

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: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 1/28/2020 10:32 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 02/04/2019 7. Contractor No. 06101 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KISHWAUKEE COMMUNITY HOSPITAL (14-0286) 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	-12,165	2	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-12,165	2	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: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 10:32 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE KISH HOSPITAL DRIVE			PO Box:				1.00			
2.00	City: DEKALB			State: IL		Zip Code: 60115-		County: DEKALB 2.00			
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	
									V	XVIII	
									XIX		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			KISHWAUKEE COMMUNITY HOSPITAL	140286	16974	1	12/21/1975	N	P	O
4.00	Subprovider - IPF										3.00
5.00	Subprovider - IRF										4.00
6.00	Subprovider - (Other)										5.00
7.00	Swing Beds - SNF										6.00
8.00	Swing Beds - NF										7.00
9.00	Hospital-Based SNF										8.00
10.00	Hospital-Based NF										9.00
11.00	Hospital-Based OLTC										10.00
12.00	Hospital-Based HHA										11.00
13.00	Separately Certified ASC										12.00
14.00	Hospital-Based Hospice										13.00
15.00	Hospital-Based Health Clinic - RHC										14.00
16.00	Hospital-Based Health Clinic - FQHC										15.00
17.00	Hospital-Based (CMHC) I										16.00
17.10	Hospital-Based (CORF) I										17.00
18.00	Renal Dialysis										17.10
19.00	Other										18.00
								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.				1,467	466	0	8	2,309	0	
										24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/28/2020 10:32 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/28/2020 10:32 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 10:32 am	
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	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.		N	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.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	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.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 10:32 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	494,545	956,818	1,842,514	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0640	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/28/2020 10:32 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131				141.00	
142.00	Street: 251 E HURON STREET		PO Box:						142.00	
143.00	City: CHICAGO		State: IL		Zip Code: 60611		143.00			
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	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.									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
161.10	CORF				N	N	N			161.10
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 1/28/2020 10:32 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/03/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/28/2020 10:32 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON	HOFMANN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-766-7529	BRANDON.HOFMANN@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part II
Date/Time Prepared:
1/28/2020 10:32 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR FINANCIAL ANALYST	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: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,390	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)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		98	35,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,641	1,371	17,075			1.00
2.00	HMO and other (see instructions)	2,786	2,309				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,641	1,371	17,075			7.00
8.00	INTENSIVE CARE UNIT	1,624	108	2,737			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		313	1,316			13.00
14.00	Total (see instructions)	10,265	1,792	21,128	0.00	775.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			29			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	775.50	27.00
28.00	Observation Bed Days		0	4,743			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	141	266			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,255	635	5,192	1.00
2.00 HMO and other (see instructions)			602	823		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,255	635	5,192	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/28/2020 10:32 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	1/28/2020 10:32 am 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	54,945,172	0	54,945,172	1,614,794.53	34.03	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		91,817	0	91,817	612.11	150.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		109,462	0	109,462	1,911.10	57.28	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,027,814	4,915	1,032,729	38,093.16	27.11	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		257,929	0	257,929	1,666.73	154.75	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		12,995,247	0	12,995,247	274,621.70	47.32	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)		14,325,066	0	14,325,066			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		275,435	0	275,435			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		24,488	0	24,488			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		29,194	0	29,194			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		2,666,211	0	2,666,211			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	287,300	-261,398	25,902	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,957,998	-408,975	6,549,023	171,126.97	38.27	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part II
Date/Time Prepared:
1/28/2020 10:32 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,033,788	4,944	1,038,732	63,488.22	16.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	945,986	-655,329	290,657	19,993.38	14.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	659,853	659,853	45,240.92	14.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,747,678	8,358	1,756,036	58,839.77	29.84	38.00
39.00	Central Services and Supply	14.00	261,231	1,249	262,480	11,994.33	21.88	39.00
40.00	Pharmacy	15.00	2,010,000	9,613	2,019,613	42,894.10	47.08	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	693,937	3,319	697,256	20,645.78	33.77	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part III
Date/Time Prepared:
1/28/2020 10:32 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,835,710	0	54,835,710	1,612,883.43	34.00	1.00
2.00	Excluded area salaries (see instructions)	1,027,814	4,915	1,032,729	38,093.16	27.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,807,896	-4,915	53,802,981	1,574,790.27	34.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,253,176	0	13,253,176	276,288.43	47.97	4.00
5.00	Subtotal wage-related costs (see inst.)	17,015,765	0	17,015,765	0.00	31.63	5.00
6.00	Total (sum of lines 3 thru 5)	84,076,837	-4,915	84,071,922	1,851,078.70	45.42	6.00
7.00	Total overhead cost (see instructions)	13,937,918	-638,366	13,299,552	434,223.47	30.63	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 1/28/2020 10:32 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,807,487 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)			4,367,246 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,613,101 9.00
10.00	Dental, Hearing and Vision Plan			219,256 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			50,593 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)			473,071 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			3,888,830 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			33,787 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			200,812 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			14,654,183 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part V
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	14,654,183	1.00
2.00	Hospital	0	14,325,066	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	329,117	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0286

