

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 1/22/2020 3:40 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 1/22/2020	Time: 3:40 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SHIRLEY RYAN ABILITYLAB (14-3026) for the cost reporting period beginning 09/01/2018 and ending 08/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) JONATHAN TINGSTAD

Officer or Administrator of Provider(s)

SENIOR VICE PRESIDENT, CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title XVIII		HIT	Title XIX	
		Title V	Part A	Part B		
		1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-4,580	74,877	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	Total	0	-4,580	74,877	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: 14-3026		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 1/22/2020 3:40 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 355 E. ERIE			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60611-		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			SHIRLEY RYAN ABILITYLAB	143026	16974	5	09/01/1967	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2018	08/31/2019	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.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			0	0	0	0	0	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet 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.	4,865	1,504	0	0	7,306		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet S-2
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

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

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

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 1/22/2020 3:40 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	293,150	472,500	0	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	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)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-3026

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	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.					N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						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)						0168.00
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)						0.00169.00
		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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3026		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part II Date/Time Prepared: 1/22/2020 3:40 pm	
				Y/N	Date		
				1.00	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	Date	V/I	
				1.00	2.00	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)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	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	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			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.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	12/16/2019	Y	12/16/2019
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-3026

Period:
From 09/01/2018
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Part II
Date/Time Prepared:
1/22/2020 3:40 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	COLETTE	AIMONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	SHIRLEY RYAN ABILITYLAB			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312)238-1296	CAIMONE@SRALAB.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR REIMBURSEMENT	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: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	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)		225	82,125	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)		225	82,125	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		225				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: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
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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)	23,471	4,865	75,092			1.00
2.00	HMO and other (see instructions)	4,972	8,810				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)	23,471	4,865	75,092			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)	23,471	4,865	75,092	32.07	2,359.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				32.07	2,359.20	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	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet S-3
Part I
Date/Time Prepared:
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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	1,210	185	3,344	1.00
2.00 HMO and other (see instructions)			245	386		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	1,210	185	3,344	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

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

Worksheet A

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	29,194,937	29,194,937	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	12,309,277	12,309,277	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,891,189	2,415,029	4,306,218	31,911,178	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	578,904	1,312,366	1,891,270	-650,895	5.01
5.02	00570	ADMITTING	2,465,039	737,596	3,202,635	-655,506	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,913,878	1,090,193	3,004,071	-434,110	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	31,958,102	53,980,143	85,938,245	-26,572,332	5.04
7.00	00700	OPERATION OF PLANT	2,345,317	29,263,957	31,609,274	-16,990,547	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	714,692	8.00
9.00	00900	HOUSEKEEPING	2,912,804	3,336,780	6,249,584	-1,429,579	9.00
10.00	01000	DIETARY	2,154,251	2,938,793	5,093,044	-2,856,303	10.00
11.00	01100	CAFETERIA	0	0	0	2,307,446	11.00
13.00	01300	NURSING ADMINISTRATION	1,984,454	1,254,808	3,239,262	-766,057	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	557,618	532,743	1,090,361	-240,979	14.00
15.00	01500	PHARMACY	1,847,280	8,243,106	10,090,386	-7,821,357	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	552,427	485,375	1,037,802	-126,374	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	552,101	3,386,799	3,938,900	-110,695	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)ORTOTICS	0	0	0	434,046	23.00
23.01	02301	PARAMED ED PRGM- (SPECIFY)PROSTHETICS	0	0	0	375,569	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,010,741	11,920,865	37,931,606	-10,288,691	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,210,499	1,797,357	3,007,856	-745,722	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,461,029	54.01
54.02	05402	PULMONARY	0	0	0	211,560	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	476,262	938,245	1,414,507	-122,406	60.00
60.01	06001	VOCATIONAL REHABILITATION	397,080	140,816	537,896	-106,985	60.01
65.00	06500	RESPIRATORY THERAPY	1,286,682	454,872	1,741,554	-392,639	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,351,065	66.00
66.01	06601	ALLIED HEALTH	21,528,373	6,500,078	28,028,451	-28,028,451	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,473,006	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,539,724	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,402,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,376,070	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	2,426,806	3,872,290	6,299,096	-1,382,145	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	32,744,008	16,709,723	49,453,731	-5,904,143	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	137,793,815	151,311,934	289,105,749	5,435,891	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	11,479,727	9,491,617	20,971,344	-2,790,195	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,653,728	776,450	2,430,178	-367,885	192.01
192.02	19202	ACADEMY	566,466	393,516	959,982	-128,359	192.02
192.03	19203	PARTNERSHIP EXPENSE	7,980,056	2,310,164	10,290,220	-1,645,320	192.03
192.04	19204	PATHWAYS	1,304,494	1,519,424	2,823,918	-504,132	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	160,778,286	165,803,105	326,581,391	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

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

Worksheet A

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,920,650	24,274,287	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	12,309,277	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,217,396	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	-501	1,239,874	5.01
5.02	00570	ADMITTING	0	2,547,129	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,569,961	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,222,119	46,143,794	5.04
7.00	00700	OPERATION OF PLANT	-1,536,158	13,082,569	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	714,692	8.00
9.00	00900	HOUSEKEEPING	0	4,820,005	9.00
10.00	01000	DIETARY	-100,239	2,136,502	10.00
11.00	01100	CAFETERIA	-1,541,284	766,162	11.00
13.00	01300	NURSING ADMINISTRATION	-11,250	2,461,955	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	849,382	14.00
15.00	01500	PHARMACY	-9,392	2,259,637	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,906	906,522	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-68,174	3,760,031	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)ORTOTICS	0	434,046	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	375,569	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-47,160	27,595,755	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,007	2,255,127	54.00
54.01	05401	PSYCHOLOGY	-310	1,460,719	54.01
54.02	05402	PULMONARY	0	211,560	54.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-100	1,292,001	60.00
60.01	06001	VOCATIONAL REHABILITATION	-186	430,725	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,348,915	65.00
66.00	06600	PHYSICAL THERAPY	-6,040	11,345,025	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-3,444	6,469,562	67.00
68.00	06800	SPEECH PATHOLOGY	-1,883	3,537,841	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,402,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,376,070	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-400	4,916,551	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-15,285,042	28,264,546	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,766,245	257,775,395	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	18,181,149	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	0	2,062,293	192.01
192.02	19202	ACADEMY	0	831,623	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	8,644,900	192.03
192.04	19204	PATHWAYS	0	2,319,786	192.04
192.05	19205	UNUSED SPACE	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,766,245	289,815,146	200.00

RECLASSIFICATIONS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/22/2020 3:40 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,958,315		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
			0	31,958,315		
	B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,456,444		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,236,851		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
			0	28,693,295		
	C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,738,493		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	72,426		2.00
			0	12,810,919		
	E - ALLIED HEALTH					
1.00	OCCUPATIONAL THERAPY	67.00	6,349,896	123,110		1.00
2.00	PSYCHOLOGY	54.01	570,896	11,068		2.00
3.00	PHYSICAL THERAPY	66.00	11,135,179	215,886		3.00
4.00	SPEECH PATHOLOGY	68.00	3,472,402	67,322		4.00
			21,528,373	417,386		
	F - NMH SERVICES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	821,673		1.00
			0	821,673		
	G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,402,208		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
1/22/2020 3:40 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
9.00	0.00	0	0			9.00
10.00	0.00	0	0			10.00
11.00	0.00	0	0			11.00
12.00	0.00	0	0			12.00
13.00	0.00	0	0			13.00
14.00	0.00	0	0			14.00
0		0	3,402,208			
H - TRANSCRIPTION AND PHY PRACTICE						
1.00	CLINIC	90.00	1,017,341	283,453		1.00
0			1,017,341	283,453		
I - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	714,692		1.00
0			0	714,692		
J - CAFETERIA						
1.00	CAFETERIA	11.00	753,988	1,553,458		1.00
0			753,988	1,553,458		
K - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,376,070		1.00
0			0	7,376,070		
L - PULMONARY						
1.00	PULMONARY	54.02	141,962	69,598		1.00
2.00		0.00	0	0		2.00
0			141,962	69,598		
M - PARAMEDICAL EDUCATION						
1.00	PARAMED ED	23.00	430,446	3,600		1.00
	PRGM-(SPECIFY)ORTOTICS					
2.00	PARAMED ED	23.01	371,969	3,600		2.00
	PRGM-(SPECIFY)PROSTHETICS					
0			802,415	7,200		
N - PSYCHOLOGY						
1.00	PSYCHOLOGY	54.01	879,065	0		1.00
0			879,065	0		
500.00	Grand Total: Increases		25,123,144	88,108,267		500.00

