORATORY	0.132290	434,768	0	0	57,515 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.364765	0	0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.317677	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.196622	5,468	0	0	1,075 65.00
66.00	06600 PHYSICAL THERAPY	0.371915	15,119	0	0	5,623 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409141	4,196	0	0	1,717 67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128307	58,016	0	0	7,444 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.177827	71,634	0	0	12,738 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.290267	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248831	286,587	0	0	71,312 73.00
74.00	07400 RENAL DIALYSIS	0.191428	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.207931	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.805729	0	0	0	0 90.00
90.01	09001 PSYCH CLINIC	2.957969	575	0	0	1,701 90.01
90.02	09002 TRANSPLANT CLINIC	1.096718	0	0	0	0 90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0 90.03
91.00	09100 EMERGENCY	0.119147	327,517	0	0	39,023 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.379871	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.654361	8,145	0	0	5,330 92.01
200.00	Subtotal (see instructions)		2,125,865	0	0	344,651 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		2,125,865	0	0	344,651 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2018
To 08/31/2019Part V
Date/Time Prepared:
1/29/2020 12:18 pm

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
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	03650	VASCULAR LAB	0	0		59.01
59.02	03140	CARDIOLOGY	0	0		59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0		59.03
59.04	03290	ELECTROMYOGRAPHY	0	0		59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0		59.05
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PSYCH CLINIC	0	0		90.01
90.02	09002	TRANSPLANT CLINIC	0	0		90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
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 OTHER PASS THROUGH COSTS					Provider CCN: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/29/2020 12:18 pm		
					Title XIX		Hospital		Cost		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	363,588	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	54,800	0	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	17,931	0	40.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	436,319	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	363,588	212,476	1.71	11,161	30.00			
31.00	03100	INTENSIVE CARE UNIT		54,800	30,556	1.79	2,222	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	19,287	0.00	3,740	35.00			
40.00	04000	SUBPROVIDER - IPF	0	17,931	9,998	1.79	434	40.00			
43.00	04300	NURSERY		0	24,318	0.00	2,093	43.00			
200.00		Total (lines 30 through 199)		436,319	296,635		19,650	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	19,085							30.00	
31.00	03100	INTENSIVE CARE UNIT	3,977							31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0							35.00	
40.00	04000	SUBPROVIDER - IPF	777							40.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	23,839							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Title XIX			Hospital		Cost	
		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	929,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	475,013	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	472,343	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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	2,081,571	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	30,824	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	3,988,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Title XIX			Hospital		Cost	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,271,131,413	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	63,477,160	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	191,868,659	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	174,833,599	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	929,032	929,032	422,694,665	0.002198	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	475,013	475,013	224,590,288	0.002115	55.00
56.00	05600	RADIOISOTOPE	0	472,343	472,343	83,265,741	0.005673	56.00
57.00	05700	CT SCAN	0	0	0	399,012,073	0.000000	57.00
58.00	05800	MRI	0	0	0	298,844,866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	116,680,004	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	38,747,089	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	206,174,806	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	17,762,944	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	50,588,177	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	169,809,972	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	970,309,613	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	51,372,875	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	34,854,699	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	90,627,362	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,933,046	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,451,817	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	71,847,574	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	301,099,686	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	319,171,516	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,081,571	2,081,571	546,599,400	0.003808	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	26,074,990	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,957,876	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	32,488,001	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	1,933,307	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,405,088	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	308,827,877	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	65,827,694	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	30,824	30,824	12,638,621	0.002439	92.01
200.00		Total (lines 50 through 199)	0	3,988,783	3,988,783	6,601,902,498		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002198	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002115	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.005673	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0.000000	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
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
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	0.003808	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002439	0	0	0	0	92.01
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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 12:18 pm	
				Title XIX		Subprovider - IPF		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	929,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	475,013	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	472,343	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
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	2,081,571	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	30,824	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	3,988,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 12:18 pm	
				Title XIX		Subprovider - IPF		Cost	
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	1,271,131,413	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	63,477,160	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	191,868,659	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	174,833,599	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	929,032	929,032	422,694,665	0.002198	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	475,013	475,013	224,590,288	0.002115	55.00
56.00	05600	RADIOISOTOPE		0	472,343	472,343	83,265,741	0.005673	56.00
57.00	05700	CT SCAN		0	0	0	399,012,073	0.000000	57.00
58.00	05800	MRI		0	0	0	298,844,866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	116,680,004	0.000000	59.00
59.01	03650	VASCULAR LAB		0	0	0	38,747,089	0.000000	59.01
59.02	03140	CARDIOLOGY		0	0	0	206,174,806	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	17,762,944	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	50,588,177	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	169,809,972	0.000000	59.05
60.00	06000	LABORATORY		0	0	0	970,309,613	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	51,372,875	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	34,854,699	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	90,627,362	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	17,933,046	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,451,817	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	71,847,574	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	301,099,686	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	319,171,516	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	2,081,571	2,081,571	546,599,400	0.003808	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	26,074,990	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	4,957,876	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	32,488,001	0.000000	90.00
90.01	09001	PSYCH CLINIC		0	0	0	1,933,307	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	6,405,088	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	308,827,877	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	65,827,694	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	30,824	30,824	12,638,621	0.002439	92.01
200.00		Total (lines 50 through 199)		0	3,988,783	3,988,783	6,601,902,498		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/29/2020 12:18 pm	
				Title XIX		Subprovider - IPF		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		0.002198	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.002115	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.005673	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0.000000	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0.000000	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
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
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		0.003808	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0.000000	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.002439	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
PART I - ALL PROVIDER COMPONENTS				1.00	
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			212,476	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			212,476	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)			195,289	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)			60,123	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)			309,139,778	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)			309,139,778	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)			309,139,778	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)			1,454.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			87,475,358	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)			87,475,358	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/29/2020 12:18 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	86,094,633	30,556	2,817.60	11,946	33,659,050	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	28,729,897	19,287	1,489.60	0	0	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					159,414,033	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					280,548,441	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)					13,223,655	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,362,696	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					23,586,351	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					256,962,090	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)					17,187	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,454.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					25,006,054	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/29/2020 12:18 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	34,981,204	309,139,778	0.113157	25,006,054	2,829,610	90.00
91.00 Nursing School cost	0	309,139,778	0.000000	25,006,054	0	91.00
92.00 Allied health cost	363,588	309,139,778	0.001176	25,006,054	29,407	92.00
93.00 All other Medical Education	0	309,139,778	0.000000	25,006,054	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm
		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)		9,998	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,998	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)		9,998	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)		1,730	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)		11,508,200	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)		11,508,200	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)		11,508,200	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)		1,151.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,991,317	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,991,317	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description					
	1.00				
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					423,305
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,414,622
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					320,656
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,892
52.00 Total Program excludable cost (sum of lines 50 and 51)					350,548
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,064,074
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm	
		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	1,835,213	11,508,200	0.159470	0	0	90.00
91.00 Nursing School cost	0	11,508,200	0.000000	0	0	91.00
92.00 Allied health cost	17,931	11,508,200	0.001558	0	0	92.00
93.00 All other Medical Education	0	11,508,200	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		212,476	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		212,476	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)		195,289	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)		11,161	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)		24,318	15.00
16.00	Nursery days (title V or XIX only)		2,093	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)		307,804,808	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)		307,804,808	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)		307,804,808	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)		1,448.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,168,494	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)		16,168,494	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/29/2020 12:18 pm