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

Worksheet S-10

Date/Time Prepared:
1/28/2020 10:32 am

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.213913	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			20,253,922	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			1,392,000	5.00
6.00	Medicaid charges			121,652,765	6.00
7.00	Medicaid cost (line 1 times line 6)			26,023,108	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)			4,377,186	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)			4,377,186	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)	10,515,144	301,438	10,816,582	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,249,326	301,438	2,550,764	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,249,326	301,438	2,550,764	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,589,943	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			558,582	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			859,358	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,730,585	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,954,449	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,505,213	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,882,399	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,993,756	10,993,756	-2,936,065	8,057,691	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,936,065	2,936,065	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	287,300	35,452	322,752	14,361,896	14,684,648	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,957,998	62,243,027	69,201,025	-4,337,659	64,863,366	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	467,107	467,107	0	467,107	8.00
9.00	00900	HOUSEKEEPING	1,033,788	1,197,471	2,231,259	-478,698	1,752,561	9.00
10.00	01000	DIETARY	945,986	1,780,158	2,726,144	-2,042,570	683,574	10.00
11.00	01100	CAFETERIA	0	0	0	1,554,260	1,554,260	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	420,059	420,059	1,662	421,721	12.01
13.00	01300	NURSING ADMINISTRATION	1,747,678	577,397	2,325,075	-475,303	1,849,772	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	261,231	109,143	370,374	-95,690	274,684	14.00
15.00	01500	PHARMACY	2,010,000	5,731,111	7,741,111	-4,989,915	2,751,196	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9	9	0	9	16.00
17.00	01700	SOCIAL SERVICE	693,937	253,733	947,670	-182,994	764,676	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,093,982	7,669,318	19,763,300	-4,879,352	14,883,948	30.00
31.00	03100	INTENSIVE CARE UNIT	2,449,042	1,233,175	3,682,217	-692,067	2,990,150	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	374,957	374,957	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,571,170	7,942,101	9,513,271	-5,357,365	4,155,906	50.00
50.01	05001	AMBULATORY SERVICES	989,511	481,612	1,471,123	-165,694	1,305,429	50.01
50.02	05002	ENDOSCOPY	427,374	384,018	811,392	-19,709	791,683	50.02
51.00	05100	RECOVERY ROOM	544,512	136,193	680,705	-109,317	571,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,570,758	1,570,758	52.00
53.00	05300	ANESTHESIOLOGY	0	895,947	895,947	-3,419	892,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,047,924	6,144,241	11,192,165	-2,602,109	8,590,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,988,294	11,936,128	13,924,422	-505,011	13,419,411	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,075,421	5,369,921	8,445,342	-809,767	7,635,575	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,536,667	527,540	2,064,207	-379,398	1,684,809	65.00
66.00	06600	PHYSICAL THERAPY	2,494,336	743,634	3,237,970	7,188	3,245,158	66.00
67.00	06700	OCCUPATIONAL THERAPY	241,611	58,885	300,496	-50,557	249,939	67.00
68.00	06800	SPEECH PATHOLOGY	221,008	47,488	268,496	-42,714	225,782	68.00
69.00	06900	ELECTROCARDIOLOGY	467,522	799,024	1,266,546	-87,476	1,179,070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,851,976	2,851,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,475,703	4,475,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,632,556	4,632,556	73.00
76.00	03950	SLEEP LAB	0	334,318	334,318	41,856	376,174	76.00
76.01	03951	CLINICAL NUTRITION	197,109	60,635	257,744	-17,547	240,197	76.01
76.97	07697	CARDIAC REHABILITATION	454,989	140,499	595,488	180,996	776,484	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	403,613	131,763	535,376	-111,567	423,809	90.00
91.00	09100	EMERGENCY	4,603,103	7,227,353	11,830,456	-1,160,663	10,669,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	1,172,252	431,827	1,604,079	-253,157	1,350,922	93.00
93.01	04951	OUTSIDE SERVICES	0	558,296	558,296	0	558,296	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,917,358	137,062,339	190,979,697	204,090	191,183,787	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	95,621	196,953	292,574	-43,849	248,725	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	84,677	84,677	0	84,677	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	COMMUNITY WELLNESS	444,595	221,849	666,444	-112,425	554,019	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	271,652	1,442,654	1,714,306	52,274	1,766,580	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	215,946	2,355,945	2,571,891	-100,090	2,471,801	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	54,945,172	141,364,417	196,309,589	0	196,309,589	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,239,621	9,297,312	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,330,598	5,266,663	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-327,713	14,356,935	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,812,718	49,050,648	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	467,107	8.00
9.00	00900	HOUSEKEEPING	-359,718	1,392,843	9.00
10.00	01000	DIETARY	0	683,574	10.00
11.00	01100	CAFETERIA	-975,514	578,746	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	-18,906	402,815	12.01
13.00	01300	NURSING ADMINISTRATION	843,274	2,693,046	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-6,953	267,731	14.00
15.00	01500	PHARMACY	0	2,751,196	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9	16.00
17.00	01700	SOCIAL SERVICE	0	764,676	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,185,662	11,698,286	30.00
31.00	03100	INTENSIVE CARE UNIT	-312,924	2,677,226	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	374,957	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-41,103	4,114,803	50.00
50.01	05001	AMBULATORY SERVICES	0	1,305,429	50.01
50.02	05002	ENDOSCOPY	0	791,683	50.02
51.00	05100	RECOVERY ROOM	0	571,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,459	1,569,299	52.00
53.00	05300	ANESTHESIOLOGY	-665,380	227,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-699,994	7,890,062	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,148,002	11,271,409	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-66,654	7,568,921	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-9,563	1,675,246	65.00
66.00	06600	PHYSICAL THERAPY	-90,582	3,154,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	249,939	67.00
68.00	06800	SPEECH PATHOLOGY	0	225,782	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,565	1,175,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,851,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,475,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,632,556	73.00
76.00	03950	SLEEP LAB	0	376,174	76.00
76.01	03951	CLINICAL NUTRITION	0	240,197	76.01
76.97	07697	CARDIAC REHABILITATION	-86,275	690,209	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	423,809	90.00
91.00	09100	EMERGENCY	-4,671,996	5,997,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-269,251	1,081,671	93.00
93.01	04951	OUTSIDE SERVICES	0	558,296	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-25,340,439	165,843,348	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	-35,415	213,310	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	-84,677	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	554,019	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-740,611	1,025,969	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	-540,101	1,931,700	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-26,741,243	169,568,346	200.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 10:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	656,712	894,407		1.00
	TOTALS		656,712	894,407		
	B - SCHEDULING COSTS					
1.00	OPERATING ROOM	50.00	79,993	2,562		1.00
2.00	AMBULATORY SERVICES	50.01	123,292	3,949		2.00
3.00	ENDOSCOPY	50.02	90,535	2,900		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	46,671	1,495		4.00
	TOTALS		340,491	10,906		
	C - NURSERY DELIVERY AND LABOR					
1.00	NURSERY	43.00	355,117	18,142		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,481,916	75,709		2.00
	TOTALS		1,837,033	93,851		
	D - MEDICAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,851,976		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
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
	TOTALS		0	2,851,976		
	F - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,936,065		1.00
	TOTALS		0	2,936,065		
	G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,632,556		1.00
2.00	EMERGENCY	91.00	0	126		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
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		0	4,632,682		
	H - ROUTINE OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	114,439	5,644		1.00
	TOTALS		114,439	5,644		
	J - MOB BUILDING COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	58,334		1.00
2.00	MAINTENANCE OF PLANT	12.01	0	1,662		2.00
3.00	NURSING ADMINISTRATION	13.00	0	5,183		3.00
4.00	RESPIRATORY THERAPY	65.00	0	20,194		4.00
5.00	SLEEP LAB	76.00	0	41,856		5.00
6.00	CLINICAL NUTRITION	76.01	0	70,656		6.00
7.00	CARDIAC REHABILITATION	76.97	0	285,997		7.00
8.00	EMERGENCY	91.00	0	13,153		8.00
9.00	OTHER NONREIMBURSABLE COST	194.02	0	143,805		9.00
	TOTALS		0	640,840		
	K - KISH HEALTHCARE BUILDING COSTS					
1.00	EMERGENCY	91.00	0	23,093		1.00
	TOTALS		0	23,093		
	L - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,475,703		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	4,475,703		
	M - MEDICAL DIRECTOR FEES					
1.00	NURSING ADMINISTRATION	13.00	0	21,362		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	29,382		2.00
3.00	INTENSIVE CARE UNIT	31.00	1,500	28,095		3.00
5.00	OPERATING ROOM	50.00	80,925	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	6,017	0		6.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	560,220		8.00
12.00	RESPIRATORY THERAPY	65.00	1,500	28,095		12.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 10:32 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	ELECTROCARDIOLOGY	69.00	0	9,840	14.00
16.00	CARDIAC REHABILITATION	76.97	0	9,840	16.00
17.00	OUTPATIENT COUNSELING	93.00	9,713	0	17.00
18.00	OTHER NONREIMBURSABLE COST	194.02	0	16,240	18.00
	CENTERS				
	TOTALS		99,655	703,074	
N - DIRECTLY ASSIGNED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,623,294	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
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	14,623,294	
O - CLINICAL NUTRITION COSTS					
1.00	CLINICAL NUTRITION	76.01	0	1,060	1.00
	TOTALS		0	1,060	
P - ROUTINE DIABETES					
1.00	ADULTS & PEDIATRICS	30.00	53,757	2,141	1.00
	TOTALS		53,757	2,141	
Q - BUILDING RENTAL RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,660	1.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	31,483	3.00
5.00	LABORATORY	60.00	0	141,481	5.00
7.00	PHYSICAL THERAPY	66.00	0	602,349	7.00
9.00	CLINICAL NUTRITION	76.01	0	17,995	9.00
11.00	OUTPATIENT COUNSELING	93.00	0	17,995	11.00
	TOTALS		0	879,963	
R - PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	123	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	31,171	0	2.00
3.00	HOUSEKEEPING	9.00	4,944	0	3.00
4.00	DIETARY	10.00	1,383	0	4.00
5.00	CAFETERIA	11.00	3,141	0	5.00
6.00	NURSING ADMINISTRATION	13.00	8,358	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,249	0	7.00
8.00	PHARMACY	15.00	9,613	0	8.00
9.00	SOCIAL SERVICE	17.00	3,319	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	49,858	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	11,172	0	11.00
12.00	NURSERY	43.00	1,698	0	12.00
13.00	OPERATING ROOM	50.00	8,284	0	13.00
14.00	AMBULATORY SERVICES	50.01	5,322	0	14.00
15.00	ENDOSCOPY	50.02	2,477	0	15.00
16.00	RECOVERY ROOM	51.00	2,604	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	7,116	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	24,365	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	9,509	0	19.00
20.00	LABORATORY	60.00	14,708	0	20.00
21.00	RESPIRATORY THERAPY	65.00	7,356	0	21.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 10:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
22.00	PHYSICAL THERAPY	66.00	11,929	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	1,155	0		23.00
24.00	SPEECH PATHOLOGY	68.00	1,057	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	2,236	0		25.00
26.00	CLINICAL NUTRITION	76.01	686	0		26.00
27.00	CARDIAC REHABILITATION	76.97	2,176	0		27.00
28.00	CLINIC	90.00	1,930	0		28.00
29.00	EMERGENCY	91.00	22,014	0		29.00
30.00	OUTPATIENT COUNSELING	93.00	5,653	0		30.00
31.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	457	0		31.00
32.00	COMMUNITY WELLNESS	194.01	2,126	0		32.00
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	1,299	0		33.00
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	1,033	0		34.00
	TOTALS		261,521	0		
500.00	Grand Total: Increases		3,363,608	32,774,699		500.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 10:32 am

	Decreases						17/28/2020 10:32 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	656,712	894,407	0		1.00
	TOTALS		656,712	894,407			
B - SCHEDULING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	340,491	10,906	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		340,491	10,906			
C - NURSERY DELIVERY AND LABOR							
1.00	ADULTS & PEDIATRICS	30.00	1,837,033	93,851	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,837,033	93,851			
D - MEDICAL SUPPLY							
1.00	PHARMACY	15.00	0	20	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	79,382	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	27,137	0		3.00
4.00	OPERATING ROOM	50.00	0	1,406,967	0		4.00
5.00	AMBULATORY SERVICES	50.01	0	40,873	0		5.00
6.00	ENDOSCOPY	50.02	0	15,442	0		6.00
7.00	RECOVERY ROOM	51.00	0	2,587	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	3,419	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,227,672	0		9.00
11.00	RESPIRATORY THERAPY	65.00	0	16,512	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	12	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	2	0		13.00
14.00	CLINIC	90.00	0	200	0		14.00
15.00	EMERGENCY	91.00	0	31,751	0		15.00
	TOTALS		0	2,851,976			
F - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,936,065	9		1.00
	TOTALS		0	2,936,065			
G - DRUGS							
1.00	PHARMACY	15.00	0	4,574,636	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,549	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	530	0		3.00
4.00	OPERATING ROOM	50.00	0	17,406	0		4.00
5.00	AMBULATORY SERVICES	50.01	0	4,072	0		5.00
6.00	ENDOSCOPY	50.02	0	82	0		6.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,402	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	5	0		9.00
	TOTALS		0	4,632,682			
H - ROUTINE OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	114,439	5,644	0		1.00
	TOTALS		114,439	5,644			
J - MOB BUILDING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	624,028	0		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	16,812	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		0	640,840			
K - KISH HEALTHCARE BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	23,093	0		1.00
	TOTALS		0	23,093			
L - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	3,695,312	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	780,391	0		2.00
	TOTALS		0	4,475,703			
M - MEDICAL DIRECTOR FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	99,655	703,074	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
8.00		0.00	0	0	0		8.00
12.00		0.00	0	0	0		12.00
14.00		0.00	0	0	0		14.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 10:32 am

