

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 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet S Parts I-III Date/Time Prepared: 10/30/2019 8:26 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 10/30/2019	Time: 8:26 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RML HEALTH PROVIDERS, L.P. (14-2010) for the cost reporting period beginning 06/01/2018 and ending 05/31/2019 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	521,255	0	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	521,255	0	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: 14-2010		Period: From 06/01/2018 To 05/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/30/2019 8:26 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5601 SOUTH COUNTY LINE ROAD			PO Box:				1.00		
2.00	City: HINSDALE			State: IL		Zip Code: 60521		County: COOK 2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			RML HEALTH PROVIDERS, L.P.	142010	16974	2	06/01/1997	N P N 3.00	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF								5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
18.00	Renal Dialysis								18.00	
19.00	Other								19.00	
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						06/01/2018	05/31/2019	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.					N	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)					N	N		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.					2	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.			0	0	0	0	0	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet S-2
Part I
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	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	45.00
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	46.00
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	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
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		56.00
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.							57.00
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		58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00
				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: 14-2010

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From 06/01/2018
To 05/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			0.00	0.00	0.000000	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)						

Worksheet S-2
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet S-2 Part I Date/Time Prepared: 10/30/2019 8:26 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.		Y	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	N	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		110.00

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	795,241	105,000		0118.01
		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.	N			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-2010		Period: From 06/01/2018 To 05/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/30/2019 8:26 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:	Contractor's Name:			Contractor's Number:			141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:			Zip Code:			143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00		
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								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		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet S-2 Part II Date/Time Prepared: 10/30/2019 8:26 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.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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	09/09/2019	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: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet S-2
Part II
Date/Time Prepared:
10/30/2019 8:26 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JAMES	LIADIS		41.00
42.00	Enter the employer/company name of the cost report preparer.	RML			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-826-6380	JLIADIS@RMLSPECIALTYHOSPITAL.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet S-2 Part II Date/Time Prepared: 10/30/2019 8:26 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.	FINANCE MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/30/2019 8:26 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	168	61,320	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)		168	61,320	0.00	0	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)		168	61,320	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		168			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: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/30/2019 8:26 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)	19,203	17,627	52,332			1.00
2.00	HMO and other (see instructions)	461	0				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)	19,203	17,627	52,332			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)	19,203	17,627	52,332	0.00	700.75	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	700.75	27.00
28.00	Observation Bed Days		0	0			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	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	3,354					33.00
33.01	LTCH site neutral days and discharges	1,408					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/30/2019 8:26 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	482	456	1,357	1.00
2.00 HMO and other (see instructions)			19	0		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	482	456	1,357	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			91			33.00
33.01 LTCH site neutral days and discharges			40			33.01

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet S-7

Date/Time Prepared:
10/30/2019 8:26 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet S-7

Date/Time Prepared:
10/30/2019 8:26 am

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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A

Date/Time Prepared:
10/30/2019 8:26 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		2,104,911	2,104,911	1,876,033	3,980,944	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,958,118	3,958,118	-375,856	3,582,262	2.00
3.00	00300	OTHER CAP REL COSTS		1,500,177	1,500,177	-1,500,177	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	442,946	8,014,213	8,457,159	4,344	8,461,503	4.00
5.01	00560	PURCHASING	396,784	172,609	569,393	8,201	577,594	5.01
5.02	00570	ADMITTING	1,598,354	176,294	1,774,648	7,487	1,782,135	5.02
5.03	00580	PATIENT ACCOUNTS	450,450	164,977	615,427	7,272	622,699	5.03
5.04	00590	OTHER A&G	6,417,237	10,159,686	16,576,923	-249,406	16,327,517	5.04
6.00	00600	MAINTENANCE & REPAIRS	178,017	223,133	401,150	4,495	405,645	6.00
7.00	00700	OPERATION OF PLANT	1,726,041	1,789,327	3,515,368	15,527	3,530,895	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	204,636	204,636	0	204,636	8.00
9.00	00900	HOUSEKEEPING	1,098,191	564,038	1,662,229	12,197	1,674,426	9.00
10.00	01000	DIETARY	660,462	413,155	1,073,617	-289,901	783,716	10.00
11.00	01100	CAFETERIA	0	0	0	203,029	203,029	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	879,651	66,203	945,854	30,560	976,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	322,870	68,726	391,596	6,371	397,967	16.00
17.00	01700	SOCIAL SERVICE	1,300,149	226,200	1,526,349	10,333	1,536,682	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,178,708	7,178,892	26,357,600	-1,332,353	25,025,247	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	413,176	719,802	1,132,978	-258,933	874,045	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	688,839	269,697	958,536	7,641	966,177	54.00
56.00	05600	RADIOISOTOPE	0	10,399	10,399	0	10,399	56.00
60.00	06000	LABORATORY	134,773	1,280,464	1,415,237	900	1,416,137	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,846,515	2,057,627	9,904,142	-1,022,726	8,881,416	65.00
66.00	06600	PHYSICAL THERAPY	1,148,353	113,794	1,262,147	-13,502	1,248,645	66.00
67.00	06700	OCCUPATIONAL THERAPY	704,082	59,899	763,981	2,222	766,203	67.00
68.00	06800	SPEECH PATHOLOGY	441,085	38,384	479,469	1,829	481,298	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,722,657	2,722,657	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,468,302	3,787,449	5,255,751	204,664	5,460,415	73.00
74.00	07400	RENAL DIALYSIS	0	2,500,599	2,500,599	-1,448	2,499,151	74.00
75.01	03630	ULTRASOUND	72,200	23,766	95,966	212	96,178	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,567,185	47,847,175	95,414,360	81,672	95,496,032	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	283,249	21,645	304,894	-81,672	223,222	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	47,850,434	47,868,820	95,719,254	0	95,719,254	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A