		Title XIX		Hospital		Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	7,302,014	24,318	300.27	2,093	628,465	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	85,728,236	30,556	2,805.61	2,222	6,234,065	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	28,729,897	19,287	1,489.60	3,740	5,571,104	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)						28,602,128	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)						17,187	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,448.66	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						24,898,119	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/29/2020 12:18 pm

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	34,981,204	307,804,808	0.113647	24,898,119	2,829,597	90.00
91.00	Nursing School cost	0	307,804,808	0.000000	24,898,119	0	91.00
92.00	Allied health cost	363,588	307,804,808	0.001181	24,898,119	29,405	92.00
93.00	All other Medical Education	0	307,804,808	0.000000	24,898,119	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm
		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)		9,998	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,998	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)		9,998	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)		434	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)		24,318	15.00
16.00	Nursery days (title V or XIX only)		2,093	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)		11,508,200	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)		11,508,200	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)		11,508,200	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)		1,151.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		499,556	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)		499,556	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/29/2020 12:18 pm
			Title XIX	Subprovider - IPF	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)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					499,556
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
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

Period:

Worksheet D-1

Component CCN: 14-S281

From 09/01/2018
To 08/31/2019Date/Time Prepared:
1/29/2020 12:18 pm

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	1,835,213	11,508,200	0.159470	0	0	90.00
91.00	Nursing School cost	0	11,508,200	0.000000	0	0	91.00
92.00	Allied health cost	17,931	11,508,200	0.001558	0	0	92.00
93.00	All other Medical Education	0	11,508,200	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00 Total cost of services rendered	100.00	0				1.00
Hospital Inpatient Routine Services:						
2.00 ADULTS & PEDIATRICS	95.01	0	212,476	0.00	0	2.00
3.00 INTENSIVE CARE UNIT	0.00	0	30,556	0.00	0	3.00
4.00 CORONARY CARE UNIT						4.00
5.00 BURN INTENSIVE CARE UNIT						5.00
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00
7.00 NEONATAL INTENSIVE CARE UNIT	0.00	0	19,287	0.00	0	7.00
8.00 NURSERY	0.00	0	24,318	0.00	0	8.00
9.00 Subtotal (sum of lines 2 through 8)	95.01	0				9.00
10.00 SUBPROVIDER - IPF	0.00	0	9,998	0.00	0	10.00
11.00 SUBPROVIDER - IRF						11.00
12.00 SUBPROVIDER						12.00
13.00 SKILLED NURSING FACILITY						13.00
14.00 NURSING FACILITY						14.00
15.00 OTHER LONG TERM CARE						15.00
16.00 HOME HEALTH AGENCY						16.00
17.00 CMHC						17.00
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00 HOSPICE	0.00	0				19.00
20.00 Subtotal (sum of lines 9 through 19)	95.01	0				20.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V	
	1.00	2.00	3.00	4.00	5.00	
Hospital Outpatient Services:						
21.00 RURAL HEALTH CLINIC						21.00
22.00 FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00 CLINIC	4.99	0	32,488,001	0.000000	0	23.00
23.01 PSYCH CLINIC	0.00	0	1,933,307	0.000000	0	23.01
23.02 TRANSPLANT CLINIC	0.00	0	6,405,088	0.000000	0	23.02
23.03 MEDICINE THERAPY MANAGEMENT	0.00	0	0	0.000000	0	23.03
24.00 EMERGENCY	0.00	0	308,827,877	0.000000	0	24.00
25.00 OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	65,827,694	0.000000	0	25.00
25.01 OBSERVATION BEDS (DISTINCT PART)	0.00	0	12,638,621	0.000000	0	25.01
26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00 Subtotal (sum of lines 21 through 26)	4.99	0				27.00
28.00 Total (sum of lines 20 and 27)	100.00	0				28.00
Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00 ADULTS & PEDIATRICS	0	0	0	0	0.00	29.00
30.00 Swing Bed - SNF		0	0	0	0.00	30.00
31.00 Swing Bed - NF		0				31.00
32.00 INTENSIVE CARE UNIT	0		0	0	0.00	32.00
33.00 CORONARY CARE UNIT						33.00
34.00 BURN INTENSIVE CARE UNIT						34.00
35.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	35.00
36.00 NEONATAL INTENSIVE CARE UNIT	0		0	0	0.00	36.00
37.00 Subtotal (sum of lines 29, and 32 through 36)	0		0			37.00
38.00 SUBPROVIDER - IPF	0	0	0	0	0.00	38.00
39.00 SUBPROVIDER - IRF						39.00
40.00 SUBPROVIDER						40.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
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Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)	0		0			42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
	PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)						
	Hospital						
43.00	Inpatient	col. 9, line 9.00			0	line 37.00	43.00
44.00	Outpatient	col. 9, line 27.00			0		44.00
45.00	Total Hospital (sum of lines 43 and 44)				0		45.00
46.00	SUBPROVIDER - IPF	col. 9, line 10.00			0	col. 9, line 38.00	46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
		Title XVIII, Part B Only less Part A Coverage but no Part B Coverage	Title XIX				
		6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered						1.00
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	60,123	11,161	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	11,946	2,222	0	0	0	3.00
4.00	CORONARY CARE UNIT						4.00
5.00	BURN INTENSIVE CARE UNIT						5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	0	3,740	0	0	0	7.00
8.00	NURSERY		2,093	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	0	9.00