	Decreases						17/28/2020 10:32 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
	TOTALS		99,655	703,074			
	N - DIRECTLY ASSIGNED BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,769,047	0		1.00
2.00	HOUSEKEEPING	9.00	0	483,642	0		2.00
3.00	DIETARY	10.00	0	491,774	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	510,206	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,939	0		5.00
6.00	PHARMACY	15.00	0	424,872	0		6.00
7.00	SOCIAL SERVICE	17.00	0	186,313	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	3,121,758	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	585,084	0		9.00
10.00	OPERATING ROOM	50.00	0	409,444	0		10.00
11.00	AMBULATORY SERVICES	50.01	0	253,312	0		11.00
12.00	ENDOSCOPY	50.02	0	100,097	0		12.00
13.00	RECOVERY ROOM	51.00	0	109,334	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,262,055	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	546,003	0		15.00
16.00	LABORATORY	60.00	0	965,956	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	420,031	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	607,078	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	51,710	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	43,771	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	99,547	0		21.00
22.00	CLINICAL NUTRITION	76.01	0	52,046	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	117,017	0		23.00
24.00	CLINIC	90.00	0	113,297	0		24.00
25.00	EMERGENCY	91.00	0	1,187,298	0		25.00
26.00	OUTPATIENT COUNSELING	93.00	0	286,518	0		26.00
27.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	44,306	0		27.00
28.00	COMMUNITY WELLNESS	194.01	0	114,551	0		28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	69,165	0		29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	101,123	0		30.00
	TOTALS		0	14,623,294			
	O - CLINICAL NUTRITION COSTS						
1.00	DIETARY	10.00	0	1,060	0		1.00
	TOTALS		0	1,060			
	P - ROUTINE DIABETES						
1.00	CLINICAL NUTRITION	76.01	53,757	2,141	0		1.00
	TOTALS		53,757	2,141			
	Q - BUILDING RENTAL RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	879,963	0		1.00
3.00		0.00	0	0	0		3.00
5.00		0.00	0	0	0		5.00
7.00		0.00	0	0	0		7.00
9.00		0.00	0	0	0		9.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	879,963			
	R - PTO ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	261,521	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/28/2020 10:32 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
	TOTALS		261,521	0			
500.00	Grand Total: Decreases		3,363,608	32,774,699			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
1/28/2020 10:32 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	14,163,000	3,065,636	0	3,065,636	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	91,523,598	67,815,088	0	67,815,088	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	18,020,066	9,420,627	0	9,420,627	329,440	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	123,706,664	80,301,351	0	80,301,351	329,440	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	123,706,664	80,301,351	0	80,301,351	329,440	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	17,228,636	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	159,338,686	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	27,111,253	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	203,678,575	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	203,678,575	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	10,971,531	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,971,531	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	22,225	10,993,756				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	22,225	10,993,756				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	159,338,686	0	159,338,686	0.782305	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	44,339,889	0	44,339,889	0.217695	0	2.00
3.00	Total (sum of lines 1-2)	203,678,575	0	203,678,575	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	7,810,991	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,266,663	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,077,654	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,464,096	0	0	22,225	9,297,312	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,266,663	2.00
3.00	Total (sum of lines 1-2)	1,464,096	0	0	22,225	14,563,975	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B		0ADMINISTRATIVE & GENERAL	5.00	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	-11,803,643			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	-5,241,082			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-710,901	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B		0MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.00	PHYSICIAN RECRUITMENT & AMORTIZATION	A	-91,769	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	IHA LOBBYING EXPENSES	A	-27,203	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	AHA LOBBYING EXPENSES	A	-4,559	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03	PHYSICIAN BILLING	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04	MEDICARE DEPRECIATION - STRAIGHTLINE	A	-1,247,063	CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05	MEDICARE DEPERCIATION - STRAIGHTLINE	A	-330,650	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.05
33.06	MEDICARE TO LISTING DETAIL	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9 33.06
33.07	MEDICARE TO LISTING DETAIL	A	0	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.07
33.08	GOODWILL	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9 33.08
33.09	AMORTIZATION INTANGIBLE	A	-25,527	CAP REL COSTS-BLDG & FIXT	1.00	9 33.09
33.10	WINDMILL PROPERTIES DEPRECIATION	A	-4,667	CAP REL COSTS-BLDG & FIXT	1.00	9 33.10
33.11	ROUTE 23 BUILDING DEPRECIATION	A	-56,952	CAP REL COSTS-BLDG & FIXT	1.00	9 33.11
33.12	BHS DISCOVERY HOUSE BLDG DEPR	A	-951	CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13	BEN GORDON EQUIPMENT	A	-62,157	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.13
33.14	HOME OFFICE BUILDING DEPRECIATION	A	-29,772	CAP REL COSTS-BLDG & FIXT	1.00	9 33.14
33.15	KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-58,393	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.15
33.16	TALBOT PROPERTIES EXPENSES	A	-3,936	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	WINDMILL PROPERTIES EXPENSES	A	-26,903	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18	HOME OFFICE COSTS	A	-38,592	HOME OFFICE COSTS	194.00	0 33.18
33.19	PROPERTY TAX - WINDMILL	A	24,400	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	PROPERTY TAX - HAUSER ROSS BUILDING	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	PROPERTY TAX - LAND DEVELOPMENT	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22	PROPERTY TAX	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23	PROPERTY TAX	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24	PROPERTY TAX	A	-144,103	RADIOLOGY-THERAPEUTIC	55.00	0 33.24
33.25	PROPERTY TAX - 2475 BETHANY	A	-46,085	HOME OFFICE COSTS	194.00	0 33.25
33.26	PROPERTY TAX - PROF BUILDING	A	-527,865	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.26
33.27	PROPERTY TAX	A	-540,101	OTHER NONREIMBURSABLE COST CENTERS	194.03	0 33.27
33.28	MEDICAL MALPRACTICE - PHYSICIANS	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29	CHARITABLE CONTRIBUTIONS	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30	CHARITABLE CONTRIBUTIONS AND SCHOLAR	A	-35,415	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0 33.30
33.31	SCHOLARSHIPS	A	-15,000	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32	COMMUNITY SUPPORT	A	-31,191	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33	MISC INCOME	A	-344,256	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34	MISC INCOME	B	0	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35	MISC INCOME	B	0	ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36	MISC INCOME	B	0	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37	MISC INCOME	B	0	PHARMACY	15.00	0 33.37
33.38	MISC INCOME	B	-167	INTENSIVE CARE UNIT	31.00	0 33.38
34.00	MISC INCOME	B	-14,389	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
34.01	MISC INCOME	B	1,515	ADULTS & PEDIATRICS	30.00	0 34.01
34.02	MISC INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0 34.02
34.03	MISC INCOME	B	-1,243	RADIOLOGY-THERAPEUTIC	55.00	0 34.03
34.04	MISC INCOME	B	-1,654	LABORATORY	60.00	0 34.04
34.05	MISC INCOME	B	0	0	0.00	0 34.05
34.06	MISC INCOME	B	-90,582	PHYSICAL THERAPY	66.00	0 34.06
34.07	MISC INCOME	B	0	PHYSICAL THERAPY	66.00	0 34.07
34.08	MISC INCOME	B	0	CLINICAL NUTRITION	76.01	0 34.08
34.09	MISC INCOME	B	0	CLINICAL NUTRITION	76.01	0 34.09
34.10	MISC INCOME	B	-76,260	CARDIAC REHABILITATION	76.97	0 34.10
34.11	MISC INCOME	B	-2,000	EMERGENCY	91.00	0 34.11
34.12	MISC INCOME	B	-57,302	OUTPATIENT COUNSELING	93.00	0 34.12
34.13	LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	1,460,794	CAP REL COSTS-BLDG & FIXT	1.00	11 34.13
34.14	INVSTMNT INC OFFSET AGAINST LOSS INT	B	0	CAP REL COSTS-BLDG & FIXT	1.00	11 34.14
34.15	PROVIDER TAX	A	-5,372,356	ADMINISTRATIVE & GENERAL	5.00	0 34.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
34.16	OFFSET GAIN/LOSS NOT RECOGNIZED	A	3,302	CAP REL COSTS-BLDG & FIXT	1.00	11	34.16
34.17	OFFSET GAIN/LOSS NOT RECOGNIZED	A	-26,040	HOUSEKEEPING	9.00	0	34.17
34.18	OFFSET GAIN/LOSS NOT RECOGNIZED	A	-6,953	CENTRAL SERVICES & SUPPLY	14.00	0	34.18
34.19	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	ADULTS & PEDIATRICS	30.00	0	34.19
34.20	OFFSET GAIN/LOSS NOT RECOGNIZED	A	-455	OPERATING ROOM	50.00	0	34.20
34.21	OFFSET GAIN/LOSS NOT RECOGNIZED	A	-6,450	CARDIAC REHABILITATION	76.97	0	34.21
34.22	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	RESPIRATORY THERAPY	65.00	0	34.22
34.23	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	ELECTROCARDIOLOGY	69.00	0	34.23
34.24	OFFSET GAIN/LOSS NOT RECOGNIZED	A	-1,925	EMERGENCY	91.00	0	34.24
35.00	HOSPICE COSTS	A	-16,176	ADULTS & PEDIATRICS	30.00	0	35.00
36.00	HOSPICE COSTS	A	-1,085	INTENSIVE CARE UNIT	31.00	0	36.00
37.00	SALES TAX EXPENSE	A	-593	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	CRNA / PART B	A	0	RADIOLOGY-THERAPEUTIC	55.00	0	38.00
38.01	CRNA / PART B	A	-5,121	ADMINISTRATIVE & GENERAL	5.00	0	38.01
38.02	CRNA / PART B	A	-38,660	RADIOLOGY-DIAGNOSTIC	54.00	0	38.02
39.00	CRNA / PART B	A	-94,875	OUTPATIENT COUNSELING	93.00	0	39.00
40.00	CRNA / PART B	A	-154,353	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	40.00
41.00	HAUSER ROSS BUILDING COSTS	A	-8,352	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	HOME OFFICE BUILDING DEPRECIATION	A	-188,224	CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00	HOME OFFICE HOUSEKEEPING	A	-333,678	HOUSEKEEPING	9.00	0	43.00
44.00	HOME OFFICE CAFETERIA	A	-264,613	CAFETERIA	11.00	0	44.00
44.01	HOME OFFICE MAINTENANCE OF PLANT	A	-18,906	MAINTENANCE OF PLANT	12.01	0	44.01
44.02	MEDICARE UNALLOWABLE	A	-106	ADMINISTRATIVE & GENERAL	5.00	0	44.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,741,243				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: 14-0286

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

Worksheet A-8-1

Date/Time Prepared:
1/28/2020 10:32 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE ALLOCATION	27,653,120	37,471,877	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	NMHC HOME OFFICE ALLOCATION	1,328,681	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	NMHC HOME OFFICE ALLOCATION	2,723,405	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE ALLOCATION	0	324,608	4.00
4.01	13.00	NURSING ADMINISTRATION	NMHC HOME OFFICE ALLOCATION	850,197	0	4.01
4.03	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	2,004,831	2,004,831	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	431,377	431,377	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES	579,900	579,900	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	CORP EXPENSE	1,489	1,489	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	RENT EXPENSE	696,743	696,743	4.07
4.08	0.00			0	0	4.08
4.09	50.02	ENDOSCOPY	PURCHASED SERVICE	1,849	1,849	4.09
4.10	60.00	LABORATORY	CORP EXPENSE	9,728	9,728	4.10
4.11	60.00	LABORATORY	PURCHASED SERVICE	89,169	89,169	4.11
4.12	55.00	RADIOLOGY-THERAPEUTIC	LEASED EE MD	2,002,656	2,002,656	4.12
4.13	69.00	ELECTROCARDIOLOGY	CONTRACTED SERVICES	380,015	380,015	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICES	4,060,986	4,060,986	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			42,814,146	48,055,228	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		0.00	KISHHEALTH SYS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0286

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

Worksheet A-8-1

Date/Time Prepared:
1/28/2020 10:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-9,818,757	0		1.00
2.00	1,328,681	9		2.00
3.00	2,723,405	9		3.00
4.00	-324,608	0		4.00
4.01	850,197	0		4.01
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	9		4.14
4.15	0	9		4.15
4.16	0	0		4.16
5.00	-5,241,082			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			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

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

Worksheet A-8-2

Date/Time Prepared:
1/28/2020 10:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	3,105	3,105	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	184,428	40,790	143,638	211,500	958	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	21,362	0	21,362	211,500	142	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,186,992	3,157,610	29,382	169,700	196	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	331,704	302,109	29,595	211,500	197	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	80,925	30,000	50,925	246,400	340	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	6,017	0	6,017	237,000	40	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	665,380	665,380	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	653,220	643,380	9,840	271,900	48	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	2,002,656	2,002,656	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	65,000	65,000	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	29,595	0	29,595	211,500	197	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	9,840	0	9,840	271,900	48	13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	9,840	0	9,840	271,900	48	14.00
15.00	91.00	AGGREGATE-EMERGENCY	4,668,071	4,668,071	0	0	0	15.00
16.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	122,740	113,027	9,713	181,300	65	16.00
200.00			12,040,875	11,691,128	349,747		2,279	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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	97,412	4,871	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	14,439	722	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	15,991	800	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	20,032	1,002	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	40,277	2,014	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	4,558	228	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	6,275	314	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	20,032	1,002	0	0	0	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	6,275	314	0	0	0	13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	6,275	314	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	15.00
16.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	5,666	283	0	0	0	16.00
200.00			237,232	11,864	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	3,105		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	97,412	46,226	87,016		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	14,439	6,923	6,923		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	15,991	13,391	3,171,001		4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