Date/Time Prepared:
10/30/2019 8:26 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	-979,463	3,001,481	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-979,449	2,602,813	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,461,503	4.00
5.01	00560	PURCHASING	0	577,594	5.01
5.02	00570	ADMITTING	-5,589	1,776,546	5.02
5.03	00580	PATIENT ACCOUNTS	-23	622,676	5.03
5.04	00590	OTHER A&G	-6,821,570	9,505,947	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	405,645	6.00
7.00	00700	OPERATION OF PLANT	-17	3,530,878	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	204,636	8.00
9.00	00900	HOUSEKEEPING	-17	1,674,409	9.00
10.00	01000	DIETARY	-8,678	775,038	10.00
11.00	01100	CAFETERIA	-106,773	96,256	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	976,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,296	396,671	16.00
17.00	01700	SOCIAL SERVICE	0	1,536,682	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,431,910	23,593,337	30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-17	874,028	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-757	965,420	54.00
56.00	05600	RADIOISOTOPE	0	10,399	56.00
60.00	06000	LABORATORY	-30,000	1,386,137	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-969,589	7,911,827	65.00
66.00	06600	PHYSICAL THERAPY	-17	1,248,628	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	766,203	67.00
68.00	06800	SPEECH PATHOLOGY	0	481,298	68.00
68.01	03550	PSYCHOLOGY	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,722,657	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-34	5,460,381	73.00
74.00	07400	RENAL DIALYSIS	0	2,499,151	74.00
75.01	03630	ULTRASOUND	0	96,178	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,335,199	84,160,833	118.00
NONREIMBURSABLE COST CENTERS					
190.01	19002	IDLE SPACE	0	0	190.01
194.00	07950	PSYCHOLOGY	0	223,222	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,335,199	84,384,055	200.00

RECLASSIFICATIONS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A-6

Date/Time Prepared:
10/30/2019 8:26 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - RECLASS CAFETERIA COST FROM DIETARY					
1.00	CAFETERIA	11.00	120,030	81,519	1.00
	TOTALS		120,030	81,519	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,722,657	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	2,722,657	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	183,256	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
	TOTALS		0	183,256	
D - SALARY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,344	0	1.00
2.00	PURCHASING	5.01	8,201	0	2.00
3.00	ADMITTING	5.02	7,487	0	3.00
4.00	PATIENT ACCOUNTS	5.03	7,272	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	4,495	0	5.00
6.00	OPERATION OF PLANT	7.00	15,527	0	6.00
7.00	HOUSEKEEPING	9.00	12,197	0	7.00
8.00	DIETARY	10.00	5,715	0	8.00
9.00	CAFETERIA	11.00	1,480	0	9.00
10.00	NURSING ADMINISTRATION	13.00	30,560	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	6,371	0	11.00
12.00	SOCIAL SERVICE	17.00	10,333	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	108,305	0	13.00
14.00	OPERATING ROOM	50.00	1,600	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	7,752	0	15.00
16.00	LABORATORY	60.00	900	0	16.00
17.00	RESPIRATORY THERAPY	65.00	44,653	0	17.00
18.00	PHYSICAL THERAPY	66.00	10,401	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	2,222	0	19.00
20.00	SPEECH PATHOLOGY	68.00	1,829	0	20.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	21,408	0	22.00
23.00	ULTRASOUND	75.01	212	0	23.00
24.00	PSYCHOLOGY	194.00	3,158	0	24.00
	TOTALS		316,422	0	
E - BUILDING INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	911,788	1.00
	TOTALS		0	911,788	
F - DIETICIAN SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	77,104	16,963	1.00
	TOTALS		77,104	16,963	
H - PSYCHOLOGY ADMIN					
1.00	OTHER A&G	5.04	70,699	14,131	1.00
	TOTALS		70,699	14,131	
500.00	Grand Total: Increases		584,255	3,930,314	500.00

RECLASSIFICATIONS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet A-6
Date/Time Prepared:
10/30/2019 8:26 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS CAFETERIA COST FROM DIETARY						
1.00	DIETARY	10.00	120,030	81,519	0		1.00
	TOTALS		120,030	81,519			
	B - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	1,375,693	0		1.00
2.00	OPERATING ROOM	50.00	0	259,268	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	1,063,793	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	23,903	0		4.00
	TOTALS		0	2,722,657			
	C - DRUGS						
1.00	OTHER A&G	5.04	0	17,814	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	159,032	0		2.00
3.00	OPERATING ROOM	50.00	0	1,265	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	111	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	3,586	0		5.00
6.00	RENAL DIALYSIS	74.00	0	1,448	0		6.00
	TOTALS		0	183,256			
	D - SALARY RECLASS						
1.00	OTHER A&G	5.04	316,422	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
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
	TOTALS		316,422	0			
	E - BUILDING INTEREST EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	911,788	11		1.00
	TOTALS		0	911,788			
	F - DIETICIAN SALARIES						
1.00	DIETARY	10.00	77,104	16,963	0		1.00
	TOTALS		77,104	16,963			
	H - PSYCHOLOGY ADMIN						
1.00	PSYCHOLOGY	194.00	70,699	14,131	0		1.00
	TOTALS		70,699	14,131			
500.00	Grand Total: Decreases		584,255	3,930,314			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet A-7
Part I
Date/Time Prepared:
10/30/2019 8:26 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	39,390,234	0	0	0	0	3.00	
4.00	Building Improvements	2,941,326	8,468,045	0	8,468,045	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	27,084,412	1,150,321	0	1,150,321	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	69,415,972	9,618,366	0	9,618,366	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	69,415,972	9,618,366	0	9,618,366	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0					1.00
2.00	Land Improvements	0	0					
3.00	Buildings and Fixtures	39,390,234	0					
4.00	Building Improvements	11,409,371	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	28,234,733	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	79,034,338	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	79,034,338	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet A-7
Part II
Date/Time Prepared:
10/30/2019 8:26 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	1,899,409	205,502	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,578,928	0	2,379,190	0	0	2.00
3.00	Total (sum of lines 1-2)	3,478,337	205,502	2,379,190	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,104,911				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,958,118				2.00
3.00	Total (sum of lines 1-2)	0	6,063,029				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet A-7
Part III
Date/Time Prepared:
10/30/2019 8:26 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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	50,799,605	0	50,799,605	0.642754	964,245	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,234,733	0	28,234,733	0.357246	535,932	2.00
3.00	Total (sum of lines 1-2)	79,034,338	0	79,034,338	1.000000	1,500,177	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	964,245	1,899,409	-773,961	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	535,932	1,578,928	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,500,177	3,478,337	-773,961	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	911,788	964,245	0	0	3,001,481	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	487,953	535,932	0	0	2,602,813	2.00
3.00	Total (sum of lines 1-2)	1,399,741	1,500,177	0	0	5,604,294	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A-8

Date/Time Prepared:
10/30/2019 8:26 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-979,449	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,809,639			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	-979,463			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-106,773	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	-1,296	MEDICAL 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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MARKETING	A	-55,934	OTHER A&G	5.04	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A-8