RECLASSIFICATIONS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet A-6
Date/Time Prepared:
1/22/2020 3:40 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	PURCHASING RECEIVING AND STORES	5.01	0	131,275	0		1.00
2.00	ADMITTING	5.02	0	558,807	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	434,110	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,570,958	0		4.00
5.00	OPERATION OF PLANT	7.00	0	533,720	0		5.00
6.00	HOUSEKEEPING	9.00	0	661,445	0		6.00
7.00	DIETARY	10.00	0	492,683	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	449,691	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	126,220	0		9.00
10.00	PHARMACY	15.00	0	420,650	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	126,374	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	110,135	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	5,950,596	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	274,820	0		14.00
15.00	LABORATORY	60.00	0	107,526	0		15.00
16.00	VOCATIONAL REHABILITATION	60.01	0	89,640	0		16.00
17.00	ALLIED HEALTH	66.01	0	4,912,956	0		17.00
18.00	PROSTHETICS AND ORTHOTICS	76.00	0	550,413	0		18.00
19.00	CLINIC	90.00	0	4,225,280	0		19.00
20.00	RESEARCH	191.00	0	2,507,593	0		20.00
21.00	FOUNDATION	192.01	0	367,885	0		21.00
22.00	ACADEMY	192.02	0	128,359	0		22.00
23.00	PARTNERSHIP EXPENSE	192.03	0	1,633,340	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	295,528	0		24.00
25.00	PATHWAYS	192.04	0	298,311	0		25.00
	0		0	31,958,315			
	B - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47,100	9		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	446,938	9		2.00
3.00	ADMITTING	5.02	0	96,699	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,959,724	9		4.00
5.00	OPERATION OF PLANT	7.00	0	16,456,444	9		5.00
6.00	HOUSEKEEPING	9.00	0	53,442	9		6.00
7.00	DIETARY	10.00	0	56,174	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	314,992	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,484	9		9.00
10.00	PHARMACY	15.00	0	24,037	9		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	324,789	9		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,282,946	9		12.00
13.00	VOCATIONAL REHABILITATION	60.01	0	17,345	9		13.00
14.00	RESPIRATORY THERAPY	65.00	0	18,071	9		14.00
15.00	ALLIED HEALTH	66.01	0	1,163,000	9		15.00
16.00	PROSTHETICS AND ORTHOTICS	76.00	0	22,047	9		16.00
17.00	CLINIC	90.00	0	1,891,317	9		17.00
18.00	RESEARCH	191.00	0	282,602	9		18.00
19.00	PATHWAYS	192.04	0	205,821	9		19.00
20.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	560	9		20.00
21.00	LABORATORY	60.00	0	14,783	9		21.00
22.00	PARTNERSHIP EXPENSE	192.03	0	11,980	9		22.00
	0		0	28,693,295			
	C - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	12,738,493	11		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	72,426	11		2.00
	0		0	12,810,919			
	E - ALLIED HEALTH						
1.00	ALLIED HEALTH	66.01	21,528,373	417,386	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
	0		21,528,373	417,386			
	F - NMH SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	821,673	0		1.00
	0		0	821,673			

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
1/22/2020 3:40 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,363	0		2.00
3.00	OPERATION OF PLANT	7.00	0	383	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,374	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,111,792	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,629	0		6.00
7.00	ALLIED HEALTH	66.01	0	6,736	0		7.00
8.00	PROSTHETICS AND ORTHOTICS	76.00	0	70	0		8.00
9.00	CLINIC	90.00	0	77,556	0		9.00
10.00	LABORATORY	60.00	0	97	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	79,040	0		11.00
12.00	PHARMACY	15.00	0	600	0		12.00
13.00	PURCHASING RECEIVING AND STORES	5.01	0	256	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	112,275	0		14.00
	0		0	3,402,208			
	H - TRANSCRIPTION AND PHY PRACTICE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,017,341	283,453	0		1.00
	0		1,017,341	283,453			
	I - LINEN						
1.00	HOUSEKEEPING	9.00	0	714,692	0		1.00
	0		0	714,692			
	J - CAFETERIA						
1.00	DIETARY	10.00	753,988	1,553,458	0		1.00
	0		753,988	1,553,458			
	K - DRUGS						
1.00	PHARMACY	15.00	0	7,376,070	0		1.00
	0		0	7,376,070			
	L - PULMONARY						
1.00	ADULTS & PEDIATRICS	30.00	54,749	25,092	0		1.00
2.00	CLINIC	90.00	87,213	44,506	0		2.00
	0		141,962	69,598			
	M - PARAMEDICAL EDUCATION						
1.00	PROSTHETICS AND ORTHOTICS	76.00	802,415	7,200	0		1.00
2.00		0.00	0	0	0		2.00
	0		802,415	7,200			
	N - PSYCHOLOGY						
1.00	CLINIC	90.00	879,065	0	0		1.00
	0		879,065	0			
500.00	Grand Total: Decreases		25,123,144	88,108,267			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	33,912,652	0	0	0	1,576,336	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	549,695,258	4,604,221	0	4,604,221	5,234,839	3.00
4.00	Building Improvements	5,330,359	2,310,158	0	2,310,158	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	110,204,968	7,285,159	0	7,285,159	74,484	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	699,143,237	14,199,538	0	14,199,538	6,885,659	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	699,143,237	14,199,538	0	14,199,538	6,885,659	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,336,316	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	549,064,640	0				3.00
4.00	Building Improvements	7,640,517	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	117,415,643	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	706,457,116	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	706,457,116	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum 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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet A-7
Part III
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	556,705,157	0	556,705,157	0.825824	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	117,415,643	0	117,415,643	0.174176	0	2.00
3.00	Total (sum of lines 1-2)	674,120,800	0	674,120,800	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	16,456,444	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,236,851	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,693,295	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	7,817,843	0	0	0	24,274,287	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	72,426	0	0	0	12,309,277	2.00
3.00	Total (sum of lines 1-2)	7,890,269	0	0	0	36,583,564	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,920,650	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-46,202	OPERATION OF PLANT	7.00	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)	B	-1,435,485	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,382,157			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,534,697	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-6,587	CAFETERIA	11.00	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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER OPERATING REVENUE	B	-501	PURCHASING RECEIVING AND STORES	5.01	0	33.00
35.00	OTHER OPERATING REVENUE	B	-11,250	NURSING ADMINISTRATION	13.00	0	35.00
38.00	UAE SPECIAL PROJECT	A	-701,518	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.00
38.01	TUITION	B	-300	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.01
40.00	PROVIDER TAX	A	-8,359,297	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	40.00
41.00	INTERNATIONAL RELATIONS	A	-33,088	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
41.02	REFERRAL DEVELOPMENT	A	-122,772	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.02
42.00	MARKETING	A	-468,634	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
42.02	LOBBYING EXPENSE	A	-258,794	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.02
45.00	ADVANTAGE SERIES	A	-1,233,197	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.00
45.01	OTHER OPERATING REVENUE	B	-100	LABORATORY	60.00	0	45.01
45.02	OTHER OPERATING REVENUE	B	-1,925,945	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.02
45.03	OTHER OPERATING REVENUE	B	-54,471	OPERATION OF PLANT	7.00	0	45.03
45.04	OTHER OPERATING REVENUE	B	-100,239	DIETARY	10.00	0	45.04
45.05	OTHER OPERATING REVENUE	B	-4,906	MEDICAL RECORDS & LIBRARY	16.00	0	45.05
45.06	OTHER OPERATING REVENUE	B	-68,174	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.06
45.07	OTHER OPERATING REVENUE	B	-3,000	ADULTS & PEDIATRICS	30.00	0	45.07
45.08	OTHER OPERATING REVENUE	B	-7,007	RADIOLOGY-DIAGNOSTIC	54.00	0	45.08
45.09	OTHER OPERATING REVENUE	B	-400	PROSTHETICS AND ORTHOTICS	76.00	0	45.09
45.10	OTHER OPERATING REVENUE	B	-9,392	PHARMACY	15.00	0	45.10
45.11	OTHER OPERATING REVENUE	B	-186	VOCATIONAL REHABILITATION	60.01	0	45.11
45.12	OTHER OPERATING REVENUE	B	-805,282	CLINIC	90.00	0	45.12
45.13	OTHER OPERATING REVENUE	B	-3,444	OCCUPATIONAL THERAPY	67.00	0	45.13
45.14	OTHER OPERATING REVENUE	B	-310	PSYCHOLOGY	54.01	0	45.14
45.15	OTHER OPERATING REVENUE	B	-6,040	PHYSICAL THERAPY	66.00	0	45.15
45.16	OTHER OPERATING REVENUE	B	-1,883	SPEECH PATHOLOGY	68.00	0	45.16
45.17	OTHER OPERATING REVENUE	B	-44,160	ADULTS & PEDIATRICS	30.00	0	45.17
45.18	DEPOSITION INCOME	B	-118,574	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.18
45.20	DEPOSITION INCOME	B	-97,603	CLINIC	90.00	0	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,766,245				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-3026