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

Worksheet A-8-2

Date/Time Prepared:
1/28/2020 10:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	20,032	9,563	311,672		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	40,277	10,648	40,648		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	4,558	1,459	1,459		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	665,380		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	6,275	3,565	646,945		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	2,002,656		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	65,000		11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	20,032	9,563	9,563		12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	6,275	3,565	3,565		13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	6,275	3,565	3,565		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	4,668,071		15.00
16.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	5,666	4,047	117,074		16.00
200.00			0	237,232	112,515	11,803,643		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,297,312	9,297,312			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,266,663		5,266,663		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,356,935	0	19,504	14,376,439	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,050,648	1,061,142	341,217	1,714,364	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	467,107	43,165	0	0	8.00
9.00	00900	HOUSEKEEPING	1,392,843	222,414	130,135	271,913	9.00
10.00	01000	DIETARY	683,574	137,668	2,299	76,086	10.00
11.00	01100	CAFETERIA	578,746	318,450	5,219	172,732	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	402,815	816,711	21,300	0	12.01
13.00	01300	NURSING ADMINISTRATION	2,693,046	43,369	98,376	459,685	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	267,731	153,146	150,478	68,710	14.00
15.00	01500	PHARMACY	2,751,196	149,059	4,930	528,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9	26,665	0	0	16.00
17.00	01700	SOCIAL SERVICE	764,676	22,579	14,118	182,523	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,698,286	1,673,775	171,584	2,742,086	30.00
31.00	03100	INTENSIVE CARE UNIT	2,677,226	280,036	193,795	614,456	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	374,957	55,323	21,410	93,405	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,114,803	537,084	592,043	455,584	50.00
50.01	05001	AMBULATORY SERVICES	1,305,429	334,030	4,135	292,696	50.01
50.02	05002	ENDOSCOPY	791,683	28,811	43,701	136,224	50.02
51.00	05100	RECOVERY ROOM	571,388	97,823	6,470	143,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,569,299	183,540	89,347	391,365	52.00
53.00	05300	ANESTHESIOLOGY	227,148	10,932	53,883	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,890,062	800,671	2,016,510	1,340,011	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,271,409	534,785	136,940	522,973	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	7,568,921	391,447	352,331	808,915	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,675,246	54,352	76,478	404,578	65.00
66.00	06600	PHYSICAL THERAPY	3,154,576	15,018	25,345	656,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	249,939	0	0	63,550	67.00
68.00	06800	SPEECH PATHOLOGY	225,782	0	0	58,131	68.00
69.00	06900	ELECTROCARDIOLOGY	1,175,505	67,327	413,650	122,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,851,976	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,475,703	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,632,556	0	0	0	73.00
76.00	03950	SLEEP LAB	376,174	0	10,497	0	76.00
76.01	03951	CLINICAL NUTRITION	240,197	0	15,042	37,705	76.01
76.97	07697	CARDIAC REHABILITATION	690,209	0	21,346	119,674	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	423,809	0	9,243	106,161	90.00
91.00	09100	EMERGENCY	5,997,797	938,032	117,946	1,210,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	1,081,671	0	49,732	310,888	93.00
93.01	04951	OUTSIDE SERVICES	558,296	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	165,843,348	8,997,354	5,209,004	14,106,098	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	213,310	33,102	5,900	25,151	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