Date/Time Prepared:
10/30/2019 8:26 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	
33.05	RESEARCH AND DEVELOPMENT	A	-128,105	OTHER A&G	5.04	0	33.05
33.06	MARKETING	A	-5,589	ADMITTING	5.02	0	33.06
33.07	PULMONARY EXPENSE	A	-969,589	RESPIRATORY THERAPY	65.00	0	33.07
33.10	OTHER REVENUE - NURSING	B	-32	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	OTHER REVENUE - FACILITY OPERAT	B	-17	OPERATION OF PLANT	7.00	0	33.11
33.13	OTHER REVENUE - PHARMACY	B	-34	DRUGS CHARGED TO PATIENTS	73.00	0	33.13
33.16	OTHER REVENUE - DIETARY	B	-8,678	DIETARY	10.00	0	33.16
33.17	OTHER REVENUE - RADIOLOGY	B	-757	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.19	DONATIONS	A	-38,157	OTHER A&G	5.04	0	33.19
33.22	ENTERTAINMENT EXPENSE	A	-21,531	OTHER A&G	5.04	0	33.22
33.23	MEMBERSHIP DUES	A	-62,550	OTHER A&G	5.04	0	33.23
33.24	UNFUNDED SELF INSURANCE	A	-315,419	OTHER A&G	5.04	0	33.24
33.31	OTHER REVENUE-PATIENTS ACCOUNTS	A	-23	PATIENT ACCOUNTS	5.03	0	33.31
33.34	OTHER REVENUE - PHYCICAL THERAP	B	-17	PHYSICAL THERAPY	66.00	0	33.34
35.00	PROVIDER RELATIONS MARKETING	A	-103,341	OTHER A&G	5.04	0	35.00
37.00	OTHER REVENUE - ACCOUNTING	B	-398	OTHER A&G	5.04	0	37.00
38.00	MEDICAID PROVIDER TAX - SUPPLEM	A	-5,655,280	OTHER A&G	5.04	0	38.00
39.00	PULMONARY PHYSCIAN BENEFITS	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
41.00	OTHER REVENUE - A&G	B	-93,094	OTHER A&G	5.04	0	41.00
46.00	OTHER REVENUE - OPERATING ROOM	B	-17	OPERATING ROOM	50.00	0	46.00
47.00	BAD DEBTS	A	-17	HOUSEKEEPING	9.00	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,335,199				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: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A-8-1

Date/Time Prepared:
10/30/2019 8:26 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	1.00	CAP REL COSTS-BLDG & FIXT	ADVOCATE BUILDING COST	664,032	1,643,495	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			664,032	1,643,495	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	LOYOLA UNIVERSI	49.50	LOYOLA UNIVERSITY MEDICAL CENTER	49.50	6.00
7.00	B	ADVOCATE HEALTH	49.50	ADVOCATE HEALTH AND HOSPITALS	49.50	7.00
8.00	B	RMLHP CORPORATI	1.00	RMLHP CORPORATION	1.00	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: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A-8-1

Date/Time Prepared:
10/30/2019 8:26 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	-979,463	10		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-979,463			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	HOSPITAL		6.00
7.00	HOSPITAL		7.00
8.00	CORPORATION		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: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet A-8-2