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

Worksheet A-8-2

Date/Time Prepared:
1/22/2020 3:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	17,046,620	13,228,177	3,818,443	211,500	25,524	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		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			17,046,620	13,228,177	3,818,443		25,524	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	90.00	AGGREGATE-CLINIC	2,595,349	129,767	131,908	29,547	176,638	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		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			2,595,349	129,767	131,908	29,547	176,638	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	90.00	AGGREGATE-CLINIC	39,567	2,664,463	1,153,980	14,382,157		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		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			39,567	2,664,463	1,153,980	14,382,157		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			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	24,274,287	24,274,287			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,309,277		12,309,277		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,217,396	61,645	47,379	36,326,420	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	1,239,874	31,323	449,583	132,355	1,853,135
5.02	00570	ADMITTING	2,547,129	61,175	97,271	563,582	766
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,569,961	153,594	0	437,570	8,031
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	46,143,794	919,639	0	7,073,986	430,350
7.00	00700	OPERATION OF PLANT	13,082,569	11,634,918	5,994,997	536,210	69,123
8.00	00800	LAUNDRY & LINEN SERVICE	714,692	0	0	0	0
9.00	00900	HOUSEKEEPING	4,820,005	155,418	53,758	665,954	26,691
10.00	01000	DIETARY	2,136,502	362,556	56,506	320,142	42,959
11.00	01100	CAFETERIA	766,162	0	0	172,384	23,133
13.00	01300	NURSING ADMINISTRATION	2,461,955	21,751	316,856	453,706	2,120
14.00	01400	CENTRAL SERVICES & SUPPLY	849,382	490,201	2,499	127,488	27,491
15.00	01500	PHARMACY	2,259,637	66,549	24,179	422,344	42,520
16.00	01600	MEDICAL RECORDS & LIBRARY	906,522	30,577	0	126,301	13,295
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,760,031	51,819	563	126,227	17,540
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM- (SPECIFY)ORTOTICS	434,046	0	0	98,413	0
23.01	02301	PARAMED ED PRGM- (SPECIFY)PROSTHETICS	375,569	0	0	85,043	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,595,755	4,425,772	326,711	5,934,318	31,520
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,255,127	184,877	1,290,540	276,756	45,794
54.01	05401	PSYCHOLOGY	1,460,719	41,993	31,024	331,505	5,685
54.02	05402	PULMONARY	211,560	0	0	32,457	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,292,001	17,162	14,871	108,888	7,306
60.01	06001	VOCATIONAL REHABILITATION	430,725	0	17,448	90,784	3,369
65.00	06500	RESPIRATORY THERAPY	1,348,915	0	18,178	294,174	5,476
66.00	06600	PHYSICAL THERAPY	11,345,025	819,237	605,103	2,545,836	110,867
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	6,469,562	467,175	345,063	1,451,777	63,224
68.00	06800	SPEECH PATHOLOGY	3,537,841	255,466	188,695	793,895	34,574
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,402,208	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,376,070	0	0	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	4,916,551	221,574	22,177	371,385	72,126
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	28,264,546	698,850	1,902,512	7,498,001	181,046
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	257,775,395	21,173,271	11,805,913	31,071,481	1,264,916
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	18,181,149	1,086,727	284,275	2,624,610	83,547
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	2,062,293	33,225	0	378,092	341,778
192.02	19202	ACADEMY	831,623	161,910	0	129,511	87,537
192.03	19203	PARTNERSHIP EXPENSE	8,644,900	0	12,050	1,824,480	1,927
192.04	19204	PATHWAYS	2,319,786	13,043	207,039	298,246	73,430
192.05	19205	UNUSED SPACE	0	1,806,111	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	289,815,146	24,274,287	12,309,277	36,326,420	1,853,135