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	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	554,019	28,913	24,700	116,940	724,572	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	1,025,969	237,943	27,059	71,451	1,362,422	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	1,931,700	0	0	56,799	1,988,499	194.03
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)	169,568,346	9,297,312	5,266,663	14,376,439	169,568,346	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,167,371					5.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	226,740	0	737,012			8.00
9.00	00900	HOUSEKEEPING	896,394	0	0	2,913,699		9.00
10.00	01000	DIETARY	399,751	0	0	53,230	1,352,608	10.00
11.00	01100	CAFETERIA	477,744	0	0	123,131	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	551,364	0	0	302,928	0	12.01
13.00	01300	NURSING ADMINISTRATION	1,463,907	0	0	18,863	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	284,414	0	0	59,215	0	14.00
15.00	01500	PHARMACY	1,525,846	0	0	57,635	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,853	0	0	10,310	0	16.00
17.00	01700	SOCIAL SERVICE	437,196	0	0	8,730	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,236,610	0	244,852	647,176	1,165,276	30.00
31.00	03100	INTENSIVE CARE UNIT	1,673,213	0	45,986	108,278	187,332	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	242,214	0	7,091	21,391	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,532,590	0	23,410	207,667	0	50.00
50.01	05001	AMBULATORY SERVICES	860,394	0	72,515	129,155	0	50.01
50.02	05002	ENDOSCOPY	444,538	0	0	11,140	0	50.02
51.00	05100	RECOVERY ROOM	363,881	0	9,812	37,824	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	992,483	0	29,581	70,967	0	52.00
53.00	05300	ANESTHESIOLOGY	129,734	0	0	4,227	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,353,221	0	88,040	286,693	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,539,340	0	0	7,170	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,053,207	0	0	151,356	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	982,309	0	0	29,173	0	65.00
66.00	06600	PHYSICAL THERAPY	1,711,206	0	2,311	5,807	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	139,299	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	126,157	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	790,703	0	5,409	26,032	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,267,281	0	543	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,988,788	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,058,486	0	0	0	0	73.00
76.00	03950	SLEEP LAB	171,818	0	0	16,907	0	76.00
76.01	03951	CLINICAL NUTRITION	130,170	0	0	28,541	0	76.01
76.97	07697	CARDIAC REHABILITATION	369,358	0	3,112	115,526	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	239,600	0	5,409	0	0	90.00
91.00	09100	EMERGENCY	3,672,352	0	198,941	280,313	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	640,885	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	248,080	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,233,126	0	737,012	2,819,385	1,352,608	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	123,291	0	0	22,043	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	321,965	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	605,395	0	0	72,271	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	883,594	0	0	0	0	194.03
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)	52,167,371	0	737,012	2,913,699	1,352,608	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	1,676,022					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	2,095,118			12.01
13.00	01300	NURSING ADMINISTRATION	79,363	0	16,143	4,872,752		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,187	0	57,005	0	1,056,886	14.00
15.00	01500	PHARMACY	57,846	0	55,483	0	4,074	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,925	0	0	16.00
17.00	01700	SOCIAL SERVICE	27,857	0	8,404	0	9	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	400,180	0	623,021	2,154,073	82,249	30.00
31.00	03100	INTENSIVE CARE UNIT	80,485	0	104,236	433,231	21,215	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,045	0	20,592	70,217	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,775	0	199,915	348,669	51,783	50.00
50.01	05001	AMBULATORY SERVICES	42,136	0	124,334	226,808	11,363	50.01
50.02	05002	ENDOSCOPY	17,365	0	10,724	93,472	0	50.02
51.00	05100	RECOVERY ROOM	14,223	0	36,412	76,559	1,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,536	0	68,318	293,552	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,069	0	15,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	187,032	0	275,991	0	4,788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	84,385	0	6,902	0	11,646	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	63,850	0	145,706	0	19,132	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	63,850	0	20,231	0	0	65.00
66.00	06600	PHYSICAL THERAPY	90,837	0	5,590	0	1,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,126	0	0	0	159	67.00
68.00	06800	SPEECH PATHOLOGY	5,835	0	0	0	131	68.00
69.00	06900	ELECTROCARDIOLOGY	13,774	0	25,061	0	498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	290,679	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	456,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,485	73.00
76.00	03950	SLEEP LAB	0	0	0	0	2	76.00
76.01	03951	CLINICAL NUTRITION	5,863	0	0	0	74	76.01
76.97	07697	CARDIAC REHABILITATION	17,085	0	0	0	228	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	17,309	0	0	0	862	90.00
91.00	09100	EMERGENCY	177,494	0	264,735	955,403	68,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	41,014	0	0	220,768	806	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,643,452	0	2,082,797	4,872,752	1,055,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	7,743	0	12,321	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	56	0	0	0	645	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	7,462	0	0	0	457	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	17,309	0	0	0	330	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,676,022	0	2,095,118	4,872,752	1,056,886	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,134,751					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	58,762				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,466,092			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,556	1,182,587	30,026,311	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	916	190,115	6,610,520	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	156	93,390	1,013,191	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,358	0	9,133,681	0	50.00
50.01	05001	AMBULATORY SERVICES	0	370	0	3,403,365	0	50.01
50.02	05002	ENDOSCOPY	0	917	0	1,578,575	0	50.02
51.00	05100	RECOVERY ROOM	0	387	0	1,359,475	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	651	0	3,743,639	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,273	0	446,567	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,246	0	18,254,265	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,966	0	18,120,516	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	5,787	0	13,560,652	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,198	0	3,307,415	0	65.00
66.00	06600	PHYSICAL THERAPY	0	691	0	5,669,301	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	89	0	460,162	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	52	0	416,088	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,726	0	2,642,655	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,901	0	4,413,380	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,908	0	6,922,568	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,134,751	8,511	0	11,846,789	0	73.00
76.00	03950	SLEEP LAB	0	264	0	575,662	0	76.00
76.01	03951	CLINICAL NUTRITION	0	23	0	457,615	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	89	0	1,336,627	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	213	0	802,606	0	90.00
91.00	09100	EMERGENCY	0	4,370	0	13,886,599	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	39	0	2,345,803	0	93.00
93.01	04951	OUTSIDE SERVICES	0	105	0	806,481	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,134,751	58,762	1,466,092	163,140,508	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	442,861	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	1,047,238	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,048,007	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,889,732	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,134,751	58,762	1,466,092	169,568,346	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
12.01	01201	MAINTENANCE OF PLANT	12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SERVICES	50.01
50.02	05002	ENDOSCOPY	50.02
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
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SLEEP LAB	76.00
76.01	03951	CLINICAL NUTRITION	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04950	OUTPATIENT COUNSELING	93.00
93.01	04951	OUTSIDE SERVICES	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE COSTS	194.00
194.01	07951	COMMUNITY WELLNESS	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	169,568,346	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	19,504	19,504	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,148,136	1,061,142	341,217	2,550,495	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	43,165	0	43,165	8.00
9.00	00900	HOUSEKEEPING	0	222,414	130,135	352,549	9.00
10.00	01000	DIETARY	1,389	137,668	2,299	141,356	10.00
11.00	01100	CAFETERIA	3,153	318,450	5,219	326,822	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	1,662	816,711	21,300	839,673	12.01
13.00	01300	NURSING ADMINISTRATION	5,183	43,369	98,376	146,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	153,146	150,478	303,624	14.00
15.00	01500	PHARMACY	250,488	149,059	4,930	404,477	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,665	0	26,665	16.00
17.00	01700	SOCIAL SERVICE	0	22,579	14,118	36,697	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,396	1,673,775	171,584	1,898,755	30.00
31.00	03100	INTENSIVE CARE UNIT	0	280,036	193,795	473,831	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	55,323	21,410	76,733	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	537,084	592,043	1,129,127	50.00
50.01	05001	AMBULATORY SERVICES	0	334,030	4,135	338,165	50.01
50.02	05002	ENDOSCOPY	0	28,811	43,701	72,512	50.02
51.00	05100	RECOVERY ROOM	0	97,823	6,470	104,293	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,540	89,347	272,887	52.00
53.00	05300	ANESTHESIOLOGY	0	10,932	53,883	64,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	500	800,671	2,016,510	2,817,681	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	534,785	136,940	671,725	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	391,447	352,331	743,778	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	20,194	54,352	76,478	151,024	65.00
66.00	06600	PHYSICAL THERAPY	0	15,018	25,345	40,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,327	413,650	480,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SLEEP LAB	41,856	0	10,497	52,353	76.00
76.01	03951	CLINICAL NUTRITION	70,656	0	15,042	85,698	76.01
76.97	07697	CARDIAC REHABILITATION	285,997	0	21,346	307,343	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	9,243	9,243	90.00
91.00	09100	EMERGENCY	13,153	938,032	117,946	1,069,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	49,732	49,732	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,895,763	8,997,354	5,209,004	16,102,121	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	33,102	5,900	39,002	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	563	28,913	24,700	54,176	159	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	121,603	237,943	27,059	386,605	97	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	77	194.03
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)	2,017,929	9,297,312	5,266,663	16,581,904	19,504	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,552,820					5.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,095	0	54,260			8.00
9.00	00900	HOUSEKEEPING	43,864	0	0	396,782		9.00
10.00	01000	DIETARY	19,561	0	0	7,249	168,269	10.00
11.00	01100	CAFETERIA	23,378	0	0	16,768	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	26,981	0	0	41,252	0	12.01
13.00	01300	NURSING ADMINISTRATION	71,635	0	0	2,569	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,918	0	0	8,064	0	14.00
15.00	01500	PHARMACY	74,666	0	0	7,849	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	580	0	0	1,404	0	16.00
17.00	01700	SOCIAL SERVICE	21,394	0	0	1,189	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	354,172	0	18,027	88,130	144,964	30.00
31.00	03100	INTENSIVE CARE UNIT	81,877	0	3,386	14,745	23,305	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,853	0	522	2,913	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	123,930	0	1,723	28,280	0	50.00
50.01	05001	AMBULATORY SERVICES	42,103	0	5,339	17,588	0	50.01
50.02	05002	ENDOSCOPY	21,753	0	0	1,517	0	50.02
51.00	05100	RECOVERY ROOM	17,806	0	722	5,151	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,566	0	2,178	9,664	0	52.00
53.00	05300	ANESTHESIOLOGY	6,348	0	0	576	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,955	0	6,482	39,041	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	271,063	0	0	976	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	198,340	0	0	20,611	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	48,068	0	0	3,973	0	65.00
66.00	06600	PHYSICAL THERAPY	83,736	0	170	791	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,817	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,173	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,692	0	398	3,545	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,013	0	40	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,320	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,730	0	0	0	0	73.00
76.00	03950	SLEEP LAB	8,408	0	0	2,302	0	76.00
76.01	03951	CLINICAL NUTRITION	6,370	0	0	3,887	0	76.01
76.97	07697	CARDIAC REHABILITATION	18,074	0	229	15,732	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	11,725	0	398	0	0	90.00
91.00	09100	EMERGENCY	179,704	0	14,646	38,172	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	31,361	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	12,140	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,458,169	0	54,260	383,938	168,269	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	6,033	0	0	3,002	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	15,755	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	29,625	0	0	9,842	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	43,238	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,552,820	0	54,260	396,782	168,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	367,202					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	907,906			12.01
13.00	01300	NURSING ADMINISTRATION	17,388	0	6,995	246,138		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,546	0	24,703	0	353,948	14.00
15.00	01500	PHARMACY	12,674	0	24,043	0	1,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,301	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,103	0	3,642	0	3	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,676	0	269,983	108,809	27,545	30.00
31.00	03100	INTENSIVE CARE UNIT	17,634	0	45,170	21,884	7,105	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,858	0	8,924	3,547	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,192	0	86,632	17,612	17,342	50.00
50.01	05001	AMBULATORY SERVICES	9,232	0	53,879	11,457	3,805	50.01
50.02	05002	ENDOSCOPY	3,805	0	4,647	4,722	0	50.02
51.00	05100	RECOVERY ROOM	3,116	0	15,779	3,867	494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,948	0	29,605	14,828	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,763	0	5,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,977	0	119,599	0	1,603	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,488	0	2,991	0	3,900	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,989	0	63,141	0	6,407	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	13,989	0	8,767	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,902	0	2,422	0	618	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,561	0	0	0	53	67.00
68.00	06800	SPEECH PATHOLOGY	1,278	0	0	0	44	68.00
69.00	06900	ELECTROCARDIOLOGY	3,018	0	10,860	0	167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	97,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	152,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,181	73.00
76.00	03950	SLEEP LAB	0	0	0	0	1	76.00
76.01	03951	CLINICAL NUTRITION	1,285	0	0	0	25	76.01
76.97	07697	CARDIAC REHABILITATION	3,743	0	0	0	76	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,792	0	0	0	289	90.00
91.00	09100	EMERGENCY	38,887	0	114,721	48,260	22,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	8,986	0	0	11,152	270	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	360,067	0	902,567	246,138	353,469	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,696	0	5,339	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	12	0	0	0	216	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	1,635	0	0	0	153	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	3,792	0	0	0	110	194.03
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)	367,202	0	907,906	246,138	353,948	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	525,790					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,950				16.00
17.00	01700	SOCIAL SERVICE	0	0	69,276			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,544	55,880	3,060,210	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	512	8,983	699,265	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	87	4,413	111,977	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,992	0	1,422,448	0	50.00
50.01	05001	AMBULATORY SERVICES	0	207	0	482,172	0	50.01
50.02	05002	ENDOSCOPY	0	512	0	109,653	0	50.02
51.00	05100	RECOVERY ROOM	0	216	0	151,638	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	363	0	390,570	0	52.00
53.00	05300	ANESTHESIOLOGY	0	711	0	79,337	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,413	0	3,295,568	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,773	0	972,625	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,232	0	1,050,595	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	669	0	227,039	0	65.00
66.00	06600	PHYSICAL THERAPY	0	386	0	149,278	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	50	0	8,567	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	29	0	7,603	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	964	0	538,788	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,620	0	161,019	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,066	0	251,159	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	525,790	4,753	0	635,454	0	73.00
76.00	03950	SLEEP LAB	0	148	0	63,212	0	76.00
76.01	03951	CLINICAL NUTRITION	0	13	0	97,329	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	50	0	345,409	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	119	0	25,710	0	90.00
91.00	09100	EMERGENCY	0	2,440	0	1,530,537	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	22	0	101,945	0	93.00
93.01	04951	OUTSIDE SERVICES	0	59	0	12,199	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	525,790	32,950	69,276	15,981,306	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	55,106	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	70,318	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	427,957	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	47,217	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	525,790	32,950	69,276	16,581,904	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
12.01	01201	MAINTENANCE OF PLANT	12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SERVICES	50.01
50.02	05002	ENDOSCOPY	50.02
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
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SLEEP LAB	76.00
76.01	03951	CLINICAL NUTRITION	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04950	OUTPATIENT COUNSELING	93.00
93.01	04951	OUTSIDE SERVICES	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE COSTS	194.00
194.01	07951	COMMUNITY WELLNESS	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,581,904	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	182,005					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,386,798				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,839	54,919,270			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,773	154,636	6,549,023	-52,167,371	117,400,975	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	845	0	0	0	510,272	8.00
9.00	00900	HOUSEKEEPING	4,354	58,976	1,038,732	0	2,017,305	9.00
10.00	01000	DIETARY	2,695	1,042	290,657	0	899,627	10.00
11.00	01100	CAFETERIA	6,234	2,365	659,853	0	1,075,147	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	15,988	9,653	0	0	1,240,826	12.01
13.00	01300	NURSING ADMINISTRATION	849	44,583	1,756,036	0	3,294,476	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,998	68,195	262,480	0	640,065	14.00
15.00	01500	PHARMACY	2,918	2,234	2,019,613	0	3,433,867	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	522	0	0	0	26,674	16.00
17.00	01700	SOCIAL SERVICE	442	6,398	697,256	0	983,896	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,766	77,760	10,475,003	0	16,285,731	30.00
31.00	03100	INTENSIVE CARE UNIT	5,482	87,826	2,347,275	0	3,765,513	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,083	9,703	356,815	0	545,095	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,514	268,308	1,740,372	0	5,699,514	50.00
50.01	05001	AMBULATORY SERVICES	6,539	1,874	1,118,125	0	1,936,290	50.01
50.02	05002	ENDOSCOPY	564	19,805	520,386	0	1,000,419	50.02
51.00	05100	RECOVERY ROOM	1,915	2,932	547,116	0	818,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,593	40,491	1,495,049	0	2,233,551	52.00
53.00	05300	ANESTHESIOLOGY	214	24,419	0	0	291,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,674	913,861	5,118,960	0	12,047,254	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,469	62,060	1,997,803	0	12,466,107	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,663	159,673	3,090,129	0	9,121,614	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,064	34,659	1,545,523	0	2,210,654	65.00
66.00	06600	PHYSICAL THERAPY	294	11,486	2,506,265	0	3,851,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	242,766	0	313,489	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	222,065	0	283,913	68.00
69.00	06900	ELECTROCARDIOLOGY	1,318	187,462	469,758	0	1,779,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,851,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,475,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,632,556	73.00
76.00	03950	SLEEP LAB	0	4,757	0	0	386,671	76.00
76.01	03951	CLINICAL NUTRITION	0	6,817	144,038	0	292,944	76.01
76.97	07697	CARDIAC REHABILITATION	0	9,674	457,165	0	831,229	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	4,189	405,543	0	539,213	90.00
91.00	09100	EMERGENCY	18,363	53,452	4,625,117	0	8,264,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	22,538	1,187,618	0	1,442,291	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	558,296	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	176,133	2,360,667	53,886,541	-52,167,371	113,048,019	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	648	2,674	96,078	0	277,463	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	566	11,194	446,721	0	724,572	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	4,658	12,263	272,951	0	1,362,422	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	216,979	0	1,988,499	194.03
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)	9,297,312	5,266,663	14,376,439		52,167,371	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	51.082728	2.206581	0.261774		0.444352	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			19,504		2,552,820	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000355		0.021744	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: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	111,322				8.00
9.00	00900	HOUSEKEEPING	0	0	147,518			9.00
10.00	01000	DIETARY	0	0	2,695	19,755		10.00
11.00	01100	CAFETERIA	0	0	6,234	0	59,744	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,337	0	0	12.01
13.00	01300	NURSING ADMINISTRATION	0	0	955	0	2,829	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,998	0	577	14.00
15.00	01500	PHARMACY	0	0	2,918	0	2,062	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	522	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	442	0	993	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,984	32,766	17,019	14,265	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,946	5,482	2,736	2,869	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,071	1,083	0	465	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,536	10,514	0	2,309	50.00
50.01	05001	AMBULATORY SERVICES	0	10,953	6,539	0	1,502	50.01
50.02	05002	ENDOSCOPY	0	0	564	0	619	50.02
51.00	05100	RECOVERY ROOM	0	1,482	1,915	0	507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,468	3,593	0	1,944	52.00
53.00	05300	ANESTHESIOLOGY	0	0	214	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,298	14,515	0	6,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	363	0	3,008	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,663	0	2,276	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,477	0	2,276	65.00
66.00	06600	PHYSICAL THERAPY	0	349	294	0	3,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	254	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	208	68.00
69.00	06900	ELECTROCARDIOLOGY	0	817	1,318	0	491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	82	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
76.00	03950	SLEEP LAB	0	0	856	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	1,445	0	209	76.01
76.97	07697	CARDIAC REHABILITATION	0	470	5,849	0	609	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	817	0	0	617	90.00
91.00	09100	EMERGENCY	0	30,049	14,192	0	6,327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	1,462	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	111,322	142,743	19,755	58,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	1,116	0	276	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	2	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,659	0	266	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	617	194.03
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	737,012	2,913,699	1,352,608	1,676,022	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.620542	19.751481	68.469147	28.053394	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	54,260	396,782	168,269	367,202	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.487415	2.689719	8.517793	6.146257	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: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
12.01	01201	MAINTENANCE OF PLANT	0	110,187				12.01
13.00	01300	NURSING ADMINISTRATION	0	849	32,269			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,998	0	10,369,556		14.00
15.00	01500	PHARMACY	0	2,918	0	39,967	5,009,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	522	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	442	0	86	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	32,766	14,265	806,979	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,482	2,869	208,146	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,083	465	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,514	2,309	508,064	0	50.00
50.01	05001	AMBULATORY SERVICES	0	6,539	1,502	111,489	0	50.01
50.02	05002	ENDOSCOPY	0	564	619	0	0	50.02
51.00	05100	RECOVERY ROOM	0	1,915	507	14,473	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,593	1,944	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	214	0	150,120	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,515	0	46,973	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	363	0	114,262	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,663	0	187,711	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,064	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	294	0	18,099	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,560	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,285	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,318	0	4,885	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,851,976	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,475,703	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	122,494	5,009,814	73.00
76.00	03950	SLEEP LAB	0	0	0	17	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	724	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,236	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	8,457	0	90.00
91.00	09100	EMERGENCY	0	13,923	6,327	671,893	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	1,462	7,911	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	109,539	32,269	10,355,510	5,009,814	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	648	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	6,333	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	4,480	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	3,233	0	194.03
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	2,095,118	4,872,752	1,056,886	5,134,751	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	19.014203	151.004122	0.101922	1.024938	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	907,906	246,138	353,948	525,790	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.239683	7.627692	0.034133	0.104952	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: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DATES)	
			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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
12.01	01201	MAINTENANCE OF PLANT			12.01
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	762,649,347		16.00
17.00	01700	SOCIAL SERVICE	0	21,099	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	59,168,891	17,019	30.00
31.00	03100	INTENSIVE CARE UNIT	11,897,247	2,736	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	2,024,578	1,344	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	69,589,965	0	50.00
50.01	05001	AMBULATORY SERVICES	4,810,786	0	50.01
50.02	05002	ENDOSCOPY	11,912,744	0	50.02
51.00	05100	RECOVERY ROOM	5,024,392	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,448,638	0	52.00
53.00	05300	ANESTHESIOLOGY	16,527,770	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,541,408	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	64,496,017	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	75,159,026	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	15,561,958	0	65.00
66.00	06600	PHYSICAL THERAPY	8,968,644	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,153,432	0	67.00
68.00	06800	SPEECH PATHOLOGY	671,698	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,418,383	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,680,525	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,782,364	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,534,960	0	73.00
76.00	03950	SLEEP LAB	3,432,286	0	76.00
76.01	03951	CLINICAL NUTRITION	293,033	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,152,800	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	2,767,424	0	90.00
91.00	09100	EMERGENCY	56,751,383	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04950	OUTPATIENT COUNSELING	510,697	0	93.00
93.01	04951	OUTSIDE SERVICES	1,368,298	0	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	762,649,347	21,099	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			16.00	17.00	
194.00	07950	HOME OFFICE COSTS	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
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)	58,762	1,466,092	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000077	69.486326	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,950	69,276	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000043	3.283378	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 10:32 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,026,311		30,026,311	13,391	30,039,702	30.00
31.00	03100	INTENSIVE CARE UNIT	6,610,520		6,610,520	9,563	6,620,083	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,013,191		1,013,191	0	1,013,191	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,133,681		9,133,681	10,648	9,144,329	50.00
50.01	05001	AMBULATORY SERVICES	3,403,365		3,403,365	0	3,403,365	50.01
50.02	05002	ENDOSCOPY	1,578,575		1,578,575	0	1,578,575	50.02
51.00	05100	RECOVERY ROOM	1,359,475		1,359,475	0	1,359,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,743,639		3,743,639	1,459	3,745,098	52.00
53.00	05300	ANESTHESIOLOGY	446,567		446,567	0	446,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,254,265		18,254,265	3,565	18,257,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,120,516		18,120,516	0	18,120,516	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	13,560,652		13,560,652	0	13,560,652	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,307,415	0	3,307,415	9,563	3,316,978	65.00
66.00	06600	PHYSICAL THERAPY	5,669,301	0	5,669,301	0	5,669,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	460,162	0	460,162	0	460,162	67.00
68.00	06800	SPEECH PATHOLOGY	416,088	0	416,088	0	416,088	68.00
69.00	06900	ELECTROCARDIOLOGY	2,642,655		2,642,655	3,565	2,646,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,413,380		4,413,380	0	4,413,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,922,568		6,922,568	0	6,922,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,846,789		11,846,789	0	11,846,789	73.00
76.00	03950	SLEEP LAB	575,662		575,662	0	575,662	76.00
76.01	03951	CLINICAL NUTRITION	457,615		457,615	0	457,615	76.01
76.97	07697	CARDIAC REHABILITATION	1,336,627		1,336,627	3,565	1,340,192	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	802,606		802,606	0	802,606	90.00
91.00	09100	EMERGENCY	13,886,599		13,886,599	0	13,886,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,530,305		6,530,305	0	6,530,305	92.00
93.00	04950	OUTPATIENT COUNSELING	2,345,803		2,345,803	4,047	2,349,850	93.00
93.01	04951	OUTSIDE SERVICES	806,481		806,481	0	806,481	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	169,670,813	0	169,670,813	59,366	169,730,179	200.00
201.00		Less Observation Beds	6,530,305		6,530,305	0	6,530,305	201.00
202.00		Total (see instructions)	163,140,508	0	163,140,508	59,366	163,199,874	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 10:32 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,468,005		49,468,005			30.00
31.00	03100	INTENSIVE CARE UNIT	11,598,435		11,598,435			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,024,578		2,024,578			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,933,978	48,655,987	69,589,965	0.131250	0.000000	50.00
50.01	05001	AMBULATORY SERVICES	46,139	4,764,647	4,810,786	0.707445	0.000000	50.01
50.02	05002	ENDOSCOPY	1,322,811	10,589,933	11,912,744	0.132511	0.000000	50.02
51.00	05100	RECOVERY ROOM	1,469,944	3,554,448	5,024,392	0.270575	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,052,501	396,137	8,448,638	0.443106	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,087,106	11,440,665	16,527,771	0.027019	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,913,928	112,627,480	145,541,408	0.125423	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	199,508	64,296,509	64,496,017	0.280956	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	27,617,341	47,541,685	75,159,026	0.180426	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	13,317,902	2,244,056	15,561,958	0.212532	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,387,490	7,581,155	8,968,645	0.632125	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	391,440	761,992	1,153,432	0.398950	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	252,366	419,332	671,698	0.619457	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,312,952	15,105,431	22,418,383	0.117879	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,138,308	19,542,217	37,680,525	0.117126	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,783,194	13,999,170	24,782,364	0.279334	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,945,848	44,589,112	110,534,960	0.107177	0.000000	73.00
76.00	03950	SLEEP LAB	4,577	3,427,709	3,432,286	0.167720	0.000000	76.00
76.01	03951	CLINICAL NUTRITION	22,935	270,098	293,033	1.561650	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	2,945	1,149,855	1,152,800	1.159461	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	32,503	2,734,921	2,767,424	0.290019	0.000000	90.00
91.00	09100	EMERGENCY	10,186,290	46,565,094	56,751,384	0.244692	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,726,229	7,273,469	9,999,698	0.653050	0.000000	92.00
93.00	04950	OUTPATIENT COUNSELING	0	510,697	510,697	4.593336	0.000000	93.00
93.01	04951	OUTSIDE SERVICES	1,228,842	139,456	1,368,298	0.589405	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	292,468,095	470,181,255	762,649,350			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	292,468,095	470,181,255	762,649,350			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.131403			50.00
50.01	05001	AMBULATORY SERVICES	0.707445			50.01
50.02	05002	ENDOSCOPY	0.132511			50.02
51.00	05100	RECOVERY ROOM	0.270575			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443278			52.00
53.00	05300	ANESTHESIOLOGY	0.027019			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125448			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.280956			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.180426			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.213147			65.00
66.00	06600	PHYSICAL THERAPY	0.632125			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.398950			67.00
68.00	06800	SPEECH PATHOLOGY	0.619457			68.00
69.00	06900	ELECTROCARDIOLOGY	0.118038			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.117126			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279334			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107177			73.00
76.00	03950	SLEEP LAB	0.167720			76.00
76.01	03951	CLINICAL NUTRITION	1.561650			76.01
76.97	07697	CARDIAC REHABILITATION	1.162554			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.290019			90.00
91.00	09100	EMERGENCY	0.244692			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.653050			92.00
93.00	04950	OUTPATIENT COUNSELING	4.601261			93.00
93.01	04951	OUTSIDE SERVICES	0.589405			93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 10:32 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,026,311		30,026,311	13,391	30,039,702
31.00	03100	INTENSIVE CARE UNIT	6,610,520		6,610,520	9,563	6,620,083
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	1,013,191		1,013,191	0	1,013,191
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,133,681		9,133,681	10,648	9,144,329
50.01	05001	AMBULATORY SERVICES	3,403,365		3,403,365	0	3,403,365
50.02	05002	ENDOSCOPY	1,578,575		1,578,575	0	1,578,575
51.00	05100	RECOVERY ROOM	1,359,475		1,359,475	0	1,359,475
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,743,639		3,743,639	1,459	3,745,098
53.00	05300	ANESTHESIOLOGY	446,567		446,567	0	446,567
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,254,265		18,254,265	3,565	18,257,830
55.00	05500	RADIOLOGY-THERAPEUTIC	18,120,516		18,120,516	0	18,120,516
57.00	05700	CT SCAN	0		0	0	0
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	13,560,652		13,560,652	0	13,560,652
60.01	06001	BLOOD LABORATORY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,307,415	0	3,307,415	9,563	3,316,978
66.00	06600	PHYSICAL THERAPY	5,669,301	0	5,669,301	0	5,669,301
67.00	06700	OCCUPATIONAL THERAPY	460,162	0	460,162	0	460,162
68.00	06800	SPEECH PATHOLOGY	416,088	0	416,088	0	416,088
69.00	06900	ELECTROCARDIOLOGY	2,642,655		2,642,655	3,565	2,646,220
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,413,380		4,413,380	0	4,413,380
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,922,568		6,922,568	0	6,922,568
73.00	07300	DRUGS CHARGED TO PATIENTS	11,846,789		11,846,789	0	11,846,789
76.00	03950	SLEEP LAB	575,662		575,662	0	575,662
76.01	03951	CLINICAL NUTRITION	457,615		457,615	0	457,615
76.97	07697	CARDIAC REHABILITATION	1,336,627		1,336,627	3,565	1,340,192
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	802,606		802,606	0	802,606
91.00	09100	EMERGENCY	13,886,599		13,886,599	0	13,886,599
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,530,305		6,530,305	0	6,530,305
93.00	04950	OUTPATIENT COUNSELING	2,345,803		2,345,803	4,047	2,349,850
93.01	04951	OUTSIDE SERVICES	806,481		806,481	0	806,481
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
200.00		Subtotal (see instructions)	169,670,813	0	169,670,813	59,366	169,730,179
201.00		Less Observation Beds	6,530,305		6,530,305	0	6,530,305
202.00		Total (see instructions)	163,140,508	0	163,140,508	59,366	163,199,874

