

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: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/1/2021 12:39 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared 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.		Date: 1/1/2021 Time: 12:39 pm 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
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	

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 MOUNT SINAI HOSPITAL MEDICAL CENTER (14-0018) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,553,031	-258,475	0	0	1.00
2.00	Subprovider - IPF	0	26,618	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	1,579,649	-258,475	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: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/1/2021 12:39 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 15TH STREET & CALIFORNIA AVE			PO Box:		Date Certified		Payment System (P, T, O, or N)	
2.00	City: CHICAGO			State: IL		Zip Code: 60608-		County: COOK	
		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			MOUNT SINAI HOSPITAL MEDICAL CENTER	140018	16974	1	07/01/1966	N P O
4.00	Subprovider - IPF			MOUNT SINAI HOSPITAL MEDICAL CENTER	14S018	16974	4	07/01/1984	N P O
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			MOUNT SINAI HOSPITAL MEDICAL CENTER	142302	16974		01/01/2004	
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	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		
22.03	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	
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		

Worksheet S-2
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

MCRIF32 - 16.5.169.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

		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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/1/2021 12:39 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/1/2021 12:39 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00	2.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
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				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.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		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.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/1/2021 12:39 pm	
		1.00		2.00			
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	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB2389		140.00	
		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: SINAI HELATH SYSTEM	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 1500 S FAIRFIELD AVENUE	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60608		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		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
		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.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/1/2021 12:39 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/1/2021 12:39 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/1/2021 12:39 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		N	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.		Y	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.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL	CADDICK	41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT GROUP, LLC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708 466 7240	MICHAEL.CADDICK@SRGROUPLLC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

		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.	CONSULT TO THE PROVIDER	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: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/1/2021 12:39 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	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,490	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	14	5,124	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		236	86,169	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		264				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: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,849	5,043	36,805			1.00
2.00	HMO and other (see instructions)	5,506	20,376				2.00
3.00	HMO IPF Subprovider	21	3,495				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)	6,849	5,043	36,805			7.00
8.00	INTENSIVE CARE UNIT	674	715	4,782			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	3,301	5,006			8.01
9.00	CORONARY CARE UNIT	498	749	4,509			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		411	2,575			13.00
14.00	Total (see instructions)	8,021	10,219	53,677	105.93	1,361.42	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	487	901	5,707	0.00	41.17	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	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	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)				105.93	1,402.59	27.00
28.00	Observation Bed Days		2,496	5,286			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	551	594			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: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,303	2,211	9,642	1.00
2.00 HMO and other (see instructions)			865	4,915		2.00
3.00 HMO IPF Subprovider				916		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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 BURN INTENSIVE CARE UNIT						10.01
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	1,303	2,211	9,642	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	94	180	1,181	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	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	105,022,134	-10,084,412	94,937,722	2,917,397.00	32.54
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,364,252	-836,850	5,527,402	194,499.00	28.42
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,075,548	-169,911	2,905,637	99,794.00	29.12
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,732,088	0	1,732,088	28,370.00	61.05
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,470,737	0	1,470,737	4,160.00	353.54
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,564,079	0	13,564,079	280,555.00	48.35
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,214,095	0	15,214,095		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		740,529	0	740,529		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		972,137	0	972,137		
25.50	Home office wage-related (core)		2,737,934	0	2,737,934		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	113,020	500	113,520	3,630.00	31.27	26.00
27.00	Administrative & General	5.00	8,020,010	-491,756	7,528,254	204,693.00	36.78	27.00
28.00	Administrative & General under contract (see inst.)		122,725	0	122,725	599.00	204.88	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,225,147	0	2,225,147	68,425.00	32.52	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,655,134	0	2,655,134	160,134.00	16.58	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,188,830	-875,532	1,313,298	92,703.00	14.17	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	875,532	875,532	60,998.00	14.35	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,848,551	0	1,848,551	47,577.00	38.85	38.00
39.00	Central Services and Supply	14.00	529,804	0	529,804	27,746.00	19.09	39.00
40.00	Pharmacy	15.00	4,320,354	-95,068	4,225,286	96,035.00	44.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	33,715	0	33,715	1,756.00	19.20	42.00
43.00	Other General Service	18.00	0	273,489	273,489	12,366.00	22.12	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/1/2021 12:39 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,780,607	-9,247,562	89,533,045	2,723,497.00	32.87	1.00
2.00	Excluded area salaries (see instructions)	3,075,548	-169,911	2,905,637	99,794.00	29.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	95,705,059	-9,077,651	86,627,408	2,623,703.00	33.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,766,904	0	16,766,904	313,085.00	53.55	4.00
5.00	Subtotal wage-related costs (see inst.)	17,952,029	0	17,952,029	0.00	20.72	5.00
6.00	Total (sum of lines 3 thru 5)	130,423,992	-9,077,651	121,346,341	2,936,788.00	41.32	6.00
7.00	Total overhead cost (see instructions)	22,057,290	-312,835	21,744,455	776,662.00	28.00	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
1/1/2021 12:39 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	738,755	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	5,831,620	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,424,607	9.00
10.00	Dental, Hearing and Vision Plan	130,133	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	275,923	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,223,888	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	604,980	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,696,815	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,926,721	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,732,088	16,926,721	1.00
2.00	Hospital	1,732,088	16,926,721	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-5