10.00	SUBPROVIDER - IPF	1,730	434	0	0	0	10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00	CLINIC	11,553,048	0	0	0	0	23.00
23.01	PSYCH CLINIC	2,663,645	0	0	0	0	23.01
23.02	TRANSPLANT CLINIC	5,601,117	0	0	0	0	23.02
23.03	MEDICINE THERAPY MANAGEMENT	1,012	0	0	0	0	23.03
24.00	EMERGENCY	125,932,851	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	42,764,316	0	0	0	0	25.00
25.01	OBSERVATION BEDS (DISTINCT PART)	6,746,915	0	0	0	0	25.01
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT						33.00
34.00	BURN INTENSIVE CARE UNIT						34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			35.00
36.00	NEONATAL INTENSIVE CARE UNIT	0	0	0			36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0			37.00
38.00	SUBPROVIDER - IPF	0	0	0			38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)		0	0			42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
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Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22	0	45.00
46.00	SUBPROVIDER - IPF	0	line 22	0	46.00
47.00	SUBPROVIDER - IRF				47.00
48.00	SUBPROVIDER				48.00
49.00	SKILLED NURSING FACILITY				49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/29/2020 12:18 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		177,471,705	30.00
31.00	03100	INTENSIVE CARE UNIT		68,767,014	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
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	0.113648	236,602,544	50.00
51.00	05100	RECOVERY ROOM	0.224156	9,366,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202094	210,951	52.00
53.00	05300	ANESTHESIOLOGY	0.063710	31,593,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154457	41,855,308	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093552	4,619,489	55.00
56.00	05600	RADIOISOTOPE	0.320547	4,279,579	56.00
57.00	05700	CT SCAN	0.043493	41,925,273	57.00
58.00	05800	MRI	0.081954	15,496,274	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045986	28,664,535	59.00
59.01	03650	VASCULAR LAB	0.057189	6,037,897	59.01
59.02	03140	CARDIOLOGY	0.037476	31,020,582	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.134092	1,316,920	59.03
59.04	03290	ELECTROMYOGRAPHY	0.116485	6,521,085	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.133393	6,769,923	59.05
60.00	06000	LABORATORY	0.132423	110,804,463	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.364765	13,506,742	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317677	4,700,928	63.00
65.00	06500	RESPIRATORY THERAPY	0.196755	32,334,333	65.00
66.00	06600	PHYSICAL THERAPY	0.372054	6,753,307	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409141	3,818,893	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130249	12,832,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.177827	40,975,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.290267	99,305,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248831	123,165,011	73.00
74.00	07400	RENAL DIALYSIS	0.191428	12,252,169	74.00
76.97	07697	CARDIAC REHABILITATION	0.208538	4,224	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.808350	99,845	90.00
90.01	09001	PSYCH CLINIC	2.967540	2,879	90.01
90.02	09002	TRANSPLANT CLINIC	1.167545	103,532	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	90.03
91.00	09100	EMERGENCY	0.120164	29,152,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.379871	11,811,266	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.654361	2,804,754	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		970,708,613	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)		970,708,613	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/29/2020 12:18 pm	
		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
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,549,776		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.113648	0	0	50.00
51.00	05100 RECOVERY ROOM	0.224156	109,144	24,465	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202094	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063710	116,080	7,395	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154457	36,053	5,569	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093552	0	0	55.00
56.00	05600 RADIOISOTOPE	0.320547	0	0	56.00
57.00	05700 CT SCAN	0.043493	55,404	2,410	57.00
58.00	05800 MRI	0.081954	34,827	2,854	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045986	0	0	59.00
59.01	03650 VASCULAR LAB	0.057189	17,530	1,003	59.01
59.02	03140 CARDIOLOGY	0.037476	70,203	2,631	59.02
59.03	03560 PULMONARY FUNCTION TESTING	0.134092	0	0	59.03
59.04	03290 ELECTROMYOGRAPHY	0.116485	0	0	59.04
59.05	03340 GASTRO INTESTINAL SERVICES	0.133393	7,461	995	59.05
60.00	06000 LABORATORY	0.132423	295,503	39,131	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.364765	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.317677	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.196755	18,472	3,634	65.00
66.00	06600 PHYSICAL THERAPY	0.372054	5,579	2,076	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409141	302,272	123,672	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130249	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.177827	6,293	1,119	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.290267	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248831	235,312	58,553	73.00
74.00	07400 RENAL DIALYSIS	0.191428	59,225	11,337	74.00
76.97	07697 CARDIAC REHABILITATION	0.208538	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.808350	0	0	90.00
90.01	09001 PSYCH CLINIC	2.967540	31,771	94,282	90.01
90.02	09002 TRANSPLANT CLINIC	1.167545	0	0	90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.120164	304,493	36,589	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.379871	14,715	5,590	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.654361	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,720,337	423,305	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,720,337		202.00