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 10:32 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,468,005		49,468,005		30.00
31.00	03100	INTENSIVE CARE UNIT	11,598,435		11,598,435		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,024,578		2,024,578		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,933,978	48,655,987	69,589,965	0.131250	0.000000
50.01	05001	AMBULATORY SERVICES	46,139	4,764,647	4,810,786	0.707445	0.000000
50.02	05002	ENDOSCOPY	1,322,811	10,589,933	11,912,744	0.132511	0.000000
51.00	05100	RECOVERY ROOM	1,469,944	3,554,448	5,024,392	0.270575	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,052,501	396,137	8,448,638	0.443106	0.000000
53.00	05300	ANESTHESIOLOGY	5,087,106	11,440,665	16,527,771	0.027019	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,913,928	112,627,480	145,541,408	0.125423	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	199,508	64,296,509	64,496,017	0.280956	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	27,617,341	47,541,685	75,159,026	0.180426	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	13,317,902	2,244,056	15,561,958	0.212532	0.000000
66.00	06600	PHYSICAL THERAPY	1,387,490	7,581,155	8,968,645	0.632125	0.000000
67.00	06700	OCCUPATIONAL THERAPY	391,440	761,992	1,153,432	0.398950	0.000000
68.00	06800	SPEECH PATHOLOGY	252,366	419,332	671,698	0.619457	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,312,952	15,105,431	22,418,383	0.117879	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,138,308	19,542,217	37,680,525	0.117126	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,783,194	13,999,170	24,782,364	0.279334	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	65,945,848	44,589,112	110,534,960	0.107177	0.000000
76.00	03950	SLEEP LAB	4,577	3,427,709	3,432,286	0.167720	0.000000
76.01	03951	CLINICAL NUTRITION	22,935	270,098	293,033	1.561650	0.000000
76.97	07697	CARDIAC REHABILITATION	2,945	1,149,855	1,152,800	1.159461	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	32,503	2,734,921	2,767,424	0.290019	0.000000
91.00	09100	EMERGENCY	10,186,290	46,565,094	56,751,384	0.244692	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,726,229	7,273,469	9,999,698	0.653050	0.000000
93.00	04950	OUTPATIENT COUNSELING	0	510,697	510,697	4.593336	0.000000
93.01	04951	OUTSIDE SERVICES	1,228,842	139,456	1,368,298	0.589405	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	292,468,095	470,181,255	762,649,350		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	292,468,095	470,181,255	762,649,350		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	AMBULATORY SERVICES	0.000000			50.01
50.02	05002	ENDOSCOPY	0.000000			50.02
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	SLEEP LAB	0.000000			76.00
76.01	03951	CLINICAL NUTRITION	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000			93.00
93.01	04951	OUTSIDE SERVICES	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/28/2020 10:32 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,060,210	0	3,060,210	21,818	140.26	30.00
31.00	INTENSIVE CARE UNIT	699,265		699,265	2,737	255.49	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	111,977		111,977	1,316	85.09	43.00
200.00	Total (lines 30 through 199)	3,871,452		3,871,452	25,871		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	8,641	1,211,987				30.00
31.00	INTENSIVE CARE UNIT	1,624	414,916				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	10,265	1,626,903				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/28/2020 10:32 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,422,448	69,589,965	0.020440	9,714,946	198,573	50.00
50.01	05001	AMBULATORY SERVICES	482,172	4,810,786	0.100227	28,188	2,825	50.01
50.02	05002	ENDOSCOPY	109,653	11,912,744	0.009205	825,361	7,597	50.02
51.00	05100	RECOVERY ROOM	151,638	5,024,392	0.030180	704,915	21,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	390,570	8,448,638	0.046229	13,203	610	52.00
53.00	05300	ANESTHESIOLOGY	79,337	16,527,771	0.004800	2,307,460	11,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,295,568	145,541,408	0.022644	16,402,299	371,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	972,625	64,496,017	0.015080	37,088	559	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,050,595	75,159,026	0.013978	14,344,083	200,502	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	227,039	15,561,958	0.014589	8,029,393	117,141	65.00
66.00	06600	PHYSICAL THERAPY	149,278	8,968,645	0.016644	862,430	14,354	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,567	1,153,432	0.007427	241,825	1,796	67.00
68.00	06800	SPEECH PATHOLOGY	7,603	671,698	0.011319	158,308	1,792	68.00
69.00	06900	ELECTROCARDIOLOGY	538,788	22,418,383	0.024033	3,901,287	93,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	161,019	37,680,525	0.004273	9,352,072	39,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	251,159	24,782,364	0.010135	5,748,849	58,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	635,454	110,534,960	0.005749	32,655,768	187,738	73.00
76.00	03950	SLEEP LAB	63,212	3,432,286	0.018417	0	0	76.00
76.01	03951	CLINICAL NUTRITION	97,329	293,033	0.332143	6,503	2,160	76.01
76.97	07697	CARDIAC REHABILITATION	345,409	1,152,800	0.299626	1,814	544	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	25,710	2,767,424	0.009290	14,484	135	90.00
91.00	09100	EMERGENCY	1,530,537	56,751,384	0.026969	5,104,132	137,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	665,255	9,999,698	0.066528	1,510,075	100,462	92.00
93.00	04950	OUTPATIENT COUNSELING	101,945	510,697	0.199619	0	0	93.00
93.01	04951	OUTSIDE SERVICES	12,199	1,368,298	0.008915	841,132	7,499	93.01
200.00		Total (lines 50 through 199)	12,775,109	699,558,332		112,805,615	1,577,690	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/28/2020 10:32 am		
				Title XVIII		Hospital		PPS			
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
				1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	21,818	0.00	8,641		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,737	0.00	1,624		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00		
43.00	04300	NURSERY	0	0	1,316	0.00	0		43.00		
200.00		Total (lines 30 through 199)	0	0	25,871	0.00	10,265		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 10:32 am	
				Title XVIII		Hospital		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
50.01	05001	AMBULATORY SERVICES		0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03950	SLEEP LAB		0	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
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
93.00	04950	OUTPATIENT COUNSELING		0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/28/2020 10:32 am