Date/Time Prepared:
10/30/2019 8:26 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	AGGREGATE-OTHER A&G	467,441	220,227	247,214	211,500	1,177	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,431,878	1,431,878	0	179,000	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	60.00	AGGREGATE-LABORATORY	30,000	30,000	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,929,319	1,682,105	247,214		1,177	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	AGGREGATE-OTHER A&G	119,680	5,984	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			119,680	5,984	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	AGGREGATE-OTHER A&G	0	119,680	127,534	347,761		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,431,878		2.00
3.00	0.00		0	0	0	0		3.00
4.00	60.00	AGGREGATE-LABORATORY	0	0	0	30,000		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	119,680	127,534	1,809,639		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet B
Part I
Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,001,481	3,001,481			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,602,813		2,602,813		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,461,503	67,731	2,699	8,531,933	4.00
5.01	00500	PURCHASING	577,594	79,091	4,228	75,093	5.01
5.02	00570	ADMITTING	1,776,546	30,350	2,575	295,744	5.02
5.03	00580	PATIENT ACCOUNTS	622,676	17,056	686	85,011	5.03
5.04	00590	OTHER A&G	9,505,947	836,643	984,995	1,076,138	5.04
6.00	00600	MAINTENANCE & REPAIRS	405,645	53,362	574	31,398	6.00
7.00	00700	OPERATION OF PLANT	3,530,878	224,700	79,636	320,488	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,636	44,857	5,735	0	8.00
9.00	00900	HOUSEKEEPING	1,674,409	44,458	15,244	215,914	9.00
10.00	01000	DIETARY	775,038	163,002	45,692	71,274	10.00
11.00	01100	CAFETERIA	96,256	72,382	11,837	41,167	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	976,414	20,387	495	173,849	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	396,671	36,951	4,892	60,530	16.00
17.00	01700	SOCIAL SERVICE	1,536,682	26,865	1,458	274,665	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,593,337	628,230	778,975	3,346,922	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	874,028	39,883	45,359	74,145	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	965,420	78,124	310,371	139,508	54.00
56.00	05600	RADIOISOTOPE	10,399	1,704	0	0	56.00
60.00	06000	LABORATORY	1,386,137	0	1,963	22,086	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,911,827	52,364	232,312	1,465,433	65.00
66.00	06600	PHYSICAL THERAPY	1,248,628	26,144	11,599	219,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	766,203	17,224	0	122,684	67.00
68.00	06800	SPEECH PATHOLOGY	481,298	15,336	165	81,125	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,722,657	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,460,381	69,281	44,644	275,196	73.00
74.00	07400	RENAL DIALYSIS	2,499,151	4,759	84	0	74.00
75.01	03630	ULTRASOUND	96,178	4,421	16,400	14,303	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,160,833	2,655,305	2,602,618	8,482,612	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	339,391	0	0	190.01
194.00	07950	PSYCHOLOGY	223,222	6,785	195	49,321	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	84,384,055	3,001,481	2,602,813	8,531,933	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMITTING	PATIENT ACCOUNTS	Subtotal	OTHER A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING	2,105,215					5.02
5.03	00580	PATIENT ACCOUNTS	0	725,429				5.03
5.04	00590	OTHER A&G	0	0	12,425,746	12,425,746		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	500,339	86,399	586,738	6.00
7.00	00700	OPERATION OF PLANT	0	0	4,162,808	718,834	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	255,504	44,120	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,957,910	338,092	0	9.00
10.00	01000	DIETARY	0	0	1,062,345	183,446	0	10.00
11.00	01100	CAFETERIA	0	0	223,543	38,601	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,171,145	202,233	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	502,186	86,717	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,844,812	318,562	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	863,635	297,654	29,614,382	5,113,797	477,109	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,460	3,604	1,047,949	180,960	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,259	10,426	1,535,398	265,133	2,237	54.00
56.00	05600	RADIOISOTOPE	18	6	12,949	2,236	0	56.00
60.00	06000	LABORATORY	75,955	26,170	1,558,536	269,128	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	491,100	169,203	10,331,127	1,783,979	105,714	65.00
66.00	06600	PHYSICAL THERAPY	32,843	11,316	1,550,475	267,736	1,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,091	9,334	942,571	162,763	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,737	6,456	603,325	104,182	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	181,264	62,453	3,182,078	549,481	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	292,698	100,846	6,534,237	1,128,332	0	73.00
74.00	07400	RENAL DIALYSIS	75,256	25,929	2,606,537	450,097	0	74.00
75.01	03630	ULTRASOUND	5,899	2,032	139,239	24,044	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,105,215	725,429	83,765,141	12,318,872	586,738	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	339,391	58,606	0	190.01
194.00	07950	PSYCHOLOGY	0	0	279,523	48,268	0	194.00
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)	2,105,215	725,429	84,384,055	12,425,746	586,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			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
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	4,881,642					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	129,377	429,001				8.00
9.00	00900	HOUSEKEEPING	128,225	0	2,424,227			9.00
10.00	01000	DIETARY	470,130	0	246,473	1,962,394		10.00
11.00	01100	CAFETERIA	208,765	0	109,448	0	580,357	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	58,799	0	30,827	0	10,632	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	106,574	0	55,873	0	5,968	16.00
17.00	01700	SOCIAL SERVICE	77,484	0	40,622	0	19,155	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,811,938	429,001	949,937	1,962,394	356,635	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	115,031	0	60,307	0	5,197	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	225,324	0	118,130	0	9,295	54.00
56.00	05600	RADIOISOTOPE	4,915	0	2,577	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	3,533	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	151,028	0	79,179	0	114,443	65.00
66.00	06600	PHYSICAL THERAPY	75,403	0	39,531	0	18,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,678	0	26,045	0	9,404	67.00
68.00	06800	SPEECH PATHOLOGY	44,232	0	23,190	0	6,131	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	199,821	0	104,759	0	17,199	73.00
74.00	07400	RENAL DIALYSIS	13,726	0	7,196	0	0	74.00
75.01	03630	ULTRASOUND	12,752	0	6,685	0	750	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,883,202	429,001	1,900,779	1,962,394	576,345	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	978,870	0	513,188	0	0	190.01
194.00	07950	PSYCHOLOGY	19,570	0	10,260	0	4,012	194.00
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)	4,881,642	429,001	2,424,227	1,962,394	580,357	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,473,636				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	757,318	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,452,472	0	0	310,746	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,164	0	0	3,762	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	10,884	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	6	56.00
60.00	06000	LABORATORY	0	0	0	0	27,320	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	176,639	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	9,744	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,739	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	65,197	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	105,278	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	27,068	74.00
75.01	03630	ULTRASOUND	0	0	0	0	2,122	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,473,636	0	0	757,318	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,473,636	0	0	757,318	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	2,300,635					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,300,635	0	0	0	0	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03630	ULTRASOUND	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,300,635	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,300,635	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	44,779,046	0	44,779,046	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,434,370	0	1,434,370	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,166,401	0	2,166,401	54.00
56.00	05600	RADIOISOTOPE	0	22,683	0	22,683	56.00
60.00	06000	LABORATORY	0	1,858,517	0	1,858,517	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	12,742,109	0	12,742,109	65.00
66.00	06600	PHYSICAL THERAPY	0	1,964,639	0	1,964,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,200,205	0	1,200,205	67.00
68.00	06800	SPEECH PATHOLOGY	0	787,799	0	787,799	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,796,756	0	3,796,756	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,089,626	0	8,089,626	73.00
74.00	07400	RENAL DIALYSIS	0	3,104,624	0	3,104,624	74.00
75.01	03630	ULTRASOUND	0	185,592	0	185,592	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	82,132,367	0	82,132,367	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	1,890,055	0	1,890,055	190.01
194.00	07950	PSYCHOLOGY	0	361,633	0	361,633	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	84,384,055	0	84,384,055	202.00

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	67,731	2,699	70,430	4.00
5.01	00560	PURCHASING	0	79,091	4,228	83,319	5.01
5.02	00570	ADMITTING	0	30,350	2,575	32,925	5.02
5.03	00580	PATIENT ACCOUNTS	0	17,056	686	17,742	5.03
5.04	00590	OTHER A&G	1,561	836,643	984,995	1,823,199	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	53,362	574	53,936	6.00
7.00	00700	OPERATION OF PLANT	0	224,700	79,636	304,336	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	44,857	5,735	50,592	8.00
9.00	00900	HOUSEKEEPING	0	44,458	15,244	59,702	9.00
10.00	01000	DIETARY	485	163,002	45,692	209,179	10.00
11.00	01100	CAFETERIA	100	72,382	11,837	84,319	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	20,387	495	20,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,951	4,892	41,843	16.00
17.00	01700	SOCIAL SERVICE	0	26,865	1,458	28,323	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,167,028	628,230	778,975	2,574,233	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	39,883	45,359	85,242	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,124	310,371	388,495	54.00
56.00	05600	RADIOISOTOPE	0	1,704	0	1,704	56.00
60.00	06000	LABORATORY	0	0	1,963	1,963	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	25,742	52,364	232,312	310,418	65.00
66.00	06600	PHYSICAL THERAPY	0	26,144	11,599	37,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,224	0	17,224	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,336	165	15,501	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69,281	44,644	113,925	73.00
74.00	07400	RENAL DIALYSIS	0	4,759	84	4,843	74.00
75.01	03630	ULTRASOUND	0	4,421	16,400	20,821	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,194,916	2,655,305	2,602,618	6,452,839	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	339,391	0	339,391	190.01
194.00	07950	PSYCHOLOGY	0	6,785	195	6,980	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,194,916	3,001,481	2,602,813	6,799,210	202.00