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

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared:
1/29/2020 12:18 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	337,364	1,454.94	108	157,134	1.00
2.00	INTENSIVE CARE UNIT	43.00	37,521	2,817.60	5	14,088	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,489.60	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		374,885		113	171,222	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.112719	7,123,819	802,990	8.00
9.00	RECOVERY ROOM		51.00	0.223536	393,080	87,868	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.201939	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.062913	639,521	40,234	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154269	355,081	54,778	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.093225	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.320543	1,081,924	346,803	14.00
15.00	CT SCAN		57.00	0.043339	1,136,855	49,270	15.00
16.00	MRI		58.00	0.081932	32,955	2,700	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.045824	19,556	896	17.00
17.01	VASCULAR LAB		59.01	0.057189	6,039	345	17.01
17.02	CARDIOLOGY		59.02	0.037350	0	0	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.133268	6,280	837	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.115690	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.132924	3,061	407	17.05
18.00	LABORATORY		60.00	0.132290	1,615,466	213,710	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.364765	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.317677	7,084	2,250	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.196622	7,328	1,441	23.00
24.00	PHYSICAL THERAPY		66.00	0.371915	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409141	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.128307	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.177827	1,117,548	198,730	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.290267	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248831	342,688	85,271	31.00
32.00	RENAL DIALYSIS		74.00	0.191428	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.207931	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.805729	0	0	37.00
37.01	PSYCH CLINIC		90.01	2.957969	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.096718	292,256	320,522	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.119147	23,888	2,846	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.379871	15,864	6,026	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.654361	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				14,220,293	2,217,924	41.00

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

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

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared:

1/29/2020 12:18 pm

		Kidney		Hospital		PPS
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	108	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			113	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01
51.02	TRANSPLANT CLINIC	23.02	292,256	0.000000	0	51.02
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03
52.00	EMERGENCY	24.00	23,888	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	15,864	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		332,008		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	2,389,146		14,595,178		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	16,024,029		14,752,451		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	18,413,175		29,347,629		61.00
62.00	Total Usable Organs (see instructions)		291			62.00
63.00	Medicare Usable Organs (see instructions)		155			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.532646			64.00
65.00	Medicare Cost/Charges (see instructions)	9,807,704		15,631,897		65.00
66.00	Revenue for Organs Sold	383,904		0		66.00
67.00	Subtotal (line 65 minus line 66)	9,423,800		15,631,897		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	9,423,800	0	15,631,897	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		134	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	139		73.00
74.00	Total (sum of lines 70 through 73)		134	157		74.00
75.00	Organs Transplanted		125	139	0	75.00
76.00	Organs Sold to Other Hospitals		9	0	0	76.00
77.00	Organs Sold to OPOs		0	18	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		134	157		84.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared:
1/29/2020 12:18 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	65,397	1,454.94	25	36,374	1.00
2.00	INTENSIVE CARE UNIT	43.00	71,634	2,817.60	12	33,811	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,489.60	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		137,031		37	70,185	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.112719	1,158,411	130,575	8.00
9.00	RECOVERY ROOM		51.00	0.223536	361,037	80,705	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.201939	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.062913	118,702	7,468	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154269	21,789	3,361	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.093225	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.320543	117,675	37,720	14.00
15.00	CT SCAN		57.00	0.043339	42,651	1,848	15.00
16.00	MRI		58.00	0.081932	15,071	1,235	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.045824	0	0	17.00
17.01	VASCULAR LAB		59.01	0.057189	0	0	17.01
17.02	CARDIOLOGY		59.02	0.037350	38,562	1,440	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.133268	2,302	307	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.115690	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.132924	1,904	253	17.05
18.00	LABORATORY		60.00	0.132290	385,737	51,029	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.364765	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.317677	4,723	1,500	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.196622	8,179	1,608	23.00
24.00	PHYSICAL THERAPY		66.00	0.371915	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409141	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.128307	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.177827	163,199	29,021	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.290267	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248831	46,002	11,447	31.00
32.00	RENAL DIALYSIS		74.00	0.191428	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.207931	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.805729	0	0	37.00
37.01	PSYCH CLINIC		90.01	2.957969	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.096718	29,957	32,854	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.119147	21,463	2,557	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.379871	2,062	783	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.654361	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				2,539,426	395,711	41.00

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

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

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared:

1/29/2020 12:18 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	25	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	12	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			37	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	29,957	0.000000	0	51.02	
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	21,463	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	2,062	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		53,482		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	465,896		2,676,457		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	7,456,551		5,627,768		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	7,922,447		8,304,225		61.00	
62.00	Total Usable Organs (see instructions)		107			62.00	
63.00	Medicare Usable Organs (see instructions)		40			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.373832			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,961,664		3,104,385		65.00	
66.00	Revenue for Organs Sold	24,324		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,937,340		3,104,385		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,937,340	0	3,104,385	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		19	0		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	88		73.00	
74.00	Total (sum of lines 70 through 73)		19	88		74.00	
75.00	Organs Transplanted		7	87	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		12	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	1		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		19	88		84.00	

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
1/29/2020 12:18 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,454.94	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,469	2,817.60	1	2,818	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,489.60	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		1,469		1	2,818	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.112719	23,212	2,616	8.00
9.00	RECOVERY ROOM		51.00	0.223536	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.201939	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.062913	1,488	94	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154269	585	90	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.093225	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.320543	0	0	14.00
15.00	CT SCAN		57.00	0.043339	1,325	57	15.00
16.00	MRI		58.00	0.081932	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.045824	0	0	17.00
17.01	VASCULAR LAB		59.01	0.057189	0	0	17.01
17.02	CARDIOLOGY		59.02	0.037350	961	36	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.133268	4	1	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.115690	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.132924	0	0	17.05
18.00	LABORATORY		60.00	0.132290	5,708	755	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.364765	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.317677	787	250	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.196622	740	146	23.00
24.00	PHYSICAL THERAPY		66.00	0.371915	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409141	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.128307	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.177827	1,284	228	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.290267	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248831	942	234	31.00
32.00	RENAL DIALYSIS		74.00	0.191428	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.207931	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.805729	0	0	37.00
37.01	PSYCH CLINIC		90.01	2.957969	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.096718	0	0	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.119147	582	69	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.379871	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.654361	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				37,618	4,576	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS					Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet D-4
					Component CCN:		Date/Time Prepared: 1/29/2020 12:18 pm
					Heart	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	51.02	
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	582	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		582		0	55.00	
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	7,394		39,087		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,634,376		3,339,354		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,641,770		3,378,441		61.00	
62.00	Total Usable Organs (see instructions)		51			62.00	
63.00	Medicare Usable Organs (see instructions)		21			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.411765			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,323,083		1,391,124		65.00	
66.00	Revenue for Organs Sold	4,054		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,319,029		1,391,124		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,319,029	0	1,391,124	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	2		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	49		73.00	
74.00	Total (sum of lines 70 through 73)		0	51		74.00	
75.00	Organs Transplanted		0	48	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	2	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	1	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	51		84.00	