			Title XVIII		Hospital	PPS	
	Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	69,589,965	0.000000	50.00
50.01	05001 AMBULATORY SERVICES	0	0	0	4,810,786	0.000000	50.01
50.02	05002 ENDOSCOPY	0	0	0	11,912,744	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	5,024,392	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	8,448,638	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	16,527,771	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	145,541,408	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	64,496,017	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800 MRI	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	75,159,026	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	15,561,958	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	8,968,645	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,153,432	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	671,698	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	22,418,383	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	37,680,525	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,782,364	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	110,534,960	0.000000	73.00
76.00	03950 SLEEP LAB	0	0	0	3,432,286	0.000000	76.00
76.01	03951 CLINICAL NUTRITION	0	0	0	293,033	0.000000	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	1,152,800	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	2,767,424	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	56,751,384	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,999,698	0.000000	92.00
93.00	04950 OUTPATIENT COUNSELING	0	0	0	510,697	0.000000	93.00
93.01	04951 OUTSIDE SERVICES	0	0	0	1,368,298	0.000000	93.01
200.00	Total (lines 50 through 199)	0	0	0	699,558,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part IV Date/Time Prepared: 1/28/2020 10:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	9,714,946	0	12,115,590	0	50.00
50.01	05001	AMBULATORY SERVICES		0.000000	28,188	0	1,633,700	0	50.01
50.02	05002	ENDOSCOPY		0.000000	825,361	0	3,152,014	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	704,915	0	766,254	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	13,203	0	2,162	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,307,460	0	3,001,926	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	16,402,299	0	32,206,206	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	37,088	0	26,895,004	0	55.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	14,344,083	0	9,005,283	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.000000	8,029,393	0	796,043	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	862,430	0	88,140	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	241,825	0	28,575	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	158,308	0	8,636	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,901,287	0	5,163,148	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	9,352,072	0	5,987,253	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	5,748,849	0	4,742,761	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	32,655,768	0	13,108,006	0	73.00
76.00	03950	SLEEP LAB		0.000000	0	0	1,114,139	0	76.00
76.01	03951	CLINICAL NUTRITION		0.000000	6,503	0	6,070	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	1,814	0	572,660	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	14,484	0	1,103,286	0	90.00
91.00	09100	EMERGENCY		0.000000	5,104,132	0	7,862,103	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	1,510,075	0	4,513,920	0	92.00
93.00	04950	OUTPATIENT COUNSELING		0.000000	0	0	8,194	0	93.00
93.01	04951	OUTSIDE SERVICES		0.000000	841,132	0	91,320	0	93.01
200.00		Total (lines 50 through 199)			112,805,615	0	133,972,393	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/28/2020 10:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.131250	12,115,590	0	0	1,590,171	50.00
50.01	05001	AMBULATORY SERVICES		0.707445	1,633,700	0	0	1,155,753	50.01
50.02	05002	ENDOSCOPY		0.132511	3,152,014	0	0	417,677	50.02
51.00	05100	RECOVERY ROOM		0.270575	766,254	0	0	207,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.443106	2,162	0	0	958	52.00
53.00	05300	ANESTHESIOLOGY		0.027019	3,001,926	0	0	81,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.125423	32,206,206	0	0	4,039,399	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.280956	26,895,004	0	0	7,556,313	55.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.180426	9,005,283	0	0	1,624,787	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.212532	796,043	0	0	169,185	65.00
66.00	06600	PHYSICAL THERAPY		0.632125	88,140	0	0	55,715	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.398950	28,575	0	0	11,400	67.00
68.00	06800	SPEECH PATHOLOGY		0.619457	8,636	0	0	5,350	68.00
69.00	06900	ELECTROCARDIOLOGY		0.117879	5,163,148	0	0	608,627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.117126	5,987,253	0	0	701,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.279334	4,742,761	0	0	1,324,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.107177	13,108,006	0	161,143	1,404,877	73.00
76.00	03950	SLEEP LAB		0.167720	1,114,139	0	0	186,863	76.00
76.01	03951	CLINICAL NUTRITION		1.561650	6,070	0	0	9,479	76.01
76.97	07697	CARDIAC REHABILITATION		1.159461	572,660	0	0	663,977	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000				0	89.00
90.00	09000	CLINIC		0.290019	1,103,286	0	0	319,974	90.00
91.00	09100	EMERGENCY		0.244692	7,862,103	0	0	1,923,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.653050	4,513,920	0	0	2,947,815	92.00
93.00	04950	OUTPATIENT COUNSELING		4.593336	8,194	0	0	37,638	93.00
93.01	04951	OUTSIDE SERVICES		0.589405	91,320	0	0	53,824	93.01
200.00		Subtotal (see instructions)			133,972,393	0	161,143	27,098,091	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			133,972,393	0	161,143	27,098,091	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0286		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/28/2020 10:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	AMBULATORY SERVICES	0	0					50.01
50.02	05002	ENDOSCOPY	0	0					50.02
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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,271					73.00
76.00	03950	SLEEP LAB	0	0					76.00
76.01	03951	CLINICAL NUTRITION	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.00	04950	OUTPATIENT COUNSELING	0	0					93.00
93.01	04951	OUTSIDE SERVICES	0	0					93.01
200.00		Subtotal (see instructions)	0	17,271					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	17,271					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/28/2020 10:32 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,818	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,818	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)		17,075	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)		8,641	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)		30,039,702	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)		30,039,702	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)		30,039,702	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)		1,376.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,897,188	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)		11,897,188	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0286