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	3,269,923					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,169,156				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	54,567,769	54,567,769		5.04
7.00	00700	OPERATION OF PLANT	0	0	31,317,817	7,264,450	38,582,267	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	714,692	165,779	0	8.00
9.00	00900	HOUSEKEEPING	0	0	5,721,826	1,327,229	539,285	9.00
10.00	01000	DIETARY	0	0	2,918,665	677,011	1,258,036	10.00
11.00	01100	CAFETERIA	0	0	961,679	223,070	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,256,388	755,349	75,475	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,497,061	347,257	1,700,952	14.00
15.00	01500	PHARMACY	0	0	2,815,229	653,018	230,918	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,076,605	249,728	106,101	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,956,180	917,672	179,807	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)ORTOTICS	0	0	532,459	123,509	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	460,612	106,843	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,414,725	840,345	40,569,146	9,410,398	15,357,024	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,032	90,027	4,200,153	974,263	641,506	54.00
54.01	05401	PSYCHOLOGY	15,306	40,191	1,926,423	446,851	98,343	54.01
54.02	05402	PULMONARY	2,977	3,618	250,612	58,132	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	182,938	111,461	1,734,627	402,362	59,550	60.00
60.01	06001	VOCATIONAL REHABILITATION	517	13,181	556,024	128,975	0	60.01
65.00	06500	RESPIRATORY THERAPY	58,984	35,042	1,760,769	408,426	0	65.00
66.00	06600	PHYSICAL THERAPY	393,731	434,915	16,254,714	3,770,427	2,920,399	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	385,157	270,940	9,452,898	2,192,685	1,593,966	67.00
68.00	06800	SPEECH PATHOLOGY	151,113	110,450	5,072,034	1,176,504	883,245	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,555	62,077	3,567,840	827,593	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	449,141	323,190	8,148,401	1,890,095	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	54,747	139,424	5,797,984	1,344,895	768,841	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	694,295	39,239,250	9,101,897	1,408,578	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,269,923	3,169,156	248,327,857	44,944,418	27,822,026	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	22,260,308	5,163,479	3,770,841	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,815,388	653,055	115,289	192.01
192.02	19202	ACADEMY	0	0	1,210,581	280,805	561,812	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	10,483,357	2,431,709	0	192.03
192.04	19204	PATHWAYS	0	0	2,911,544	675,359	45,258	192.04
192.05	19205	UNUSED SPACE	0	0	1,806,111	418,944	6,267,041	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,269,923	3,169,156	289,815,146	54,567,769	38,582,267	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
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To 08/31/2019Worksheet B
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	880,471					8.00
9.00	00900	HOUSEKEEPING	0	7,588,340				9.00
10.00	01000	DIETARY	0	157,319	5,011,031			10.00
11.00	01100	CAFETERIA	0	0	0	1,184,749		11.00
13.00	01300	NURSING ADMINISTRATION	0	9,254	0	23,665	4,120,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	226,725	0	16,334	0	14.00
15.00	01500	PHARMACY	0	32,389	0	23,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,881	0	7,085	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	23,135	0	4,216	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)ORTOTICS	0	0	0	2,457	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	1,585	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	880,471	4,460,465	5,011,031	559,477	4,120,131	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	87,914	0	15,740	0	54.00
54.01	05401	PSYCHOLOGY	0	23,135	0	13,481	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,254	0	12,712	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	5,001	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,460	0	65.00
66.00	06600	PHYSICAL THERAPY	0	434,941	0	123,848	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	263,741	0	70,622	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	129,557	0	38,620	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	97,168	0	23,681	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	781,969	0	106,872	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	880,471	6,750,847	5,011,031	1,071,196	4,120,131	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	684,801	0	98,741	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	10,620	0	192.00
192.01	19201	FOUNDATION	0	13,881	0	4,192	0	192.01
192.02	19202	ACADEMY	0	138,811	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	880,471	7,588,340	5,011,031	1,184,749	4,120,131	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
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Cost Center Description			INTERNS & RESIDENTS					
			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES APPRV		PRGM COSTS APPRV
			14.00	15.00	16.00	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,788,329					14.00
15.00	01500	PHARMACY	0	3,754,894				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,453,400			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	5,081,010		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)ORTOTICS	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	915,642	3,048,606	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	18,894	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	29,068	0	0	54.01
54.02	05402	PULMONARY	0	0	7,267	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	13,081	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	27,615	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	46,509	1,524,303	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	40,695	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	31,975	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,788,329	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,754,894	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	15,987	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	306,667	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,788,329	3,754,894	1,453,400	4,572,909	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	0	0	0	192.01
192.02	19202	ACADEMY	0	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	508,101	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,788,329	3,754,894	1,453,400	5,081,010	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGMORTOTICS	PARAMED ED PRGMPROSTHETIC S	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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)ORTOTICS	658,425					23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS		569,040				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	210,696	62,594	84,605,681	-3,048,606	81,557,075	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,938,470	0	5,938,470	54.00
54.01	05401	PSYCHOLOGY	0	0	2,537,301	0	2,537,301	54.01
54.02	05402	PULMONARY	0	0	316,011	0	316,011	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	2,231,586	0	2,231,586	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	717,615	0	717,615	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,191,655	0	2,191,655	65.00
66.00	06600	PHYSICAL THERAPY	0	0	25,075,141	-1,524,303	23,550,838	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	13,614,607	0	13,614,607	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,331,935	0	7,331,935	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,183,762	0	8,183,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,793,390	0	13,793,390	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	8,048,556	0	8,048,556	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	447,729	506,446	51,899,408	0	51,899,408	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	658,425	569,040	226,485,118	-4,572,909	221,912,209	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	31,978,170	0	31,978,170	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	10,620	0	10,620	192.00
192.01	19201	FOUNDATION	0	0	3,601,805	0	3,601,805	192.01
192.02	19202	ACADEMY	0	0	2,192,009	0	2,192,009	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	13,423,167	-508,101	12,915,066	192.03
192.04	19204	PATHWAYS	0	0	3,632,161	0	3,632,161	192.04
192.05	19205	UNUSED SPACE	0	0	8,492,096	0	8,492,096	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	658,425	569,040	289,815,146	-5,081,010	284,734,136	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,645	47,379	109,024	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	0	31,323	449,583	480,906	5.01
5.02	00570	ADMITTING	50,296	61,175	97,271	208,742	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	153,594	0	153,594	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	495,868	919,639	0	1,415,507	5.04
7.00	00700	OPERATION OF PLANT	0	11,634,918	5,994,997	17,629,915	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	155,418	53,758	209,176	9.00
10.00	01000	DIETARY	0	362,556	56,506	419,062	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	21,751	316,856	338,607	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	490,201	2,499	492,700	14.00
15.00	01500	PHARMACY	0	66,549	24,179	90,728	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,494	30,577	0	54,071	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	51,819	563	52,382	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)ORTOTICS	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,425,772	326,711	4,752,483	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	184,877	1,290,540	1,475,417	54.00
54.01	05401	PSYCHOLOGY	0	41,993	31,024	73,017	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	17,162	14,871	32,033	60.00
60.01	06001	VOCATIONAL REHABILITATION	29,229	0	17,448	46,677	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	18,178	18,178	65.00
66.00	06600	PHYSICAL THERAPY	0	819,237	605,103	1,424,340	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	467,175	345,063	812,238	67.00
68.00	06800	SPEECH PATHOLOGY	0	255,466	188,695	444,161	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	221,574	22,177	243,751	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	2,588,438	698,850	1,902,512	5,189,800	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,187,325	21,173,271	11,805,913	36,166,509	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	1,086,727	284,275	1,371,002	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	33,225	0	33,225	192.01
192.02	19202	ACADEMY	0	161,910	0	161,910	192.02
192.03	19203	PARTNERSHIP EXPENSE	18,900	0	12,050	30,950	192.03
192.04	19204	PATHWAYS	322,624	13,043	207,039	542,706	192.04
192.05	19205	UNUSED SPACE	0	1,806,111	0	1,806,111	192.05
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)	3,528,849	24,274,287	12,309,277	40,112,413	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.01	5.02	5.03	5.04	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	00540	PURCHASING RECEIVING AND STORES	481,303					5.01
5.02	00570	ADMITTING	199	210,632				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,086	0	156,993			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	111,770	0	0	1,548,502		5.04
7.00	00700	OPERATION OF PLANT	17,953	0	0	206,134	17,855,611	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,704	0	8.00
9.00	00900	HOUSEKEEPING	6,932	0	0	37,661	249,577	9.00
10.00	01000	DIETARY	11,157	0	0	19,211	582,211	10.00
11.00	01100	CAFETERIA	6,008	0	0	6,330	0	11.00
13.00	01300	NURSING ADMINISTRATION	551	0	0	21,434	34,929	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,140	0	0	9,854	787,189	14.00
15.00	01500	PHARMACY	11,043	0	0	18,530	106,867	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,430	0	0	7,086	49,103	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,556	0	0	26,040	83,213	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)ORTOTICS	0	0	0	3,505	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	3,032	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,186	91,214	41,636	267,127	7,107,125	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,894	3,671	4,460	27,645	296,885	54.00
54.01	05401	PSYCHOLOGY	1,477	985	1,991	12,680	45,512	54.01
54.02	05402	PULMONARY	0	192	179	1,650	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,898	11,776	5,521	11,417	27,559	60.00
60.01	06001	VOCATIONAL REHABILITATION	875	33	653	3,660	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,422	3,797	1,736	11,589	0	65.00
66.00	06600	PHYSICAL THERAPY	28,795	25,344	21,543	106,989	1,351,541	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	16,421	24,792	13,421	62,219	737,677	67.00
68.00	06800	SPEECH PATHOLOGY	8,980	9,727	5,471	33,384	408,760	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,666	3,075	23,484	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,911	16,009	53,633	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	18,733	3,524	6,906	38,162	355,815	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	47,022	0	34,392	258,273	651,881	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	328,528	210,632	156,993	1,275,433	12,875,844	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	21,699	0	0	146,517	1,745,120	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	88,768	0	0	18,531	53,355	192.01
192.02	19202	ACADEMY	22,735	0	0	7,968	260,003	192.02
192.03	19203	PARTNERSHIP EXPENSE	501	0	0	69,001	0	192.03