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

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

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared:
1/29/2020 12:18 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,454.94	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,169	2,817.60	1	2,818	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,489.60	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		4,169		1	2,818	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.112719	23,212	2,616	8.00
9.00	RECOVERY ROOM		51.00	0.223536	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.201939	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.062913	1,488	94	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154269	585	90	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.093225	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.320543	0	0	14.00
15.00	CT SCAN		57.00	0.043339	1,325	57	15.00
16.00	MRI		58.00	0.081932	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.045824	0	0	17.00
17.01	VASCULAR LAB		59.01	0.057189	0	0	17.01
17.02	CARDIOLOGY		59.02	0.037350	961	36	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.133268	4	1	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.115690	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.132924	0	0	17.05
18.00	LABORATORY		60.00	0.132290	5,708	755	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.364765	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.317677	787	250	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.196622	740	146	23.00
24.00	PHYSICAL THERAPY		66.00	0.371915	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409141	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.128307	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.177827	1,284	228	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.290267	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248831	942	234	31.00
32.00	RENAL DIALYSIS		74.00	0.191428	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.207931	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.805729	0	0	37.00
37.01	PSYCH CLINIC		90.01	2.957969	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.096718	0	0	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.119147	581	69	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.379871	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.654361	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				37,617	4,576	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS					Provider CCN: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 1/29/2020 12:18 pm	
					Lung		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00				
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00				
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00				
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00				
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00				
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00				
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00				
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00				
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00				
51.00	CLINIC	23.00	0	0.000000	0	51.00				
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01				
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	51.02				
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03				
52.00	EMERGENCY	24.00	581	0.000000	0	52.00				
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00				
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01				
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00				
55.00	TOTAL (sum of lines 49 through 52)		581		0	55.00				
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I	7,394		41,786		56.00				
57.00	Interns and Residents (inpatient)	0		0		57.00				
58.00	Interns and Residents (outpatient)	0		0		58.00				
59.00	Direct Organ Acquisition (see instructions)	3,664,548		1,745,349		59.00				
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00				
61.00	Total (sum of lines 56 thru 60)	3,671,942		1,787,135		61.00				
62.00	Total Usable Organs (see instructions)		29			62.00				
63.00	Medicare Usable Organs (see instructions)		9			63.00				
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.310345			64.00				
65.00	Medicare Cost/Charges (see instructions)	1,139,569		554,628		65.00				
66.00	Revenue for Organs Sold	4,054		0		66.00				
67.00	Subtotal (line 65 minus line 66)	1,135,515		554,628		67.00				
68.00	Organs Furnished Part B	0	0	0	0	68.00				
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,135,515	0	554,628	0	69.00				
Cost Center Description					Living Related	Cadaveric	Revenue			
					1.00	2.00	3.00			
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)		0	2		70.00				
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00				
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00				
73.00	Organs Purchased from OPOs		0	27		73.00				
74.00	Total (sum of lines 70 through 73)		0	29		74.00				
75.00	Organs Transplanted		0	27	0	75.00				
76.00	Organs Sold to Other Hospitals		0	0	0	76.00				
77.00	Organs Sold to OPOs		0	2	0	77.00				
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00				
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00				
80.00	Organs Sold Outside the U.S.		0	0	0	80.00				
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00				
82.00	Organs Used for Research		0	0	0	82.00				
83.00	Unusable/Discarded Organs		0	0	0	83.00				
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	29		84.00				