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Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS	OTHER A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING	83,939					5.01
5.02	00570	ADMITTING	0	35,366				5.02
5.03	00580	PATIENT ACCOUNTS	0	0	18,444			5.03
5.04	00590	OTHER A&G	2,512	0	0	1,834,592		5.04
6.00	00600	MAINTENANCE & REPAIRS	1,068	0	0	12,756	68,019	6.00
7.00	00700	OPERATION OF PLANT	810	0	0	106,131	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31	0	0	6,514	0	8.00
9.00	00900	HOUSEKEEPING	899	0	0	49,917	0	9.00
10.00	01000	DIETARY	837	0	0	27,084	0	10.00
11.00	01100	CAFETERIA	217	0	0	5,699	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	29,858	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	358	0	0	12,803	0	16.00
17.00	01700	SOCIAL SERVICE	586	0	0	47,033	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,047	14,496	7,639	755,036	55,310	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54	176	91	26,717	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147	509	263	39,145	259	54.00
56.00	05600	RADIOISOTOPE	94	0	0	330	0	56.00
60.00	06000	LABORATORY	5,272	1,277	661	39,735	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,014	8,255	4,274	263,392	12,255	65.00
66.00	06600	PHYSICAL THERAPY	1	552	286	39,529	195	66.00
67.00	06700	OCCUPATIONAL THERAPY	4	455	236	24,031	0	67.00
68.00	06800	SPEECH PATHOLOGY	24	315	163	15,382	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,601	3,047	1,578	81,127	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,207	4,920	2,547	166,590	0	73.00
74.00	07400	RENAL DIALYSIS	155	1,265	655	66,454	0	74.00
75.01	03630	ULTRASOUND	1	99	51	3,550	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,939	35,366	18,444	1,818,813	68,019	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	8,653	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	7,126	0	194.00
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)	83,939	35,366	18,444	1,834,592	68,019	202.00

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			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
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	413,922					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,970	68,107				8.00
9.00	00900	HOUSEKEEPING	10,872	0	123,172			9.00
10.00	01000	DIETARY	39,863	0	12,523	290,074		10.00
11.00	01100	CAFETERIA	17,701	0	5,561	0	113,837	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,986	0	1,566	0	2,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,037	0	2,839	0	1,171	16.00
17.00	01700	SOCIAL SERVICE	6,570	0	2,064	0	3,757	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	153,636	68,107	48,265	290,074	69,954	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,754	0	3,064	0	1,019	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,106	0	6,002	0	1,823	54.00
56.00	05600	RADIOISOTOPE	417	0	131	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	693	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	12,806	0	4,023	0	22,448	65.00
66.00	06600	PHYSICAL THERAPY	6,394	0	2,009	0	3,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,212	0	1,323	0	1,845	67.00
68.00	06800	SPEECH PATHOLOGY	3,751	0	1,178	0	1,203	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,943	0	5,323	0	3,373	73.00
74.00	07400	RENAL DIALYSIS	1,164	0	366	0	0	74.00
75.01	03630	ULTRASOUND	1,081	0	340	0	147	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,263	68,107	96,577	290,074	113,050	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	83,000	0	26,074	0	0	190.01
194.00	07950	PSYCHOLOGY	1,659	0	521	0	787	194.00
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)	413,922	68,107	123,172	290,074	113,837	202.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	60,813				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	68,551	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	59,940	0	0	28,141	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	873	0	0	340	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	985	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1	56.00
60.00	06000	LABORATORY	0	0	0	0	2,472	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	15,984	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	882	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	610	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,900	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,526	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,449	74.00
75.01	03630	ULTRASOUND	0	0	0	0	192	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	60,813	0	0	68,551	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	60,813	0	0	68,551	202.00

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	90,600					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,600					30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0					62.30
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
68.01	03550	PSYCHOLOGY	0					68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
75.01	03630	ULTRASOUND	0					75.01
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
76.99	07699	LITHOTRIPSY	0					76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,600	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0					190.01
194.00	07950	PSYCHOLOGY	0					194.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0					201.00
202.00		TOTAL (sum lines 118 through 201)	90,600	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet B
Part II
Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		4,255,116	0	4,255,116	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		127,942	0	127,942	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		457,885	0	457,885	54.00
56.00	05600	RADIOISOTOPE		2,677	0	2,677	56.00
60.00	06000	LABORATORY		52,255	0	52,255	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		666,963	0	666,963	65.00
66.00	06600	PHYSICAL THERAPY		93,124	0	93,124	66.00
67.00	06700	OCCUPATIONAL THERAPY		51,224	0	51,224	67.00
68.00	06800	SPEECH PATHOLOGY		38,797	0	38,797	68.00
68.01	03550	PSYCHOLOGY		0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		116,253	0	116,253	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		358,625	0	358,625	73.00
74.00	07400	RENAL DIALYSIS		77,351	0	77,351	74.00
75.01	03630	ULTRASOUND		26,400	0	26,400	75.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,324,612	0	6,324,612	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE		457,118	0	457,118	190.01
194.00	07950	PSYCHOLOGY		17,480	0	17,480	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,799,210	0	6,799,210	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet B-1

Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	195,517					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		22,721,378				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,412	23,558	45,751,719			4.00
5.01	00560	PURCHASING	5,152	36,912	402,681	9,311,486		5.01
5.02	00570	ADMITTING	1,977	22,480	1,585,902	0	250,982,520	5.02
5.03	00580	PATIENT ACCOUNTS	1,111	5,989	455,867	0	0	5.03
5.04	00590	OTHER A&G	54,499	8,598,505	5,770,701	278,619	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,476	5,014	168,370	118,418	0	6.00
7.00	00700	OPERATION OF PLANT	14,637	695,187	1,718,589	89,903	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,922	50,064	0	3,494	0	8.00
9.00	00900	HOUSEKEEPING	2,896	133,074	1,157,820	99,750	0	9.00
10.00	01000	DIETARY	10,618	398,874	382,202	92,849	0	10.00
11.00	01100	CAFETERIA	4,715	103,332	220,753	24,053	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,328	4,323	932,252	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,407	42,701	324,585	39,750	0	16.00
17.00	01700	SOCIAL SERVICE	1,750	12,729	1,472,870	65,054	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,923	6,800,126	17,947,518	1,336,349	102,963,974	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,598	395,962	397,595	5,943	1,247,035	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,089	2,709,411	748,101	16,321	3,607,474	54.00
56.00	05600	RADIOISOTOPE	111	0	0	10,399	2,143	56.00
60.00	06000	LABORATORY	0	17,133	118,436	584,803	9,055,206	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,411	2,027,984	7,858,264	112,439	58,547,874	65.00
66.00	06600	PHYSICAL THERAPY	1,703	101,256	1,179,407	81	3,915,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,122	0	657,884	444	3,229,702	67.00
68.00	06800	SPEECH PATHOLOGY	999	1,444	435,027	2,632	2,233,802	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,728,941	21,609,899	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,513	389,721	1,475,717	3,683,982	34,894,811	73.00
74.00	07400	RENAL DIALYSIS	310	730	0	17,185	8,971,831	74.00
75.01	03630	ULTRASOUND	288	143,165	76,698	77	703,262	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	172,967	22,719,674	45,487,239	9,311,486	250,982,520	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	22,108	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	442	1,704	264,480	0	0	194.00
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)	3,001,481	2,602,813	8,531,933	736,006	2,105,215	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.351509	0.114553	0.186483	0.079043	0.008388	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			70,430	83,939	35,366	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001539	0.009015	0.000141	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: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet B-1

Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description		PATIENT ACCOUNTS (GROSS REVENUE)	Reconciliation	OTHER A&G (ACCUM COST)	MAINTENANCE & REPAIRS (WORK ORDERS)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS	250,982,520				5.03
5.04	00590	OTHER A&G	0	-12,425,746	71,958,309		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	500,339	2,098	6.00
7.00	00700	OPERATION OF PLANT	0	0	4,162,808	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	255,504	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,957,910	0	9.00
10.00	01000	DIETARY	0	0	1,062,345	0	10.00
11.00	01100	CAFETERIA	0	0	223,543	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,171,145	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	502,186	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,844,812	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,963,974	0	29,614,382	1,706	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,247,035	0	1,047,949	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,607,474	0	1,535,398	8	54.00
56.00	05600	RADIOISOTOPE	2,143	0	12,949	0	56.00
60.00	06000	LABORATORY	9,055,206	0	1,558,536	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	58,547,874	0	10,331,127	378	65.00
66.00	06600	PHYSICAL THERAPY	3,915,507	0	1,550,475	6	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,229,702	0	942,571	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,233,802	0	603,325	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,609,899	0	3,182,078	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,894,811	0	6,534,237	0	73.00
74.00	07400	RENAL DIALYSIS	8,971,831	0	2,606,537	0	74.00
75.01	03630	ULTRASOUND	703,262	0	139,239	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	250,982,520	-12,425,746	71,339,395	2,098	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	0	339,391	0	190.01
194.00	07950	PSYCHOLOGY	0	0	279,523	0	194.00
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)	725,429		12,425,746	586,738	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002890		0.172680	279.665396	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,444		1,834,592	68,019	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000073		0.025495	32.420877	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: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet B-1

Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,636				8.00
9.00	00900	HOUSEKEEPING	0	104,435			9.00
10.00	01000	DIETARY	0	10,618	86,011		10.00
11.00	01100	CAFETERIA	0	4,715	0	53,384	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,328	0	978	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,407	0	549	16.00
17.00	01700	SOCIAL SERVICE	0	1,750	0	1,762	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	204,636	40,923	86,011	32,805	0 30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,598	0	478	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,089	0	855	0 54.00
56.00	05600	RADIOISOTOPE	0	111	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	325	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	3,411	0	10,527	0 65.00
66.00	06600	PHYSICAL THERAPY	0	1,703	0	1,656	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,122	0	865	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	999	0	564	0 68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0 68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,513	0	1,582	0 73.00
74.00	07400	RENAL DIALYSIS	0	310	0	0	0 74.00
75.01	03630	ULTRASOUND	0	288	0	69	0 75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	204,636	81,885	86,011	53,015	0 118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	22,108	0	0	0 190.01
194.00	07950	PSYCHOLOGY	0	442	0	369	0 194.00
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)	429,001	2,424,227	1,962,394	580,357	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.096410	23.212783	22.815617	10.871366	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,107	123,172	290,074	113,837	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.332820	1.179413	3.372522	2.132418	0.000000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet B-1

Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	33,283					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	250,982,520		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	52,332	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,805	0	0	102,963,974	52,332	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	478	0	0	1,247,035	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,607,474	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	2,143	0	56.00
60.00	06000	LABORATORY	0	0	0	9,055,206	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	58,547,874	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,915,507	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,229,702	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,233,802	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,609,899	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,894,811	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,971,831	0	74.00
75.01	03630	ULTRASOUND	0	0	0	703,262	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,283	0	0	250,982,520	52,332	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,473,636	0	0	757,318	2,300,635	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	44.275937	0.000000	0.000000	0.003017	43.962298	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	60,813	0	0	68,551	90,600	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.827149	0.000000	0.000000	0.000273	1.731254	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: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet B-1

Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03630	ULTRASOUND	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	0	0	194.00
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	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet C
Part I
Date/Time Prepared:
10/30/2019 8:26 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	102,963,974		102,963,974		30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,245,968	1,067	1,247,035	1.150224	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,341,323	266,151	3,607,474	0.600531	0.000000
56.00	05600	RADIOISOTOPE	2,143	0	2,143	10.584694	0.000000
60.00	06000	LABORATORY	8,826,814	228,392	9,055,206	0.205243	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	57,145,666	1,402,208	58,547,874	0.217636	0.000000
66.00	06600	PHYSICAL THERAPY	3,900,260	15,247	3,915,507	0.501759	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,216,094	13,608	3,229,702	0.371615	0.000000
68.00	06800	SPEECH PATHOLOGY	2,224,922	8,880	2,233,802	0.352672	0.000000
68.01	03550	PSYCHOLOGY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,609,899	0	21,609,899	0.175695	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	34,894,811	0	34,894,811	0.231829	0.000000
74.00	07400	RENAL DIALYSIS	7,605,087	1,366,744	8,971,831	0.346041	0.000000
75.01	03630	ULTRASOUND	676,107	27,155	703,262	0.263902	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000
200.00		Subtotal (see instructions)	247,653,068	3,329,452	250,982,520		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	247,653,068	3,329,452	250,982,520		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet C
Part I
Date/Time Prepared:
10/30/2019 8:26 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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.150224			50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.600531			54.00
56.00	05600 RADIOISOTOPE	10.584694			56.00
60.00	06000 LABORATORY	0.205243			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.217636			65.00
66.00	06600 PHYSICAL THERAPY	0.501759			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.371615			67.00
68.00	06800 SPEECH PATHOLOGY	0.352672			68.00
68.01	03550 PSYCHOLOGY	0.000000			68.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.175695			71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231829			73.00
74.00	07400 RENAL DIALYSIS	0.346041			74.00
75.01	03630 ULTRASOUND	0.263902			75.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet D
Part I
Date/Time Prepared:
10/30/2019 8:26 am