192.04	19204	PATHWAYS	19,072	0	0	19,164	20,945	192.04
192.05	19205	UNUSED SPACE	0	0	0	11,888	2,900,344	192.05
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)	481,303	210,632	156,993	1,548,502	17,855,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,704					8.00
9.00	00900	HOUSEKEEPING	0	505,344				9.00
10.00	01000	DIETARY	0	10,477	1,043,079			10.00
11.00	01100	CAFETERIA	0	0	0	12,855		11.00
13.00	01300	NURSING ADMINISTRATION	0	616	0	257	397,755	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,099	0	177	0	14.00
15.00	01500	PHARMACY	0	2,157	0	253	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	924	0	77	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,541	0	46	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)ORTOTICS	0	0	0	27	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	17	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,704	297,043	1,043,079	6,071	397,755	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,855	0	171	0	54.00
54.01	05401	PSYCHOLOGY	0	1,541	0	146	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	616	0	138	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	54	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	244	0	65.00
66.00	06600	PHYSICAL THERAPY	0	28,965	0	1,344	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	17,564	0	766	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,628	0	419	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	6,471	0	257	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	52,075	0	1,160	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,704	449,572	1,043,079	11,624	397,755	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	45,604	0	1,071	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	115	0	192.00
192.01	19201	FOUNDATION	0	924	0	45	0	192.01
192.02	19202	ACADEMY	0	9,244	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	4,704	505,344	1,043,079	12,855	397,755	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY		PHARMACY		MEDICAL RECORDS & LIBRARY		INTERNS & RESIDENTS				
									SERVICES-SALAR	SERVICES-OTHER			
									Y & FRINGES APPRV	PRGM COSTS APPRV			
			14.00		15.00		16.00		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	00540	PURCHASING RECEIVING AND STORES										5.01	
5.02	00570	ADMITTING										5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE										5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL										5.04	
7.00	00700	OPERATION OF PLANT										7.00	
8.00	00800	LAUNDRY & LINEN SERVICE										8.00	
9.00	00900	HOUSEKEEPING										9.00	
10.00	01000	DIETARY										10.00	
11.00	01100	CAFETERIA										11.00	
13.00	01300	NURSING ADMINISTRATION										13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,312,542									14.00	
15.00	01500	PHARMACY		0	230,845							15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		0	0	115,070						16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0	0	0		168,157				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)ORTOTICS		0	0	0		0				23.00	
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS		0	0	0		0				23.01	
INPATIENT ROUTINE SERVICE COST CENTERS													
30.00	03000	ADULTS & PEDIATRICS		0	0	72,494						30.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0						41.00	
42.00	04200	SUBPROVIDER		0	0	0						42.00	
ANCILLARY SERVICE COST CENTERS													
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	1,496						54.00	
54.01	05401	PSYCHOLOGY		0	0	2,301						54.01	
54.02	05402	PULMONARY		0	0	575						54.02	
57.00	05700	CT SCAN		0	0	0						57.00	
58.00	05800	MRI		0	0	0						58.00	
59.00	05900	CARDIAC CATHETERIZATION		0	0	0						59.00	
60.00	06000	LABORATORY		0	0	1,036						60.00	
60.01	06001	VOCATIONAL REHABILITATION		0	0	2,186						60.01	
65.00	06500	RESPIRATORY THERAPY		0	0	0						65.00	
66.00	06600	PHYSICAL THERAPY		0	0	3,682						66.00	
66.01	06601	ALLIED HEALTH		0	0	0						66.01	
67.00	06700	OCCUPATIONAL THERAPY		0	0	3,222						67.00	
68.00	06800	SPEECH PATHOLOGY		0	0	2,532						68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,312,542		0	0						71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0						72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0	230,845	0						73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS		0	0	1,266						76.00	
OUTPATIENT SERVICE COST CENTERS													
88.00	08800	RURAL HEALTH CLINIC		0	0	0						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0						89.00	
90.00	09000	CLINIC		0	0	24,280						90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART										92.00	
OTHER REIMBURSABLE COST CENTERS													
99.10	09910	CORF		0	0	0						99.10	
SPECIAL PURPOSE COST CENTERS													
109.00	10900	PANCREAS ACQUISITION		0	0	0						109.00	
110.00	11000	INTESTINAL ACQUISITION		0	0	0						110.00	
111.00	11100	ISLET ACQUISITION		0	0	0						111.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,312,542		230,845	115,070		0		0		118.00	
NONREIMBURSABLE COST CENTERS													
191.00	19100	RESEARCH		0	0	0						191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0						192.00	
192.01	19201	FOUNDATION		0	0	0						192.01	
192.02	19202	ACADEMY		0	0	0						192.02	
192.03	19203	PARTNERSHIP EXPENSE		0	0	0						192.03	
192.04	19204	PATHWAYS		0	0	0						192.04	
192.05	19205	UNUSED SPACE		0	0	0						192.05	
200.00		Cross Foot Adjustments						168,157		0		200.00	
201.00		Negative Cost Centers		0	0	0		0				201.00	
202.00		TOTAL (sum lines 118 through 201)	1,312,542		230,845	115,070		168,157		0		202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet B
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PARAMED ED PRGMORTOTICS	PARAMED ED PRGMPROSTHETIC S	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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)ORTOTICS	3,827					23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS		3,304				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			14,106,723	0	14,106,723	30.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,828,324	0	1,828,324	54.00
54.01	05401	PSYCHOLOGY			140,645	0	140,645	54.01
54.02	05402	PULMONARY			2,693	0	2,693	54.02
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MRI			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			92,321	0	92,321	60.00
60.01	06001	VOCATIONAL REHABILITATION			54,410	0	54,410	60.01
65.00	06500	RESPIRATORY THERAPY			37,849	0	37,849	65.00
66.00	06600	PHYSICAL THERAPY			3,000,182	0	3,000,182	66.00
66.01	06601	ALLIED HEALTH			0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY			1,692,676	0	1,692,676	67.00
68.00	06800	SPEECH PATHOLOGY			924,444	0	924,444	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,345,767	0	1,345,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			329,398	0	329,398	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS			675,999	0	675,999	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			6,281,409	0	6,281,409	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	30,512,840	0	30,512,840	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			3,338,888	0	3,338,888	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			115	0	115	192.00
192.01	19201	FOUNDATION			195,982	0	195,982	192.01
192.02	19202	ACADEMY			462,249	0	462,249	192.02
192.03	19203	PARTNERSHIP EXPENSE			105,926	0	105,926	192.03
192.04	19204	PATHWAYS			602,782	0	602,782	192.04
192.05	19205	UNUSED SPACE			4,718,343	0	4,718,343	192.05
200.00		Cross Foot Adjustments	3,827	3,304	175,288	0	175,288	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,827	3,304	40,112,413	0	40,112,413	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
			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	1,237,630					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		12,236,852				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,143	47,100	158,887,097			4.00
5.01	00540	PURCHASING RECEIVING AND STORES	1,597	446,938	578,904	805,807		5.01
5.02	00570	ADMITTING	3,119	96,699	2,465,039	333	392,671,693	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,831	0	1,913,878	3,492	0	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	46,888	0	30,940,761	187,131	0	5.04
7.00	00700	OPERATION OF PLANT	593,209	5,959,725	2,345,317	30,057	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,924	53,442	2,912,804	11,606	0	9.00
10.00	01000	DIETARY	18,485	56,174	1,400,263	18,680	0	10.00
11.00	01100	CAFETERIA	0	0	753,988	10,059	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,109	314,992	1,984,454	922	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,993	2,484	557,618	11,954	0	14.00
15.00	01500	PHARMACY	3,393	24,037	1,847,280	18,489	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,559	0	552,427	5,742	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,642	560	552,101	7,627	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)ORTOTICS	0	0	430,446	0	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	371,969	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	225,649	324,789	25,955,992	13,706	169,878,597	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,426	1,282,946	1,210,499	19,913	6,849,024	54.00
54.01	05401	PSYCHOLOGY	2,141	30,841	1,449,961	2,472	1,838,082	54.01
54.02	05402	PULMONARY	0	0	141,962	0	357,569	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	875	14,783	476,262	3,177	21,969,303	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	17,345	397,080	1,465	62,046	60.01
65.00	06500	RESPIRATORY THERAPY	0	18,071	1,286,682	2,381	7,083,522	65.00
66.00	06600	PHYSICAL THERAPY	41,769	601,542	11,135,179	48,209	47,283,608	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	23,819	343,033	6,349,896	27,492	46,254,035	67.00
68.00	06800	SPEECH PATHOLOGY	13,025	187,585	3,472,402	15,034	18,147,337	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,435,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	53,937,941	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	11,297	22,047	1,624,391	31,363	6,574,632	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	35,631	1,891,317	32,795,071	78,725	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,079,524	11,736,450	135,902,626	550,029	392,671,693	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	55,407	282,602	11,479,727	36,329	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,694	0	1,653,728	148,617	0	192.01
192.02	19202	ACADEMY	8,255	0	566,466	38,064	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	11,979	7,980,056	838	0	192.03
192.04	19204	PATHWAYS	665	205,821	1,304,494	31,930	0	192.04
192.05	19205	UNUSED SPACE	92,085	0	0	0	0	192.05
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)	24,274,287	12,309,277	36,326,420	1,853,135	3,269,923	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.613525	1.005919	0.228630	2.299726	0.008327	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
204.00		Cost to be allocated (per Wkst. B, Part II)			109,024	481,303	210,632	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000686	0.597293	0.000536	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: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.03	5A.04	5.04	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	640,725,636					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-54,567,769	235,247,377			5.04
7.00	00700	OPERATION OF PLANT	0	0	31,317,817	566,910		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	714,692	0	46,398	8.00
9.00	00900	HOUSEKEEPING	0	0	5,721,826	7,924	0	9.00
10.00	01000	DIETARY	0	0	2,918,665	18,485	0	10.00
11.00	01100	CAFETERIA	0	0	961,679	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,256,388	1,109	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,497,061	24,993	0	14.00
15.00	01500	PHARMACY	0	0	2,815,229	3,393	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,076,605	1,559	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,956,180	2,642	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)ORTOTICS	0	0	532,459	0	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	460,612	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	169,878,597	0	40,569,146	225,649	46,398	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,202,054	0	4,200,153	9,426	0	54.00
54.01	05401	PSYCHOLOGY	8,126,051	0	1,926,423	1,445	0	54.01
54.02	05402	PULMONARY	731,455	0	250,612	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	22,535,564	0	1,734,627	875	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	2,665,016	0	556,024	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	7,084,822	0	1,760,769	0	0	65.00
66.00	06600	PHYSICAL THERAPY	87,932,583	0	16,254,714	42,911	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	54,779,620	0	9,452,898	23,421	0	67.00
68.00	06800	SPEECH PATHOLOGY	22,331,089	0	5,072,034	12,978	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,550,861	0	3,567,840	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,343,626	0	8,148,401	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	28,189,206	0	5,797,984	11,297	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	140,375,092	0	39,239,250	20,697	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	640,725,636	-54,567,769	193,760,088	408,804	46,398	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	22,260,308	55,407	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,815,388	1,694	0	192.01
192.02	19202	ACADEMY	0	0	1,210,581	8,255	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	10,483,357	0	0	192.03
192.04	19204	PATHWAYS	0	0	2,911,544	665	0	192.04