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

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

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared:
1/29/2020 12:18 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,454.94	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,576	2,817.60	1	2,818	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,489.60	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		6,576		1	2,818	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.112719	2,232	252	8.00
9.00	RECOVERY ROOM		51.00	0.223536	141	32	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.201939	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.062913	606	38	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154269	1,843	284	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.093225	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.320543	1,987	637	14.00
15.00	CT SCAN		57.00	0.043339	34,818	1,509	15.00
16.00	MRI		58.00	0.081932	844	69	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.045824	0	0	17.00
17.01	VASCULAR LAB		59.01	0.057189	0	0	17.01
17.02	CARDIOLOGY		59.02	0.037350	0	0	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.133268	4,100	546	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.115690	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.132924	872	116	17.05
18.00	LABORATORY		60.00	0.132290	9,331	1,234	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.364765	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.317677	679	216	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.196622	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.371915	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409141	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.128307	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.177827	1,163	207	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.290267	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248831	1,009	251	31.00
32.00	RENAL DIALYSIS		74.00	0.191428	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.207931	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.805729	0	0	37.00
37.01	PSYCH CLINIC		90.01	2.957969	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.096718	0	0	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.119147	6	1	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.379871	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.654361	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				59,631	5,392	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS					Provider CCN: 14-0281		Period: From 09/01/2018 To 08/31/2019		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 1/29/2020 12:18 pm	
					Pancreas		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00				
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00				
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00				
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00				
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00				
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00				
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00				
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00				
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00				
51.00	CLINIC	23.00	0	0.000000	0	51.00				
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01				
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	51.02				
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03				
52.00	EMERGENCY	24.00	6	0.000000	0	52.00				
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00				
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01				
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00				
55.00	TOTAL (sum of lines 49 through 52)		6		0	55.00				
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I	8,210		66,207		56.00				
57.00	Interns and Residents (inpatient)	0		0		57.00				
58.00	Interns and Residents (outpatient)	0		0		58.00				
59.00	Direct Organ Acquisition (see instructions)	1,389,044		1,684,347		59.00				
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00				
61.00	Total (sum of lines 56 thru 60)	1,397,254		1,750,554		61.00				
62.00	Total Usable Organs (see instructions)		21			62.00				
63.00	Medicare Usable Organs (see instructions)		9			63.00				
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.428571			64.00				
65.00	Medicare Cost/Charges (see instructions)	598,823		750,237		65.00				
66.00	Revenue for Organs Sold	6,081		0		66.00				
67.00	Subtotal (line 65 minus line 66)	592,742		750,237		67.00				
68.00	Organs Furnished Part B	0	0	0	0	68.00				
69.00	Net Organ Acquisition Cost and Charges (see instructions)	592,742	0	750,237	0	69.00				
Cost Center Description					Living Related	Cadaveric	Revenue			
					1.00	2.00	3.00			
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)		0	3		70.00				
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00				
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00				
73.00	Organs Purchased from OPOs		0	18		73.00				
74.00	Total (sum of lines 70 through 73)		0	21		74.00				
75.00	Organs Transplanted		0	18	0	75.00				
76.00	Organs Sold to Other Hospitals		0	0	0	76.00				
77.00	Organs Sold to OPOs		0	3	0	77.00				
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00				
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00				
80.00	Organs Sold Outside the U.S.		0	0	0	80.00				
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00				
82.00	Organs Used for Research		0	0	0	82.00				
83.00	Unusable/Discarded Organs		0	0	0	83.00				
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	21		84.00				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/29/2020 12:18 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			13,356,782	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			146,924,600	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)			22,615,815	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			33,978,644	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			859.89	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)			385.53	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)			1.11	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)			32.55	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)			419.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			571.04	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.06	11.00
12.00	Current year allowable FTE (see instructions)			422.25	12.00
13.00	Total allowable FTE count for the prior year.			422.24	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.			333.28	14.00
15.00	Sum of lines 12 through 14 divided by 3.			392.59	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			392.59	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.456558	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.492297	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.456558	21.00
22.00	IME payment adjustment (see instructions)			35,599,296	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			7,546,827	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)			151.85	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)			35,599,296	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			7,546,827	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)			18.71	31.00
32.00	Sum of lines 30 and 31			24.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)			9.47	33.00
34.00	Disproportionate share adjustment (see instructions)			3,794,662	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/29/2020 12:18 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.001253134	0.001175853	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,479,578	9,727,681	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		696,953	8,928,143	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,625,096		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)		231,916,251		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)			239,463,078	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			17,241,725	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).			8,206,875	52.00
53.00	Nursing and Allied Health Managed Care payment			150,083	53.00
54.00	Special add-on payments for new technologies			1,595,770	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)			16,408,426	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).			124,193	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			607,179	58.00
59.00	Total (sum of amounts on lines 49 through 58)			283,797,329	59.00
60.00	Primary payer payments			8,915	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			283,788,414	61.00
62.00	Deductibles billed to program beneficiaries			10,627,784	62.00
63.00	Coinsurance billed to program beneficiaries			1,909,518	63.00
64.00	Allowable bad debts (see instructions)			1,762,155	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,145,401	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,611,288	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			272,396,513	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	RECONCILIATION			0	70.00
70.01	OTHER ADJUSTMENTS			0	70.01
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)			895,298	70.93
70.94	HRR adjustment amount (see instructions)			-31,118	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/29/2020 12:18 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		187,537	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		273,073,156	71.00	
71.01	Sequestration adjustment (see instructions)		5,461,463	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		266,578,546	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)		1,033,147	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		10,594,107	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2020 12:18 pm

		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	13,356,782	0	13,356,752		13,356,752
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	146,924,600	0		146,924,600	146,924,600
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	22,615,815	0	0	22,615,815	22,615,815
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	33,978,644	0	0	33,978,644	33,978,644
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.456558	0.456558	0.456558	0.456558	
6.00	IME payment adjustment (see instructions)	22.00	35,599,296	0	2,966,601	32,632,695	35,599,296
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,546,827	0	0	7,546,827	7,546,827
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	35,599,296	0	2,966,601	32,632,695	35,599,296
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,546,827	0	0	7,546,827	7,546,827
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0947	0.0947	0.0947	0.0947	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,794,662	0	316,221	3,478,441	3,794,662
11.01	Uncompensated care payments	36.00	9,625,096	0	827,144	7,730,908	8,558,052
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	231,916,251	0	17,466,718	214,449,533	231,916,251
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	239,463,078	0	17,466,718	221,996,360	239,463,078
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	17,241,725	0	1,417,132	15,824,593	17,241,725
17.00	Special add-on payments for new technologies	54.00	1,595,770	0	0	111,531	111,531
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: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2020 12:18 pm