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		4,255,116	0	4,255,116	52,332	81.31	30.00
200.00	Total (lines 30 through 199)		4,255,116		4,255,116	52,332		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		19,203	1,561,396				
200.00	Total (lines 30 through 199)		19,203	1,561,396				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet D
Part II
Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	127,942	1,247,035	0.102597	432,981	44,423
54.00	05400	RADIOLOGY-DIAGNOSTIC	457,885	3,607,474	0.126927	1,429,659	181,462
56.00	05600	RADIOISOTOPE	2,677	2,143	1.249183	1,071	1,338
60.00	06000	LABORATORY	52,255	9,055,206	0.005771	3,364,813	19,418
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	666,963	58,547,874	0.011392	23,352,836	266,036
66.00	06600	PHYSICAL THERAPY	93,124	3,915,507	0.023783	1,349,618	32,098
67.00	06700	OCCUPATIONAL THERAPY	51,224	3,229,702	0.015860	1,116,842	17,713
68.00	06800	SPEECH PATHOLOGY	38,797	2,233,802	0.017368	874,718	15,192
68.01	03550	PSYCHOLOGY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,253	21,609,899	0.005380	7,942,760	42,732
73.00	07300	DRUGS CHARGED TO PATIENTS	358,625	34,894,811	0.010277	11,564,451	118,848
74.00	07400	RENAL DIALYSIS	77,351	8,971,831	0.008622	3,647,781	31,451
75.01	03630	ULTRASOUND	26,400	703,262	0.037539	168,856	6,339
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	2,069,496	148,018,546		55,246,386	777,050

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-2010		Period: From 06/01/2018 To 05/31/2019		Worksheet D Part III Date/Time Prepared: 10/30/2019 8:26 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	52,332	0.00	19,203		30.00	
200.00		Total (lines 30 through 199)			0	52,332		19,203		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	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet D
Part IV
Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.01	03630	ULTRASOUND	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet D
Part IV
Date/Time Prepared:
10/30/2019 8:26 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	1,247,035	0.000000	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,607,474	0.000000	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	2,143	0.000000	56.00	
60.00	06000	LABORATORY	0	0	0	9,055,206	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	58,547,874	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	3,915,507	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,229,702	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,233,802	0.000000	68.00	
68.01	03550	PSYCHOLOGY	0	0	0	0	0.000000	68.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,609,899	0.000000	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,894,811	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	8,971,831	0.000000	74.00	
75.01	03630	ULTRASOUND	0	0	0	703,262	0.000000	75.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	0	0	148,018,546		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet D
Part IV
Date/Time Prepared:
10/30/2019 8:26 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	432,981	0	1,067	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,429,659	0	266,151	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	1,071	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	3,364,813	0	228,392	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	23,352,836	0	1,402,208	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,349,618	0	15,247	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,116,842	0	13,608	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	874,718	0	8,880	0	68.00
68.01	03550	PSYCHOLOGY	0.000000	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,942,760	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,564,451	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,647,781	0	1,366,744	0	74.00
75.01	03630	ULTRASOUND	0.000000	168,856	0	27,155	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		55,246,386	0	3,329,452	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet D
Part V
Date/Time Prepared:
10/30/2019 8:26 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	1.150224	1,067	0	0	1,227	50.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.600531	266,151	0	0	159,832	54.00		
56.00	05600	RADIOISOTOPE	10.584694	0	0	0	0	56.00		
60.00	06000	LABORATORY	0.205243	228,392	0	0	46,876	60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	0.217636	1,402,208	0	0	305,171	65.00		
66.00	06600	PHYSICAL THERAPY	0.501759	15,247	0	0	7,650	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.371615	13,608	0	0	5,057	67.00		
68.00	06800	SPEECH PATHOLOGY	0.352672	8,880	0	0	3,132	68.00		
68.01	03550	PSYCHOLOGY	0.000000	0	0	0	0	68.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.175695	0	0	0	0	71.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231829	0	0	0	0	73.00		
74.00	07400	RENAL DIALYSIS	0.346041	1,366,744	0	0	472,949	74.00		
75.01	03630	ULTRASOUND	0.263902	27,155	0	0	7,166	75.01		
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98		
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99		
	OUTPATIENT SERVICE COST CENTERS									
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00		
200.00		Subtotal (see instructions)		3,329,452	0	0	1,009,060	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00		
202.00		Net Charges (line 200 - line 201)		3,329,452	0	0	1,009,060	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-2010		Period: From 06/01/2018 To 05/31/2019		Worksheet D Part V Date/Time Prepared: 10/30/2019 8:26 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0						54.00
56.00	05600	RADIOISOTOPE	0	0						56.00
60.00	06000	LABORATORY	0	0						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0						62.30
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
68.01	03550	PSYCHOLOGY	0	0						68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0						71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0						73.00
74.00	07400	RENAL DIALYSIS	0	0						74.00
75.01	03630	ULTRASOUND	0	0						75.01
76.97	07697	CARDIAC REHABILITATION	0	0						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0						76.98
76.99	07699	LITHOTRIPSY	0	0						76.99
OUTPATIENT SERVICE COST CENTERS										
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0						92.00
200.00		Subtotal (see instructions)	0	0						200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0							201.00
202.00		Net Charges (line 200 - line 201)	0	0						202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet D-1 Date/Time Prepared: 10/30/2019 8:26 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)		52,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,332	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)		52,332	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)		19,203	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)		44,779,046	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)		44,779,046	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)		44,779,046	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)		855.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,431,431	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		16,431,431	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet D-1

Date/Time Prepared:
10/30/2019 8:26 am

		Title XVIII		Hospital	PPS		
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,924,966	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,356,397	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,561,396	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					777,050	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,338,446	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,017,951	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet D-1