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

Worksheet D-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	6,620,083	2,737	2,418.74	1,624	3,928,034
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,181,054
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,006,276
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,626,903
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,577,690
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,204,593
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,801,683
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					4,743
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,376.83
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,530,305

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0286

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

Worksheet D-1

Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,060,210	30,039,702	0.101872	6,530,305	665,255
91.00	Nursing School cost	0	30,039,702	0.000000	6,530,305	0
92.00	Allied health cost	0	30,039,702	0.000000	6,530,305	0
93.00	All other Medical Education	0	30,039,702	0.000000	6,530,305	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/28/2020 10:32 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,610,802	30.00
31.00	03100	INTENSIVE CARE UNIT		6,122,709	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131403	9,714,946	50.00
50.01	05001	AMBULATORY SERVICES	0.707445	28,188	50.01
50.02	05002	ENDOSCOPY	0.132511	825,361	50.02
51.00	05100	RECOVERY ROOM	0.270575	704,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443278	13,203	52.00
53.00	05300	ANESTHESIOLOGY	0.027019	2,307,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125448	16,402,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.280956	37,088	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.180426	14,344,083	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.213147	8,029,393	65.00
66.00	06600	PHYSICAL THERAPY	0.632125	862,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.398950	241,825	67.00
68.00	06800	SPEECH PATHOLOGY	0.619457	158,308	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118038	3,901,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.117126	9,352,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279334	5,748,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107177	32,655,768	73.00
76.00	03950	SLEEP LAB	0.167720	0	76.00
76.01	03951	CLINICAL NUTRITION	1.561650	6,503	76.01
76.97	07697	CARDIAC REHABILITATION	1.162554	1,814	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.290019	14,484	90.00
91.00	09100	EMERGENCY	0.244692	5,104,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.653050	1,510,075	92.00
93.00	04950	OUTPATIENT COUNSELING	4.601261	0	93.00
93.01	04951	OUTSIDE SERVICES	0.589405	841,132	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		112,805,615	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)		112,805,615	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/28/2020 10:32 am
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		1,717,950	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,165,823	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)		1,114,357	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		5,574,472	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		84.93	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.87	31.00
32.00	Sum of lines 30 and 31		22.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.91	33.00
34.00	Disproportionate share adjustment (see instructions)		412,977	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 1/28/2020 10:32 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	720,488	1,321,149		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	59,218	1,212,561		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,271,779			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)	23,682,886			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)		23,682,886		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,820,300		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,503,186		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,503,186		61.00
62.00	Deductibles billed to program beneficiaries		2,152,568		62.00
63.00	Coinsurance billed to program beneficiaries		68,360		63.00
64.00	Allowable bad debts (see instructions)		343,536		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		223,298		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		310,003		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,505,556		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-104,306		70.93
70.94	HRR adjustment amount (see instructions)		-248,399		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A
Date/Time Prepared:
1/28/2020 10:32 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		23,152,851	71.00	
71.01	Sequestration adjustment (see instructions)		463,057	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		22,701,959	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)		-12,165	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,089,888	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)		1,700,759	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		221,854	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/28/2020 10:32 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,271	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,098,091	2.00
3.00	OPPS payments		18,163,779	3.00
4.00	Outlier payment (see instructions)		544,851	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,271	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		161,143	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)		161,143	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)		161,143	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		143,872	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)		17,271	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)		18,708,630	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)		3,358,094	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)		15,367,807	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)		15,367,807	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		15,367,807	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)		515,822	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		335,284	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		461,438	36.00
37.00	Subtotal (see instructions)		15,703,091	37.00
38.00	MSP-LCC reconciliation amount from PS&R		451	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)		15,702,640	40.00
40.01	Sequestration adjustment (see instructions)		314,053	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		15,388,585	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2	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)		487,240	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: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
1/28/2020 10:32 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,630,582		15,314,166	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	03/06/2019	71,377	03/06/2019	74,419	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)		71,377		74,419	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)		22,701,959		15,388,585	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		2	6.01	
6.02	SETTLEMENT TO PROGRAM		12,165		0	6.02	
7.00	Total Medicare program liability (see instructions)		22,689,794		15,388,587	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

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

Provider CCN: 14-0286

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

Worksheet G

Date/Time Prepared:
1/28/2020 10:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,362,733	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	36,763,566	0	0	0	4.00
5.00	Other receivable	436,924	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,097,924	0	0	0	7.00
8.00	Prepaid expenses	362,048	0	0	0	8.00
9.00	Other current assets	6,394,363	0	0	0	9.00
10.00	Due from other funds	7,609,372	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	61,026,930	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,228,636	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	159,338,686	0	0	0	15.00
16.00	Accumulated depreciation	-27,793,871	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	27,111,253	0	0	0	23.00
24.00	Accumulated depreciation	-12,292,994	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)	163,591,710	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	176,810,134	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	17,882,308	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	194,692,442	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	419,311,082	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,147,707	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,578,470	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	58,020,452	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	66,746,629	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	23,020,461	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	23,020,461	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	89,767,090	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	329,543,992				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	329,543,992	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	419,311,082	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0286

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

Worksheet G-1

Date/Time Prepared:
1/28/2020 10:32 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		312,750,840		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		32,049,701				2.00
3.00	Total (sum of line 1 and line 2)		344,800,541		0		3.00
4.00	OTHER	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		344,800,541		0		11.00
12.00	IC SETTLEMENT	15,256,549		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		15,256,549		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		329,543,992		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	IC SETTLEMENT		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0286

Period:
From 09/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
1/28/2020 10:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,084,604		66,084,604	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	66,084,604		66,084,604	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,353,952		14,353,952	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,353,952		14,353,952	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	80,438,556		80,438,556	17.00
18.00	Ancillary services	203,550,518	0	203,550,518	18.00
19.00	Outpatient services	0	478,709,878	478,709,878	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF COMP / EXCLUDED HOSPICE	6,890,148	18,847,401	25,737,549	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	290,879,222	497,557,279	788,436,501	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		196,309,589		29.00
30.00	EXCLUDED CC	5,155			30.00
31.00	BAD DEBTS	12,505,267			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		12,510,422		36.00
37.00	ROUNDING	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)		208,820,011		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0286

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

Worksheet G-3

Date/Time Prepared:
1/28/2020 10:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	788,436,501	1.00
2.00	Less contractual allowances and discounts on patients' accounts	553,212,233	2.00
3.00	Net patient revenues (line 1 minus line 2)	235,224,268	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	208,820,011	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,404,257	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	938,189	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	868,101	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,383,019	24.00
24.01	UNRESTRICTED CONTRIBUTIONS	0	24.01
24.02	ROUNDING	0	24.02
25.00	Total other income (sum of lines 6-24)	6,189,309	25.00
26.00	Total (line 5 plus line 25)	32,593,566	26.00
27.00	EXTERNAL GRANTS AND ACADEMIC SUPPORT	543,865	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	543,865	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	32,049,701	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0286	Period: From 09/01/2018 To 08/31/2019	Worksheet L Parts I-III Date/Time Prepared: 1/28/2020 10:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,702,097	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		118,203	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)		55.01	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)		1,820,300	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