Date/Time Prepared:
1/1/2021 12:39 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	78	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00	0.00	0.00	3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	314	0					5.00	
6.00	Number of stations	11	0	0		0		6.00	
7.00	Treatment capacity per day per station	4	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0	11.00	
12.00	Number of patients transplanted during the cost reporting period						0	12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)			0	0	0	0	22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-5

Date/Time Prepared:
1/1/2021 12:39 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-10

Date/Time Prepared:
1/1/2021 12:39 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.170709	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		180,146,035	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		631,847,930	6.00
7.00	Medicaid cost (line 1 times line 6)		107,862,128	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	101,837,425	3,561,304	105,398,729
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,384,565	3,561,304	20,945,869
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	17,384,565	3,561,304	20,945,869
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		28,932,761	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,094,707	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,684,165	27.01
28.00	Non-Medicare bad debt expense (see instructions)		27,248,596	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,241,039	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		26,186,908	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,186,908	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet A Date/Time Prepared: 1/1/2021 12:39 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		3,560,581	3,560,581	1,991,625	5,552,206	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,828,886	4,828,886	1,295,853	6,124,739	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	113,020	16,689,173	16,802,193	0	16,802,193	4.00	
5.01	00540	NONPATIENT TELEPHONES	326,787	-971	325,816	0	325,816	5.01	
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	7,934	61,118	69,052	-3,082	65,970	5.03	
5.04	00570	ADMITTING	1,298,765	54,219	1,352,984	-492,756	860,228	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,386,524	62,639,440	69,025,964	744,513	69,770,477	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	2,225,147	11,190,142	13,415,289	-207,726	13,207,563	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,210,593	1,210,593	0	1,210,593	8.00	
9.00	00900	HOUSEKEEPING	2,655,134	1,793,797	4,448,931	-68,899	4,380,032	9.00	
10.00	01000	DIETARY	2,188,830	3,039,101	5,227,931	-3,088,605	2,139,326	10.00	
11.00	01100	CAFETERIA	0	0	0	3,088,605	3,088,605	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,848,551	1,038,696	2,887,247	0	2,887,247	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	529,804	174,516	704,320	-106,965	597,355	14.00	
15.00	01500	PHARMACY	4,320,354	12,290,370	16,610,724	-11,818,266	4,792,458	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	33,715	18,976	52,691	0	52,691	17.00	
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00	
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	273,489	273,489	18.01	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,364,252	744,211	7,108,463	-387,732	6,720,731	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	387,732	387,732	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
23.02	02302	PHARMACY RESIDENCY PROGRAM	243,394	16,391	259,785	103,756	363,541	23.02	
23.04	02304	MEDICAL STUDENT EDUCATION	0	1,910,981	1,910,981	0	1,910,981	23.04	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	22,589,510	5,631,481	28,220,991	-1,092,421	27,128,570	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,541,539	551,432	4,092,971	-438,331	3,654,640	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,572,051	248,085	3,820,136	-939,707	2,880,429	31.01	
32.00	03200	CORONARY CARE UNIT	3,509,026	652,989	4,162,015	-521,978	3,640,037	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	2,832,154	691,067	3,523,221	-10,739	3,512,482	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	391	391	781,313	781,704	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,486,304	13,020,408	21,506,712	-8,177,473	13,329,239	50.00	
51.00	05100	RECOVERY ROOM	1,112,222	84,337	1,196,559	-48,373	1,148,186	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,346,805	609,280	3,956,085	-306,987	3,649,098	52.00	
53.00	05300	ANESTHESIOLOGY	517,293	3,595,214	4,112,507	-323,343	3,789,164	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,914,931	1,054,017	5,968,948	-565,740	5,403,208	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	506,513	394,026	900,539	-920	899,619	55.00	
56.00	05600	RADIOISOTOPE	175,616	180,481	356,097	0	356,097	56.00	
57.00	05700	CT SCAN	790,460	185,921	976,381	-78,449	897,932	57.00	
58.00	05800	MRI	314,610	124,429	439,039	-37,889	401,150	58.00	
59.00	05900	CARDIAC CATHETERIZATION	532,506	1,249,193	1,781,699	-884,623	897,076	59.00	
60.00	06000	LABORATORY	1,443,992	10,956,721	12,400,713	-17,725	12,382,988	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,962	1,600,043	1,712,005	0	1,712,005	62.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	2,367,920	912,640	3,280,560	-1,138,899	2,141,661	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	247,442	247,442	65.01	
66.00	06600	PHYSICAL THERAPY	375,697	19,023	394,720	-14,960	379,760	66.00	
67.00	06700	OCCUPATIONAL THERAPY	299,954	430	300,384	0	300,384	67.00	
68.00	06800	SPEECH PATHOLOGY	183,292	2,104	185,396	0	185,396	68.00	
69.00	06900	ELECTROCARDIOLOGY	728,006	1,643,904	2,371,910	-1,064,368	1,307,542	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	299,657	21,050	320,707	-16,778	303,929	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,490,013	9,490,013	71.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,756,061	5,756,061	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,576,255	17,576,255	73.00