192.05	19205	UNUSED SPACE	0	0	1,806,111	92,085	0	192.05
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)	3,169,156		54,567,769	38,582,267	880,471	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004946		0.231959	68.057129	18.976486	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	156,993		1,548,502	17,855,611	4,704	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000245		0.006582	31.496377	0.101384	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: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,640					9.00
10.00	01000	DIETARY	34	225,276				10.00
11.00	01100	CAFETERIA	0	0	149,490			11.00
13.00	01300	NURSING ADMINISTRATION	2	0	2,986	1,118,841		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49	0	2,061	0	1,000	14.00
15.00	01500	PHARMACY	7	0	2,945	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	894	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5	0	532	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)ORTOTICS	0	0	310	0	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	200	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	964	225,276	70,594	1,118,841	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	19	0	1,986	0	0	54.00
54.01	05401	PSYCHOLOGY	5	0	1,701	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2	0	1,604	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	631	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,834	0	0	65.00
66.00	06600	PHYSICAL THERAPY	94	0	15,627	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	57	0	8,911	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	4,873	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	21	0	2,988	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	169	0	13,485	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,459	225,276	135,162	1,118,841	1,000	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	148	0	12,459	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,340	0	0	192.00
192.01	19201	FOUNDATION	3	0	529	0	0	192.01
192.02	19202	ACADEMY	30	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	7,588,340	5,011,031	1,184,749	4,120,131	3,788,329	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,627.036585	22.243963	7.925273	3.682499	3,788.329000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	505,344	1,043,079	12,855	397,755	1,312,542	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	308.136585	4.630227	0.085992	0.355506	1,312.542000	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: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGMORTOTICS (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,000					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,000				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,000			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		1,000		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)ORTOTICS	0	0			100	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	630	600	600	32	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	20	0	0	0	54.01
54.02	05402	PULMONARY	0	5	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	19	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	32	300	300	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	22	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,000	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	11	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	211	0	0	68	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	1,000	900	900	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	0	0	0	192.01
192.02	19202	ACADEMY	0	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	3,754,894	1,453,400	5,081,010	0	658,425	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,754.894000	1,453.400000	5,081.010000	0.000000	6,584.250000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGMORTOTICS (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	21.00	22.00	23.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	230,845	115,070	168,157	0	3,827	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	230.845000	115.070000	168.157000	0.000000	38.270000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PARAMED ED PRGM PROSTHETICS (ASSIGNED TIME)	
			23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	PURCHASING RECEIVING AND STORES		5.01
5.02	00570	ADMITTING		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
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)ORTOTICS		23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	11	30.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	PSYCHOLOGY	0	54.01
54.02	05402	PULMONARY	0	54.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	ALLIED HEALTH	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	89	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	FOUNDATION	0	192.01
192.02	19202	ACADEMY	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	192.03
192.04	19204	PATHWAYS	0	192.04
192.05	19205	UNUSED SPACE	0	192.05
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)	569,040	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,690.400000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,304	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		PARAMED ED PRGM PROSTHETIC S (ASSIGNED TIME)		
		23.01		
205.00	Unit cost multiplier (Wkst. B, Part II)	33.040000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	81,557,075		81,557,075	0	81,557,075	30.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,938,470		5,938,470	0	5,938,470	54.00	
54.01	05401	PSYCHOLOGY	2,537,301		2,537,301	0	2,537,301	54.01	
54.02	05402	PULMONARY	316,011		316,011	0	316,011	54.02	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MRI	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	2,231,586		2,231,586	0	2,231,586	60.00	
60.01	06001	VOCATIONAL REHABILITATION	717,615		717,615	0	717,615	60.01	
65.00	06500	RESPIRATORY THERAPY	2,191,655	0	2,191,655	0	2,191,655	65.00	
66.00	06600	PHYSICAL THERAPY	23,550,838	0	23,550,838	0	23,550,838	66.00	
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	13,614,607	0	13,614,607	0	13,614,607	67.00	
68.00	06800	SPEECH PATHOLOGY	7,331,935	0	7,331,935	0	7,331,935	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,183,762		8,183,762	0	8,183,762	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	13,793,390		13,793,390	0	13,793,390	73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS	8,048,556		8,048,556	0	8,048,556	76.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	51,899,408		51,899,408	1,153,980	53,053,388	90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
200.00		Subtotal (see instructions)	221,912,209	0	221,912,209	1,153,980	223,066,189	200.00	
201.00		Less Observation Beds	0		0		0	201.00	
202.00		Total (see instructions)	221,912,209	0	221,912,209	1,153,980	223,066,189	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	169,878,597		169,878,597			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,849,024	11,353,030	18,202,054	0.326253	0.000000	54.00
54.01	05401	PSYCHOLOGY	1,838,082	6,287,969	8,126,051	0.312243	0.000000	54.01
54.02	05402	PULMONARY	357,569	373,886	731,455	0.432031	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	21,969,303	566,261	22,535,564	0.099025	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	62,046	2,602,970	2,665,016	0.269272	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,083,522	1,300	7,084,822	0.309345	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	47,283,608	40,648,975	87,932,583	0.267828	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	46,254,035	8,525,585	54,779,620	0.248534	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	18,147,337	4,183,752	22,331,089	0.328329	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,435,997	114,864	12,550,861	0.652048	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,937,941	11,405,685	65,343,626	0.211090	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	6,574,632	21,614,574	28,189,206	0.285519	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	140,375,092	140,375,092	0.369719	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	392,671,693	248,053,943	640,725,636			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	392,671,693	248,053,943	640,725,636			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.326253			54.00
54.01	05401	PSYCHOLOGY	0.312243			54.01
54.02	05402	PULMONARY	0.432031			54.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.099025			60.00
60.01	06001	VOCATIONAL REHABILITATION	0.269272			60.01
65.00	06500	RESPIRATORY THERAPY	0.309345			65.00
66.00	06600	PHYSICAL THERAPY	0.267828			66.00
66.01	06601	ALLIED HEALTH	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.248534			67.00
68.00	06800	SPEECH PATHOLOGY	0.328329			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.652048			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211090			73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.285519			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.377940			90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,605,681		84,605,681	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,938,470		5,938,470	0
54.01	05401	PSYCHOLOGY	2,537,301		2,537,301	0
54.02	05402	PULMONARY	316,011		316,011	0
57.00	05700	CT SCAN	0		0	0
58.00	05800	MRI	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	2,231,586		2,231,586	0
60.01	06001	VOCATIONAL REHABILITATION	717,615		717,615	0
65.00	06500	RESPIRATORY THERAPY	2,191,655	0	2,191,655	0
66.00	06600	PHYSICAL THERAPY	25,075,141	0	25,075,141	0
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	13,614,607	0	13,614,607	0
68.00	06800	SPEECH PATHOLOGY	7,331,935	0	7,331,935	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,183,762		8,183,762	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,793,390		13,793,390	0
76.00	03020	PROSTHETICS AND ORTHOTICS	8,048,556		8,048,556	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	51,899,408		51,899,408	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	226,485,118	0	226,485,118	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	226,485,118	0	226,485,118	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0.000000	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	0.000000	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0.000000	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet C
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	PSYCHOLOGY	0.000000			54.01
54.02	05402	PULMONARY	0.000000			54.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	VOCATIONAL REHABILITATION	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	ALLIED HEALTH	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,106,723	0	14,106,723	75,092	187.86	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30 through 199)	14,106,723		14,106,723	75,092		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	23,471	4,409,262				30.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30 through 199)	23,471	4,409,262				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,828,324	18,202,054	0.100446	2,648,448	266,026	54.00
54.01	05401	PSYCHOLOGY	140,645	8,126,051	0.017308	390,690	6,762	54.01
54.02	05402	PULMONARY	2,693	731,455	0.003682	208,169	766	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	92,321	22,535,564	0.004097	8,460,373	34,662	60.00
60.01	06001	VOCATIONAL REHABILITATION	54,410	2,665,016	0.020416	6,756	138	60.01
65.00	06500	RESPIRATORY THERAPY	37,849	7,084,822	0.005342	1,147,715	6,131	65.00
66.00	06600	PHYSICAL THERAPY	3,000,182	87,932,583	0.034119	15,950,409	544,212	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,692,676	54,779,620	0.030900	15,984,122	493,909	67.00
68.00	06800	SPEECH PATHOLOGY	924,444	22,331,089	0.041397	6,133,181	253,895	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,345,767	12,550,861	0.107225	5,606,792	601,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	329,398	65,343,626	0.005041	15,321,268	77,235	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	675,999	28,189,206	0.023981	32,570	781	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	6,281,409	140,375,092	0.044747	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	16,406,117	470,847,039		71,890,493	2,285,705	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 14-3026		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/22/2020 3:40 pm	
						Title XVIII		Hospital		PPS	
Cost Center Description						Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
						1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	273,290	0	30.00		
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER		0	0	0	0	0	42.00		
200.00		Total (lines 30 through 199)		0	0	0	273,290	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	273,290	75,092	3.64	23,471	30.00		
41.00	04100	SUBPROVIDER - IRF		0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER		0	0	0	0.00	0	42.00		
200.00		Total (lines 30 through 199)			273,290	75,092		23,471	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		85,434							
41.00	04100	SUBPROVIDER - IRF		0							
42.00	04200	SUBPROVIDER		0							
200.00		Total (lines 30 through 199)		85,434							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
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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							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	954,175	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	954,175	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/22/2020 3:40 pm