		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
19.00	SUBTOTAL			0	18,883,850	237,932,484	256,816,334
		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	13,040,743	0	1,071,845	11,968,898	13,040,743
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	1,937,109	0	159,215	1,777,894	1,937,109
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.1736	0.1736	0.1736	0.1736	
23.00	Indirect medical education adjustment (see instructions)	6.00	2,263,873	0	186,072	2,077,801	2,263,873
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	17,241,725	0	1,417,132	15,824,593	17,241,725
		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	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/29/2020 12:18 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	13,356,782	13,356,782		13,356,782	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	146,924,600		146,924,600	146,924,600	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	22,615,815	0	22,615,815	22,615,815	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	33,978,644	0	33,978,644	33,978,644	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.456558	0.456558	0.456558		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,599,296	2,966,608	32,632,688	35,599,296	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,546,827	0	7,546,827	7,546,827	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	35,599,296	2,966,608	32,632,688	35,599,296	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,546,827	0	7,546,827	7,546,827	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0947	0.0947	0.0947		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,794,662	316,222	3,478,440	3,794,662	11.00
11.01	Uncompensated care payments	36.00	9,625,096	696,953	8,928,143	9,625,096	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	231,916,251	17,336,565	214,579,686	231,916,251	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	239,463,078	17,336,565	222,126,513	239,463,078	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	17,241,725	1,417,132	15,824,593	17,241,725	16.00
17.00	Special add-on payments for new technologies	54.00	1,595,770	0	1,595,770	1,595,770	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			18,753,697	239,546,876	258,300,573	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/29/2020 12:18 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	13,040,743	1,071,845	11,968,898	13,040,743	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	1,937,109	159,215	1,777,894	1,937,109	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	0.1736	0.1736	0.1736		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,263,873	186,072	2,077,801	2,263,873	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,241,725	1,417,132	15,824,593	17,241,725	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	895,298	0	895,298	895,298	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	-31,118	0	-31,118	-31,118	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		187,537	0	187,537	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/29/2020 12:18 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		142,867	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		127,912,628	2.00
3.00	OPPS payments		110,632,665	3.00
4.00	Outlier payment (see instructions)		768,789	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		104,888,355	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		713,308	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		142,867	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		504,994	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)		504,994	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)		504,994	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		362,127	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)		142,867	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)		112,114,762	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		485,453	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		18,748,335	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)		93,023,841	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,539,147	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)		96,562,988	30.00
31.00	Primary payer payments		15,744	31.00
32.00	Subtotal (line 30 minus line 31)		96,547,244	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)		2,387,089	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,551,608	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,075,132	36.00
37.00	Subtotal (see instructions)		98,098,852	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)		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)		98,098,852	40.00
40.01	Sequestration adjustment (see instructions)		1,961,977	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		96,327,093	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-190,218	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		NORTHWESTERN MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/29/2020 12:18 pm	
		Component CCN: 14-S281			
		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)			343,217	2.00
3.00	OPPS payments			0	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			1,434	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)			1,434	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)			0	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)			1,434	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)			1,434	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			1,434	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)			557	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			362	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			1,796	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)			1,796	40.00
40.01	Sequestration adjustment (see instructions)			36	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
41.00	Interim payments			0	41.00
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)			1,760	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
1/29/2020 12:18 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		238,203,878		90,424,947	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		23,926,419		5,844,101	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	04/22/2019	3,448,047		0	3.01
3.02		07/26/2019	1,000,202	07/25/2019	58,045	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)		4,448,249		58,045	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)		266,578,546		96,327,093	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		1,033,147		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		190,218	6.02
7.00	Total Medicare program liability (see instructions)		267,611,693		96,136,875	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: 14-0281

Period:

Worksheet E-1

Component CCN: 14-S281

From 09/01/2018
To 08/31/2019Part I
Date/Time Prepared:
1/29/2020 12:18 pm

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		1,448,586		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,448,586		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		60,564		1,760	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,509,150		1,760	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part II
Date/Time Prepared:
1/29/2020 12:18 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part II Date/Time Prepared: 1/29/2020 12:18 pm
		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)		1,567,012	1.00
2.00	Net IPF PPS Outlier Payments		60,507	2.00
3.00	Net IPF PPS ECT Payments		31,234	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)		2.29	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)		27.391781	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)		1,658,753	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)		1,658,753	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,658,753	18.00
19.00	Deductibles		88,447	19.00
20.00	Subtotal (line 18 minus line 19)		1,570,306	20.00
21.00	Coinurance		92,152	21.00
22.00	Subtotal (line 20 minus line 21)		1,478,154	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		88,804	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		57,723	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		84,716	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,535,877	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)		4,072	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)		1,539,949	31.00
31.01	Sequestration adjustment (see instructions)		30,799	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,448,586	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)		60,564	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		60,507	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: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 1/29/2020 12:18 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	28,602,128			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)	28,602,128		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)	28,602,128		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)	28,602,128		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		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)	28,602,128		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		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		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: 14-0281 Component CCN: 14-S281	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 1/29/2020 12:18 pm
		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	499,556		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)	499,556	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)	499,556	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)	499,556	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)	499,556	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/29/2020 12:18 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			318.27	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.11	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			36.76	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			356.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			572.04	6.00
7.00	Enter the lesser of line 5 or line 6			356.14	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	142.29	380.16	522.45	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	88.59	236.68	325.27	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.06		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	88.59	239.74		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	89.80	238.56		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	90.01	239.58		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	89.47	239.29		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	89.47	239.29		17.00
18.00	Per resident amount	106,570.18	101,714.22		18.00
19.00	Approved amount for resident costs	9,534,834	24,339,196	33,874,030	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.61	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			215.90	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.38	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,646.00	23.00
24.00	Multiply line 22 time line 23			241,917	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			34,115,947	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	73,799	19,337		26.00
27.00	Total Inpatient Days (see instructions)	262,575	262,575		27.00
28.00	Ratio of inpatient days to total inpatient days	0.281059	0.073644		28.00
29.00	Program direct GME amount	9,588,594	2,512,435		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		355,007		30.00
31.00	Net Program direct GME amount			11,746,022	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/29/2020 12:18 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		26,074,990		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		282,963,063		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		16,408,426		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		8,915		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		299,362,574		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		129,113,454		42.00
43.00	Primary payer payments (see instructions)		15,744		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		129,097,710		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		428,460,284		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.698694		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.301306		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		11,746,022		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,206,875		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,539,147		50.00