74.00	07400	RENAL DIALYSIS	1,441,596	1,176,063	2,617,659	-266,684	2,350,975	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,114,080	6,418,652	7,532,732	-6,024,433	1,508,299	90.01
90.02	04951	MSH SPECIALTY CLINIC	395,508	35,407	430,915	0	430,915	90.02
90.03	04952	UNDER THE RAINBOW	1,041,682	20,675	1,062,357	0	1,062,357	90.03
90.04	09002	SPASTICITY CLINIC	66,473	182,421	248,894	-152,037	96,857	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,020,763	144,768	1,165,531	0	1,165,531	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	218,921	40,829	259,750	0	259,750	90.06
91.00	09100	EMERGENCY	8,628,880	1,630,047	10,258,927	-638,983	9,619,944	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		2,800,786	2,800,786	-2,800,786	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,022,134	177,138,534	282,160,668	0	282,160,668	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	16	16	0	16	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	105,022,134	177,138,550	282,160,684	0	282,160,684	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/1/2021 12:39 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	-1,084,579	4,467,627	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,124,739	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	303,375	17,105,568	4.00
5.01	00540	NONPATIENT TELEPHONES	-100,000	225,816	5.01
5.02	00550	DATA PROCESSING	6,310,764	6,310,764	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,761,384	1,827,354	5.03
5.04	00570	ADMITTING	0	860,228	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,428,255	13,428,255	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-42,987,747	26,782,730	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,677,473	11,530,090	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,210,593	8.00
9.00	00900	HOUSEKEEPING	0	4,380,032	9.00
10.00	01000	DIETARY	0	2,139,326	10.00
11.00	01100	CAFETERIA	-1,568,309	1,520,296	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-488,692	2,398,555	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	597,355	14.00
15.00	01500	PHARMACY	-33,620	4,758,838	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,062	-1,062	16.00
17.00	01700	SOCIAL SERVICE	0	52,691	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	273,489	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-623,063	6,097,668	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	387,732	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	363,541	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-1,910,981	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,216,207	20,912,363	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,654,640	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,880,429	31.01
32.00	03200	CORONARY CARE UNIT	0	3,640,037	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-854,810	2,657,672	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	781,704	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,219,110	8,110,129	50.00
51.00	05100	RECOVERY ROOM	0	1,148,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,649,098	52.00
53.00	05300	ANESTHESIOLOGY	-3,651,540	137,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-470,583	4,932,625	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-151,681	747,938	55.00
56.00	05600	RADIOISOTOPE	0	356,097	56.00
57.00	05700	CT SCAN	0	897,932	57.00
58.00	05800	MRI	0	401,150	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	897,076	59.00
60.00	06000	LABORATORY	-779,393	11,603,595	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,712,005	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,141,661	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	247,442	65.01
66.00	06600	PHYSICAL THERAPY	0	379,760	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	300,384	67.00
68.00	06800	SPEECH PATHOLOGY	0	185,396	68.00
69.00	06900	ELECTROCARDIOLOGY	-429,541	878,001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	303,929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-585,750	8,904,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-537,667	5,218,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-9,293,390	8,282,865	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
74.00	07400	RENAL DIALYSIS	-158	2,350,817	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
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
90.01	04950	OUTPATIENT CHEMOTHERAPY	-225,299	1,283,000	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	430,915	90.02
90.03	04952	UNDER THE RAINBOW	-40,225	1,022,132	90.03
90.04	09002	SPASTICITY CLINIC	0	96,857	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	1,165,531	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	259,750	90.06
91.00	09100	EMERGENCY	-2,737,801	6,882,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-59,864,903	222,295,765	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	16	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-59,864,903	222,295,781	200.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/1/2021 12:39 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NURSERY COSTS					
1.00	NURSERY	43.00	730,756	50,752		1.00
	TOTALS		730,756	50,752		
	C - THORACIC MED SALRARY RECLASS					
1.00	PULMONARY FUNCTION TESTING	65.01	247,442	0		1.00
	TOTALS		247,442	0		
	D - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,838,500		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	962,286		2.00
	TOTALS		0	2,800,786		
	E - MEDICAL SUPPLY & IMPL DEVICES RECLAS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,490,013		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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,756,061		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	15,246,074		
	F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,576,255		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	17,576,255		
	G - EQUIPMENT RENTAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,295,853		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
	TOTALS		0	1,295,853		
	H - ER REGISTRATION RECLASS					
1.00	EMERGENCY	91.00	219,267	0		1.00
	TOTALS		219,267	0		