				Title XVIII		Hospital	PPS		
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,202,054	0.000000	54.00	
54.01	05401	PSYCHOLOGY	0	0	0	8,126,051	0.000000	54.01	
54.02	05402	PULMONARY	0	0	0	731,455	0.000000	54.02	
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00	
58.00	05800	MRI	0	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	22,535,564	0.000000	60.00	
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	2,665,016	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,084,822	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	87,932,583	0.000000	66.00	
66.01	06601	ALLIED HEALTH	0	0	0	0	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	54,779,620	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	22,331,089	0.000000	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,550,861	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	65,343,626	0.000000	73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	28,189,206	0.000000	76.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	954,175	954,175	140,375,092	0.006797	90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	954,175	954,175	470,847,039		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,648,448	0	1,921,345	0	54.00
54.01	05401	PSYCHOLOGY	0.000000	390,690	0	579,183	0	54.01
54.02	05402	PULMONARY	0.000000	208,169	0	112,767	0	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	8,460,373	0	122,811	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.000000	6,756	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	1,147,715	0	453	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	15,950,409	0	139,356	0	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	15,984,122	0	1,881	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	6,133,181	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,606,792	0	35,065	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,321,268	0	4,388,060	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000	32,570	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.006797	0	0	5,580,651	37,932	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		71,890,493	0	12,881,572	37,932	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-3026		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part V Date/Time Prepared: 1/22/2020 3:40 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.326253	1,921,345	0	0	626,845	54.00
54.01	05401	PSYCHOLOGY		0.312243	579,183	0	0	180,846	54.01
54.02	05402	PULMONARY		0.432031	112,767	0	0	48,719	54.02
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.099025	122,811	0	0	12,161	60.00
60.01	06001	VOCATIONAL REHABILITATION		0.269272	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.309345	453	0	0	140	65.00
66.00	06600	PHYSICAL THERAPY		0.267828	139,356	0	0	37,323	66.00
66.01	06601	ALLIED HEALTH		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.248534	1,881	692	0	467	67.00
68.00	06800	SPEECH PATHOLOGY		0.328329	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.652048	35,065	270	0	22,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.211090	4,388,060	0	0	926,276	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS		0.285519	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000				0	89.00
90.00	09000	CLINIC		0.369719	5,580,651	0	0	2,063,273	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)			12,881,572	962	0	3,918,914	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			12,881,572	962	0	3,918,914	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-3026		Period: From 09/01/2018 To 08/31/2019	Worksheet D Part V Date/Time Prepared: 1/22/2020 3:40 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	PSYCHOLOGY	0	0		54.01
54.02	05402	PULMONARY	0	0		54.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	ALLIED HEALTH	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	172	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	176	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	348	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	348	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,106,723	0	14,106,723	75,092	187.86	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30 through 199)	14,106,723		14,106,723	75,092		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,865	913,939				30.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30 through 199)	4,865	913,939				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,828,324	0	0.000000	0	0 54.00
54.01	05401	PSYCHOLOGY	140,645	0	0.000000	0	0 54.01
54.02	05402	PULMONARY	2,693	0	0.000000	0	0 54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MRI	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	92,321	0	0.000000	0	0 60.00
60.01	06001	VOCATIONAL REHABILITATION	54,410	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	37,849	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	3,000,182	0	0.000000	0	0 66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	1,692,676	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	924,444	0	0.000000	0	0 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,345,767	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	329,398	0	0.000000	0	0 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	675,999	0	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	6,281,409	0	0.000000	0	0 90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	16,406,117	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3026		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 1/22/2020 3:40 pm	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	273,290	0	30.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER		0	0	0	0	0	42.00	
200.00		Total (lines 30 through 199)		0	0	0	273,290	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	273,290	75,092	3.64	4,865	30.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER		0	0	0	0.00	0	42.00	
200.00		Total (lines 30 through 199)			273,290	75,092		4,865	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		17,709						30.00
41.00	04100	SUBPROVIDER - IRF		0						41.00
42.00	04200	SUBPROVIDER		0						42.00
200.00		Total (lines 30 through 199)		17,709						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet D
Part IV
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	954,175	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	954,175	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Title XIX			Hospital	Cost	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	954,175	954,175	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	954,175	954,175	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
1/22/2020 3:40 pm