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

Provider CCN: 14-0281

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

Worksheet G

Date/Time Prepared:
1/29/2020 12:18 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	0	4,423,258	11,157,995	0	1.00
2.00 Temporary investments	278,398,107	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	411,584,742	0	0	0	4.00
5.00 Other receivable	16,624,746	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-97,488,834	0	0	0	6.00
7.00 Inventory	44,091,695	0	0	0	7.00
8.00 Prepaid expenses	7,234,957	0	0	0	8.00
9.00 Other current assets	51,748,270	0	0	0	9.00
10.00 Due from other funds	10,905,622	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	723,099,305	4,423,258	11,157,995	0	11.00
FIXED ASSETS					
12.00 Land	208,625,354	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	2,042,336,864	0	0	0	15.00
16.00 Accumulated depreciation	-1,134,545,157	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	411,419,587	0	0	0	19.00
20.00 Accumulated depreciation	-297,830,912	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)	1,230,005,736	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,796,151,940	-255,945	1,424,787	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	277,303,178	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	2,073,455,118	-255,945	1,424,787	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	4,026,560,159	4,167,313	12,582,782	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	32,083,259	0	0	0	37.00
38.00 Salaries, wages, and fees payable	45,089,969	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,400,000	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	253,363,298	0	0	0	43.00
44.00 Other current liabilities	195,351,078	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	527,287,604	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	38,185,758	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	701,085,290	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	739,271,048	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	1,266,558,652	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	2,760,001,507				52.00
53.00 Specific purpose fund		4,167,313			53.00
54.00 Donor created - endowment fund balance - restricted			12,582,782		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	2,760,001,507	4,167,313	12,582,782	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	4,026,560,159	4,167,313	12,582,782	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0281

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

Worksheet G-1

Date/Time Prepared:
1/29/2020 12:18 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,598,264,778		4,423,258		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		149,613,389				2.00
3.00	Total (sum of line 1 and line 2)		2,747,878,167		4,423,258		3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP	1,955,252		0		0	4.00
5.00	INVESTMENT INCOME - REALIZED GAINS	0		610,208		0	5.00
6.00	INTERCOMPANY SETTLEMENT	114,630,696		0		0	6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE	0		3,290,869		0	7.00
8.00	GIFTS, GRANTS OTHER REVENUE	0		0		1,424,787	8.00
9.00	DISTRIBUTIONS TO/FRM AFFILIATES	5		23,522,756		0	9.00
10.00	Total additions (sum of line 4-9)		116,585,953		27,423,833		10.00
11.00	Subtotal (line 3 plus line 10)		2,864,464,120		31,847,091		11.00
12.00	POST BENEF CHGS OTHTHAN NET PENS CST	104,462,613		0		0	12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM	0		420,464		0	13.00
14.00	NET TRANSFERS TO AFFILIATES	1		0		0	14.00
15.00	FOR OPERATING EXPENSES	0		25,304,062		0	15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS	0		1,955,252		0	16.00
17.00	OTHER	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		104,462,614		27,679,778		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,760,001,506		4,167,313		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	11,157,995		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)	11,157,995		0			3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP		0				4.00
5.00	INVESTMENT INCOME - REALIZED GAINS		0				5.00
6.00	INTERCOMPANY SETTLEMENT		0				6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE		0				7.00
8.00	GIFTS, GRANTS OTHER REVENUE		0				8.00
9.00	DISTRIBUTIONS TO/FRM AFFILIATES		0				9.00
10.00	Total additions (sum of line 4-9)	1,424,787		0			10.00
11.00	Subtotal (line 3 plus line 10)	12,582,782		0			11.00
12.00	POST BENEF CHGS OTHTHAN NET PENS CST		0				12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM		0				13.00
14.00	NET TRANSFERS TO AFFILIATES		0				14.00
15.00	FOR OPERATING EXPENSES		0				15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS		0				16.00
17.00	OTHER		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)	12,582,782		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2020 12:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	594,668,180		594,668,180	1.00
2.00	SUBPROVIDER - IPF	26,423,334		26,423,334	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)	621,091,514		621,091,514	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	167,644,553		167,644,553	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	116,864,890		116,864,890	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	284,509,443		284,509,443	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	905,600,957		905,600,957	17.00
18.00	Ancillary services	3,023,976,112	0	3,023,976,112	18.00
19.00	Outpatient services	0	3,709,744,990	3,709,744,990	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,929,577,069	3,709,744,990	7,639,322,059	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,055,527,201		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	BAD DEBT	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,055,527,201		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0281

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

Worksheet G-3

Date/Time Prepared:
1/29/2020 12:18 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	7,639,322,059	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,804,223,061	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,835,098,998	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,055,527,201	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-220,428,203	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,874,464	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	10,975,066	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	104,938	14.00
15.00	Revenue from rental of living quarters	1,860,018	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	151,618,090	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,193,815	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	83,282	20.00
21.00	Rental of vending machines	332,142	21.00
22.00	Rental of hospital space	65,129,956	22.00
23.00	Governmental appropriations	91,499,720	23.00
24.00	OTHER REVENUE, SHARED, NET ASSETS,	18,347,422	24.00
24.11	SHARED, TELECOM, OTHER	27,022,679	24.11
25.00	Total other income (sum of lines 6-24)	370,041,592	25.00
26.00	Total (line 5 plus line 25)	149,613,389	26.00
27.00	OTHER EXPENSES	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)	149,613,389	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0281	Period: From 09/01/2018 To 08/31/2019	Worksheet L Parts I-III Date/Time Prepared: 1/29/2020 12:18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	13,040,743	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	1,937,109	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)	691.99	3.00	
4.00	Number of interns & residents (see instructions)	392.59	4.00	
5.00	Indirect medical education percentage (see instructions)	17.36	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)	2,263,873	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00	
9.00	Sum of lines 7 and 8	0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)	0	11.00	
12.00	Total prospective capital payments (see instructions)	17,241,725	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	

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0281

Period:

Worksheet L

Component CCN: 14-S281

From 09/01/2018
To 08/31/2019Parts I-III
Date/Time Prepared:
1/29/2020 12:18 pm

Title XVIII

Subprovider -
IPF

PPS

		1.00	
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	0	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)	0.00	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)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	0	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