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/1/2021 12:39 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	155,868		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	155,868		
	J - O/P REGISTRATION RECLASS					
1.00	OUTPATIENT ACCOUNTING	18.01	273,489	0		1.00
	TOTALS		273,489	0		
	K - NURSING CONTINUITY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,000	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	1,500	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	500	0		4.00
5.00	OPERATING ROOM	50.00	10,000	0		5.00
6.00	RENAL DIALYSIS	74.00	500	0		6.00
7.00	EMERGENCY	91.00	1,000	0		7.00
	TOTALS		15,000	0		
	M - DIETARY / CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	875,532	0		1.00
2.00	CAFETERIA	11.00	0	2,213,073		2.00
	TOTALS		875,532	2,213,073		
	N - PHARMACY RESIDENCY RECLASS					
1.00	PHARMACY RESIDENCY PROGRAM	23.02	95,068	0		1.00
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	5,945		2.00
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743		3.00
	TOTALS		95,068	8,688		
	O - RECLASS SINAI HLTH SYS EXPENSES					
1.00	ADULTS & PEDIATRICS	30.00	0	3,448,647		1.00
2.00	SUBPROVIDER - IPF	40.00	0	264,979		2.00
3.00	OPERATING ROOM	50.00	0	1,798,480		3.00
4.00	ANESTHESIOLOGY	53.00	0	482,293		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	468,251		5.00
6.00	LABORATORY	60.00	0	363,706		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	86,137		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	449,118		8.00
9.00	EMERGENCY	91.00	0	2,737,801		9.00
	TOTALS		0	10,099,412		
	S - RENAL DIALYSIS PHYSICIAN RCL					
1.00	RENAL DIALYSIS	74.00	62,741	0		1.00
	TOTALS		62,741	0		
	T - RESIDENCY PROGRAM COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	387,732	0		1.00
	TOTALS		387,732	0		
500.00	Grand Total: Increases		2,907,027	49,446,761		500.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/1/2021 12:39 pm