				Title XIX		Hospital		Cost		
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
				9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00	
54.01	05401	PSYCHOLOGY	0.000000	0	0	0	0	0	54.01	
54.02	05402	PULMONARY	0.000000	0	0	0	0	0	54.02	
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00	
60.01	06001	VOCATIONAL REHABILITATION	0.000000	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00	
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000	0	0	0	0	0	76.00	
	OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 1/22/2020 3:40 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		75,092	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,092	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)		75,092	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)		23,471	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)		81,557,075	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)		81,557,075	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)		81,557,075	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,086.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,491,853	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)		25,491,853	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3026

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

Worksheet D-1

Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						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)					19,428,264	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,920,117	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)					4,494,696	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,285,705	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,780,401	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,139,716	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: 14-3026

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

Worksheet D-1

Date/Time Prepared:
1/22/2020 3:40 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	14,106,723	81,557,075	0.172967	0	0	90.00
91.00 Nursing School cost	0	81,557,075	0.000000	0	0	91.00
92.00 Allied health cost	273,290	81,557,075	0.003351	0	0	92.00
93.00 All other Medical Education	0	81,557,075	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 1/22/2020 3:40 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		52,492,641	30.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.326253	2,648,448	54.00
54.01	05401	PSYCHOLOGY	0.312243	390,690	54.01
54.02	05402	PULMONARY	0.432031	208,169	54.02
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.099025	8,460,373	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.269272	6,756	60.01
65.00	06500	RESPIRATORY THERAPY	0.309345	1,147,715	65.00
66.00	06600	PHYSICAL THERAPY	0.267828	15,950,409	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.248534	15,984,122	67.00
68.00	06800	SPEECH PATHOLOGY	0.328329	6,133,181	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.652048	5,606,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211090	15,321,268	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.285519	32,570	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.377940	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		71,890,493	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		71,890,493	202.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/22/2020 3:40 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	0
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00	0	0	0	0	0
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	26,924	26,924
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	0
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	0	0	0	0	0
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	0	0	0	0	0
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	0	0	0	0	0
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/22/2020 3:40 pm

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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/22/2020 3:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	0	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	26,924	26,924	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	0	0	0	0	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	0	0	0	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	0	0	0	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	0	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/22/2020 3:40 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 1/22/2020 3:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		348	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,880,982	2.00
3.00	OPPS payments		3,491,850	3.00
4.00	Outlier payment (see instructions)		7,621	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		37,932	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		348	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		962	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)		962	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 charge basis 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)		962	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		614	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)		348	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)		3,537,403	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		192	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		726,846	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)		2,810,713	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		68,233	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)		2,878,946	30.00
31.00	Primary payer payments		385	31.00
32.00	Subtotal (line 30 minus line 31)		2,878,561	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)		135,425	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		88,026	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		135,425	36.00
37.00	Subtotal (see instructions)		2,966,587	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)		2,966,587	40.00
40.01	Sequestration adjustment (see instructions)		59,332	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,832,378	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		74,877	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: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet E-1
Part I
Date/Time Prepared:
1/22/2020 3:40 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		36,374,031		2,834,951	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/18/2019	113,991		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	08/29/2019	196,804	08/29/2019	2,573	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)		-82,813		-2,573	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)		36,291,218		2,832,378	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		74,877	6.01
6.02	SETTLEMENT TO PROGRAM		4,580		0	6.02
7.00	Total Medicare program liability (see instructions)		36,286,638		2,907,255	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet E-3 Part III Date/Time Prepared: 1/22/2020 3:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)			27,580,390	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0517	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			1,903,047	3.00
4.00	Outlier Payments			4,656,703	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			22.77	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			32.07	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			22.77	9.00
10.00	Average Daily Census (see instructions)			205.731507	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.112580	11.00
12.00	Teaching Adjustment (see instructions)			3,105,000	12.00
13.00	Total PPS Payment (see instructions)			37,245,140	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			37,245,140	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			37,245,140	19.00
20.00	Deductibles			173,512	20.00
21.00	Subtotal (line 19 minus line 20)			37,071,628	21.00
22.00	Coinsurance			1,104,081	22.00
23.00	Subtotal (line 21 minus line 22)			35,967,547	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			295,522	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			192,089	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			295,522	26.00
27.00	Subtotal (sum of lines 23 and 25)			36,159,636	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			782,112	28.00
29.00	Other pass through costs (see instructions)			85,434	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50
31.99	Demonstration payment adjustment amount before sequestration			0	31.99
32.00	Total amount payable to the provider (see instructions)			37,027,182	32.00
32.01	Sequestration adjustment (see instructions)			740,544	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			36,291,218	33.00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-4,580	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			4,656,703	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/22/2020 3:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.33	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			32.15	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	28.78	28.78	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	20.52	20.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	20.52		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	21.10		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	20.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	20.80		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	20.80		17.00
18.00	Per resident amount	0.00	110,665.56		18.00
19.00	Approved amount for resident costs	0	2,301,844	2,301,844	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,301,844	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,471	4,972		26.00
27.00	Total Inpatient Days (see instructions)	75,092	75,092		27.00
28.00	Ratio of inpatient days to total inpatient days	0.312563	0.066212		28.00
29.00	Program direct GME amount	719,471	152,410		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		21,536		30.00
31.00	Net Program direct GME amount			850,345	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026	Period: From 09/01/2018 To 08/31/2019	Worksheet E-4 Date/Time Prepared: 1/22/2020 3:40 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		44,920,117		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		0		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,920,117		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		3,919,262		42.00
43.00	Primary payer payments (see instructions)		385		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		3,918,877		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		48,838,994		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.919759		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.080241		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		850,345		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		782,112		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		68,233		50.00

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

Provider CCN: 14-3026

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

Worksheet G

Date/Time Prepared:
1/22/2020 3:40 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,267,000	0	0	0	1.00
2.00	Temporary investments	1,497,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	40,935,000	0	0	0	4.00
5.00	Other receivable	42,393,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,615,000	0	0	0	7.00
8.00	Prepaid expenses	4,735,000	0	0	0	8.00
9.00	Other current assets	3,967,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	109,409,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	32,336,316	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	556,705,157	0	0	0	15.00
16.00	Accumulated depreciation	-39,609,108	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	117,415,643	0	0	0	19.00
20.00	Accumulated depreciation	-63,023,536	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	603,824,472	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	241,876,000	99,221,000	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	0	36,134,000	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	241,876,000	135,355,000	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	955,109,472	135,355,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,807,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,478,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,283,000	0	0	0	40.00
41.00	Deferred income	1,784,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,203,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	69,555,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	339,811,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	139,781,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	479,592,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	549,147,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	405,962,472				52.00
53.00	Specific purpose fund		135,355,000			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)	405,962,472	135,355,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	955,109,472	135,355,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3026

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

Worksheet G-1

Date/Time Prepared:
1/22/2020 3:40 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		429,102,656		22,289,278		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-3,368,000				2.00
3.00	Total (sum of line 1 and line 2)		425,734,656		22,289,278		3.00
4.00	INCOME	3,572,000		11,483,722		0	4.00
5.00	TRANSFER	0		101,582,000		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,572,000		113,065,722		10.00
11.00	Subtotal (line 3 plus line 10)		429,306,656		135,355,000		11.00
12.00	EXPENDITURE	23,344,184		0		0	12.00
13.00	TRANSFER	0		0		101,582,000	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		23,344,184		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		405,962,472		135,355,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	101,582,000		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)	101,582,000		0			3.00
4.00	INCOME		0				4.00
5.00	TRANSFER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	101,582,000		0			11.00
12.00	EXPENDITURE		0				12.00
13.00	TRANSFER		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	101,582,000		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: 14-3026

Period:
From 09/01/2018
To 08/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
1/22/2020 3:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	182,470,061		182,470,061	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	182,470,061		182,470,061	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)	182,470,061		182,470,061	17.00
18.00	Ancillary services	248,241,415	262,250,071	510,491,486	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	430,711,476	262,250,071	692,961,547	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		326,581,391		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)		326,581,391		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3026

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

Worksheet G-3

Date/Time Prepared:
1/22/2020 3:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	692,961,547	1.00
2.00	Less contractual allowances and discounts on patients' accounts	436,557,580	2.00
3.00	Net patient revenues (line 1 minus line 2)	256,403,967	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	326,581,391	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-70,177,424	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,818,546	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	1,435,485	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,534,697	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	6,587	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	55,014,109	24.00
25.00	Total other income (sum of lines 6-24)	66,809,424	25.00
26.00	Total (line 5 plus line 25)	-3,368,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,368,000	29.00