Date/Time Prepared:
10/30/2019 8:26 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	4,255,116	44,779,046	0.095025	0	0 90.00
91.00	Nursing School cost	0	44,779,046	0.000000	0	0 91.00
92.00	Allied health cost	0	44,779,046	0.000000	0	0 92.00
93.00	All other Medical Education	0	44,779,046	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet D-3 Date/Time Prepared: 10/30/2019 8:26 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		37,713,349		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.150224	432,981	498,025	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.600531	1,429,659	858,555	54.00
56.00	05600 RADIOISOTOPE	10.584694	1,071	11,336	56.00
60.00	06000 LABORATORY	0.205243	3,364,813	690,604	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.217636	23,352,836	5,082,418	65.00
66.00	06600 PHYSICAL THERAPY	0.501759	1,349,618	677,183	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.371615	1,116,842	415,035	67.00
68.00	06800 SPEECH PATHOLOGY	0.352672	874,718	308,489	68.00
68.01	03550 PSYCHOLOGY	0.000000	0	0	68.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.175695	7,942,760	1,395,503	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231829	11,564,451	2,680,975	73.00
74.00	07400 RENAL DIALYSIS	0.346041	3,647,781	1,262,282	74.00
75.01	03630 ULTRASOUND	0.263902	168,856	44,561	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		55,246,386	13,924,966	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		55,246,386		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet E Part B Date/Time Prepared: 10/30/2019 8:26 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,009,060	2.00
3.00	OPPS payments		1,251,239	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.939	5.00
6.00	Line 2 times line 5		947,507	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,251,239	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)		250,245	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,000,994	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,000,994	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,000,994	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,000,994	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,000,994	40.00
40.01	Sequestration adjustment (see instructions)		20,020	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		980,974	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		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: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet E-1
Part I
Date/Time Prepared:
10/30/2019 8:26 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		23,853,044		980,974	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	05/22/2019	1,720,451		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,720,451		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		25,573,495		980,974	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		521,255		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		26,094,750		980,974	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet E-1 Part II Date/Time Prepared: 10/30/2019 8:26 am	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2010	Period: From 06/01/2018 To 05/31/2019	Worksheet E-3 Part IV Date/Time Prepared: 10/30/2019 8:26 am
		Title XVIII	Hospital	PPS
			1.00	
PART IV - MEDICARE PART A SERVICES - LTCH PPS				
1.00	Net Federal PPS Payments (see instructions)		25,722,963	1.00
1.01	Full standard payment amount		20,725,357	1.01
1.02	Short stay outlier standard payment amount		4,713,489	1.02
1.03	Site neutral payment amount - Cost		12,133	1.03
1.04	Site neutral payment amount - IPPS comparable		271,984	1.04
2.00	Outlier Payments		4,009,361	2.00
3.00	Total PPS Payments (sum of lines 1 and 2)		29,732,324	3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)		0	4.00
5.00	Organ acquisition (DO NOT USE THIS LINE)		0	5.00
6.00	Cost of physicians' services in a teaching hospital (see instructions)		0	6.00
7.00	Subtotal (see instructions)		29,732,324	7.00
8.00	Primary payer payments		0	8.00
9.00	Subtotal (line 7 less line 8).		29,732,324	9.00
10.00	Deductibles		49,724	10.00
11.00	Subtotal (line 9 minus line 10)		29,682,600	11.00
12.00	Coinsurance		4,390,014	12.00
13.00	Subtotal (line 11 minus line 12)		25,292,586	13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,053,400	14.00
15.00	Adjusted reimbursable bad debts (see instructions)		1,334,710	15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,592,853	16.00
17.00	Subtotal (sum of lines 13 and 15)		26,627,296	17.00
18.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	18.00
19.00	Other pass through costs (see instructions)		0	19.00
20.00	Outlier payments reconciliation		0	20.00
21.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	21.00
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	21.50
21.99	Demonstration payment adjustment amount before sequestration		0	21.99
22.00	Total amount payable to the provider (see instructions)		26,627,296	22.00
22.01	Sequestration adjustment (see instructions)		532,546	22.01
22.02	Demonstration payment adjustment amount after sequestration		0	22.02
23.00	Interim payments		25,573,495	23.00
24.00	Tentative settlement (for contractor use only)		0	24.00
25.00	Balance due provider/program (line 22 minus lines 22.01, 22.02, 23 and 24)		521,255	25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	26.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt IV, line 2 (see instructions)		4,009,361	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money (see instructions)		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet G

Date/Time Prepared:
10/30/2019 8:26 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	20,668,667	0	0	0	1.00
2.00 Temporary investments	95,805	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	23,061,406	0	0	0	4.00
5.00 Other receivable	119,948	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-3,212,088	0	0	0	6.00
7.00 Inventory	593,672	0	0	0	7.00
8.00 Prepaid expenses	2,081,439	0	0	0	8.00
9.00 Other current assets	1,100,567	0	0	0	9.00
10.00 Due from other funds	1,043,214	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	45,552,630	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	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	48,241,705	0	0	0	15.00
16.00 Accumulated depreciation	-5,797,023	0	0	0	16.00
17.00 Leasehold improvements	2,557,900	0	0	0	17.00
18.00 Accumulated depreciation	-533,096	0	0	0	18.00
19.00 Fixed equipment	5,219,855	0	0	0	19.00
20.00 Accumulated depreciation	-4,267,438	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	22,977,588	0	0	0	23.00
24.00 Accumulated depreciation	-18,135,562	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)	50,263,929	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	30,059,168	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	3,593,638	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	33,652,806	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	129,469,365	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	4,331,995	0	0	0	37.00
38.00 Salaries, wages, and fees payable	6,093,965	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	868,824	0	0	0	43.00
44.00 Other current liabilities	14,920,508	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	26,215,292	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	35,083,730	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	6,254,107	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	41,337,837	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	67,553,129	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	61,916,236				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)	61,916,236	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	129,469,365	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet G-1

Date/Time Prepared:
10/30/2019 8:26 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		59,130,988		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		0				2.00
3.00	Total (sum of line 1 and line 2)		59,130,988		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ADVOCATE CAPITAL CONTRIBUTIONS	2,785,248		0		0	5.00
6.00	CHANGE IN TEMP RESTRICTED CONTRIBUT	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)		2,785,248		0		10.00
11.00	Subtotal (line 3 plus line 10)		61,916,236		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	UNREALIZED LOSS ON INVESTMENT	0		0		0	13.00
14.00	PARTNERSHIP DISTRIBUTIONS	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		61,916,236		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	ADVOCATE CAPITAL CONTRIBUTIONS		0				5.00
6.00	CHANGE IN TEMP RESTRICTED CONTRIBUT		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	UNREALIZED LOSS ON INVESTMENT		0				13.00
14.00	PARTNERSHIP DISTRIBUTIONS		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: 14-2010

Period:
From 06/01/2018
To 05/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
10/30/2019 8:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	111,874,508		111,874,508	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	111,874,508		111,874,508	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	111,874,508		111,874,508	17.00
18.00	Ancillary services	139,108,010	0	139,108,010	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	0	3,272,918	3,272,918	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	250,982,518	3,272,918	254,255,436	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		95,719,254		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		95,719,254		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2018
To 05/31/2019

Worksheet G-3

Date/Time Prepared:
10/30/2019 8:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	254,255,436	1.00
2.00	Less contractual allowances and discounts on patients' accounts	145,292,730	2.00
3.00	Net patient revenues (line 1 minus line 2)	108,962,706	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	95,719,254	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,243,452	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (OTHER REVENUE)	2,237,440	24.00
24.01	OTHER (GRANT REVENUE)	0	24.01
24.02	OTHER (GAIN ON SALE OF ASSET)	0	24.02
24.03	MISC	0	24.03
25.00	Total other income (sum of lines 6-24)	2,237,440	25.00
26.00	Total (line 5 plus line 25)	15,480,892	26.00
27.00	GAIN ON SALE OF ASSET	15,480,892	27.00
27.01	MISCELLANEOUS	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	15,480,892	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	0	29.00