	Decreases						1/1/2021 12:39 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY COSTS						
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	730,756	50,752	0		1.00
	TOTALS		730,756	50,752			
	C - THORACIC MED SALARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	247,442	0	0		1.00
	TOTALS		247,442	0			
	D - INTEREST EXPENSE RECLASS						
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	2,800,786	0		2.00
	TOTALS		0	2,800,786			
	E - MEDICAL SUPPLY & IMPL DEVICES RECLAS						
1.00	ADULTS & PEDIATRICS	30.00	0	991,989	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	384,237	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	158,199	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	491,950	0		4.00
5.00	NURSERY	43.00	0	195	0		5.00
6.00	OPERATING ROOM	50.00	0	3,916,411	0		6.00
7.00	RECOVERY ROOM	51.00	0	47,831	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	306,770	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	323,343	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	470,388	0		10.00
11.00	MRI	58.00	0	37,889	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	250,496	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	461,754	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	28,026	0		14.00
15.00	EMERGENCY	91.00	0	858,250	0		15.00
16.00	OUTPATIENT CHEMOTHERAPY	90.01	0	165,431	0		16.00
17.00	RENAL DIALYSIS	74.00	0	325,203	0		17.00
18.00	CT SCAN	57.00	0	77,440	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	18,119	0		19.00
20.00	OPERATING ROOM	50.00	0	3,973,621	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	93,852	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	634,127	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,036,342	0		23.00
24.00	SPASTICITY CLINIC	90.04	0	152,037	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,475	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	14,960	0		26.00
27.00	SUBPROVIDER - IPF	40.00	0	10,739	0		27.00
	TOTALS		0	15,246,074			
	F - PHARMACY RECLASS						
1.00		0.00	0	0	0		1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	5,859,002	0		2.00
3.00	PHARMACY	15.00	0	11,717,253	0		3.00
	TOTALS		0	17,576,255			
	G - EQUIPMENT RENTAL RECLASS						
1.00		0.00	0	0	14		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	3,082	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	61,905	0		3.00
4.00	OPERATION OF PLANT	7.00	0	207,726	0		4.00
5.00	HOUSEKEEPING	9.00	0	68,899	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	106,965	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	37,691	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	35,975	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	30,028	0		9.00
10.00	OPERATING ROOM	50.00	0	287,441	0		10.00
11.00	RECOVERY ROOM	51.00	0	542	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	217	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,500	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	920	0		14.00
15.00	CT SCAN	57.00	0	1,009	0		15.00
16.00	LABORATORY	60.00	0	17,725	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	429,703	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	303	0		18.00
19.00	RENAL DIALYSIS	74.00	0	4,222	0		19.00
	TOTALS		0	1,295,853			
	H - ER REGISTRATION RECLASS						
1.00	ADMITTING	5.04	219,267	0	0		1.00
	TOTALS		219,267	0			
	I - INSURANCE RECLASS						
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	155,868	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/1/2021 12:39 pm

	Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	155,868			
	J - O/P REGISTRATION RECLASS						
1.00	ADMITTING	5.04	273,489	0	0		1.00
	TOTALS		273,489	0			
	K - NURSING CONTINUITY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	500	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,000	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,500	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	500	0		4.00
5.00	OPERATING ROOM	50.00	0	10,000	0		5.00
6.00	RENAL DIALYSIS	74.00	0	500	0		6.00
7.00	EMERGENCY	91.00	0	1,000	0		7.00
	TOTALS		0	15,000			
	M - DIETARY / CAFETERIA RECLASS						
1.00	DIETARY	10.00	875,532	0	0		1.00
2.00	DIETARY	10.00	0	2,213,073	0		2.00
	TOTALS		875,532	2,213,073			
	N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY	15.00	95,068	0	0		1.00
2.00	PHARMACY	15.00	0	5,945	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,743	9		3.00
	TOTALS		95,068	8,688			
	O - RECLASS SINAI HLTH SYS EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	3,448,647	0	0		1.00
2.00	SUBPROVIDER - IPF	40.00	264,979	0	0		2.00
3.00	OPERATING ROOM	50.00	1,798,480	0	0		3.00
4.00	ANESTHESIOLOGY	53.00	482,293	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	468,251	0	0		5.00
6.00	LABORATORY	60.00	363,706	0	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	86,137	0	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	449,118	0	9		8.00
9.00	EMERGENCY	91.00	2,737,801	0	0		9.00
	TOTALS		10,099,412	0			
	S - RENAL DIALYSIS PHYSICIAN RCL						
1.00	ADULTS & PEDIATRICS	30.00	62,741	0	0		1.00
	TOTALS		62,741	0			
	T - RESIDENCY PROGRAM COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	387,732	0	0		1.00
	TOTALS		387,732	0			
500.00	Grand Total: Decreases		12,991,439	39,362,349			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/1/2021 12:39 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	1,725,650	0	0	0	0	1.00	
2.00	Land Improvements	2,922,248	0	0	0	0	2.00	
3.00	Buildings and Fixtures	165,798,461	5,161,084	0	5,161,084	847,031	3.00	
4.00	Building Improvements	2,776,976	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	99,616,197	2,895,955	0	2,895,955	7,416,025	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	272,839,532	8,057,039	0	8,057,039	8,263,056	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	272,839,532	8,057,039	0	8,057,039	8,263,056	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0				1.00	
2.00	Land Improvements	2,922,248	0				2.00	
3.00	Buildings and Fixtures	170,112,514	0				3.00	
4.00	Building Improvements	2,776,976	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	95,096,127	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	272,633,515	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	272,633,515	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/1/2021 12:39 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	3,560,581	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,828,886	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,389,467	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,560,581				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,828,886				2.00
3.00	Total (sum of lines 1-2)	0	8,389,467				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/1/2021 12:39 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	4,942,706	0	4,942,706	0.331453	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,969,550	0	9,969,550	0.668547	0	2.00
3.00	Total (sum of lines 1-2)	14,912,256	0	14,912,256	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	2,935,902	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,828,886	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,764,788	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,375,857	155,868	0	0	4,467,627	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,295,853	6,124,739	2.00
3.00	Total (sum of lines 1-2)	1,375,857	155,868	0	1,295,853	10,592,366	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/1/2021 12:39 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-4,967	0OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,936,996			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	550,240			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	OP BEHAVIORAL HEALTH A8-1	B		0MSH OP BEHAVIORAL HEALTH	90.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/1/2021 12:39 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 PATHOLOGY OTHER REVENUE	B	-12,750	LABORATORY	60.00	0	33.01
33.02 CHEMISTRY ICT HCH A/C 4498 A8-1	B	0	LABORATORY	60.00	0	33.02
33.03 HEMATOLOGY ICT A8-1	B	0	LABORATORY	60.00	0	33.03
33.04 EMPLOYEE BENE OOR A8-1	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 OP MED ONCOLOGY 340 B	B	-3,243,263	DRUGS CHARGED TO PATIENTS	73.00	0	33.05
33.07 BLOOD BANK OTHER OPER A/C 4498 A8-1	B	0	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.07
33.08 OTHER OPER. - SRH A/C 4320 A8-1	B	-2,332	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09 IMAGING OTHER OPER REV A8-1	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10 NURSING ADMIN OTH OPER REV A8-1	B	-2,850	NURSING ADMINISTRATION	13.00	0	33.10
33.12 MED EDUC OTHER OPER REV 4472 A8-1	B	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.12
33.13 TRANSPORTATION REVENUE	B	-150,000	OPERATION OF PLANT	7.00	0	33.13
33.14 PARKING LOT REVENUE	B	-581,625	OPERATION OF PLANT	7.00	0	33.14
33.18 PHARMACY OTHER OPER A/C 4499 A8-1	B	-33,620	PHARMACY	15.00	0	33.18
33.19 PHARMACY OTHER OPER A/C 4463 A8-1	B	-5,979,224	DRUGS CHARGED TO PATIENTS	73.00	0	33.19
33.20 PHARMACY OTHER OPER A/C 4462 A8-1	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	33.20
33.21 UNDER THE RAINBOW A8-1	B	-40,225	UNDER THE RAINBOW	90.03	0	33.21
33.26 MEDICAL RECORDS A/C 4452 A8-1	B	-1,062	MEDICAL RECORDS & LIBRARY	16.00	0	33.26
33.29 CAFETERIA MISC A/C 4402 A8-1	B	-1,568,309	CAFETERIA	11.00	0	33.29
33.30 GEN OTH OPR REV A/C 4499 A8-1	B	-698,526	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.30
33.32 OP PHARMACY OTH OPR REV A8-1	B	0	PHARMACY	15.00	0	33.32
33.33 MEDICAID TAX ASSESSMENT	A	-16,806,456	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.33
33.34 RNTL OTHER A/C 4414 A8-1	B	-615,876	CAP REL COSTS-BLDG & FIXT	1.00	9	33.34
33.35 RENTAL ICT A/C 4416 A8-1	B	0	OPERATION OF PLANT	7.00	0	33.35
33.36 OTHER OPER REV 4449 A8-2	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.36
33.37 PREMIER PURCH A8-2	B	-585,750	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.37
33.38 PREMIER PURCH A8-2	B	-537,667	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.38
33.39 ADM OTH OPR A/C 4499 A8-2	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.39
33.40 CAPITAL EQUIPMENT A8-2	B	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.40
33.43 REAL ESTATE TAXES A8-5	A	-15,488	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.43
33.44 ACCELERATED DEPR A8-6	A	1,941	CAP REL COSTS-BLDG & FIXT	1.00	9	33.44
33.45 CAREMARK REBATE A8-2	B	-70,903	DRUGS CHARGED TO PATIENTS	73.00	0	33.45
33.46 SATELLITE DEPR EXP A8-7	A	-3,274	CAP REL COSTS-BLDG & FIXT	1.00	9	33.46
33.47 SELF INS EXP A8-9	A	-2,766,140	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.47
33.48 INVESTMENT INC INTEREST A8-11	B	-462,643	CAP REL COSTS-BLDG & FIXT	1.00	11	33.48
33.49 INVESTMENT INC INTEREST A8-11	B	-701,559	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.49
33.50 PATIENT TRANSPORTATION A8-17	B	-49,155	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.50
33.51 TELEPHONE OFFSET A8-14	A	-100,000	NONPATIENT TELEPHONES	5.01	0	33.51
33.52 UNEMPLOYMENT INS A8-16	A	303,375	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.52
33.53 PATIENT TRANSPORTATION A8-17	A	-945,419	OPERATION OF PLANT	7.00	0	33.53
33.56 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.56
33.57 PARKING FAC REV OFFSET A8-24	A	-4,727	CAP REL COSTS-BLDG & FIXT	1.00	9	33.57
33.58 PARKING FAC REV OOFSET A8-24	B	-429	OPERATION OF PLANT	7.00	0	33.58
33.59 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.59
33.60 NURSE ANESTHETISTS OFFSET A8-27	A	-1,887,139	ANESTHESIOLOGY	53.00	0	33.60
33.61 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.61
33.62 MARKETING OFFSET A8-28	A	-200,444	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.62

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/1/2021 12:39 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	
33.63	GOVERNMENTAL LOBBYIST EXP A8-31	A	-156,900	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.63
33.64	LOBBYING EXPENSE OFFSET A8-32	A	-23,329	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.64
33.70	ACLS FEE OFFSET A8-18	B	-5,582	NURSING ADMINISTRATION	13.00	0	33.70
33.87	MEDICAL STUDENT REVENT OFFSET A8 - 3	B	-623,009	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.87
33.88	MEDICAL STUDENT COST OFFSET A8-3	A	-1,902,821	MEDICAL STUDENT EDUCATION	23.04	0	33.88
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-59,864,903				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
1/1/2021 12:39 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	0.00			0	0	1.00
2.00	5.05	CASHIERING/ACCOUNTS RECEIVAB	SALARY AND OTHER	13,428,255	0	2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	6,310,764	0	3.00
4.00	5.03	PURCHASING RECEIVING AND STO	SALARY AND OTHER	1,761,384	0	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	SALARY AND OTHER	16,815,698	37,744,004	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	21.00	I&R SERVICES-SALARY & FRINGE	SALARY AND OTHER	4,000	4,054	4.04
4.05	23.04	MEDICAL STUDENT EDUCATION	SALARY AND OTHER	600,000	608,160	4.05
4.06	30.00	ADULTS & PEDIATRICS	SALARY AND OTHER	976,751	990,035	4.06
4.07	74.00	RENAL DIALYSIS	SALARY AND OTHER	11,616	11,774	4.07
4.08	90.01	OUTPATIENT CHEMOTHERAPY	SALARY AND OTHER	14,766	14,967	4.08
4.10	0.00			0	0	4.10
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			39,923,234	39,372,994	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	E	SINAI HLTH SYS	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
1/1/2021 12:39 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	9		1.00
2.00	13,428,255	0		2.00
3.00	6,310,764	0		3.00
4.00	1,761,384	0		4.00
4.01	-20,928,306	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	-54	0		4.04
4.05	-8,160	0		4.05
4.06	-13,284	0		4.06
4.07	-158	0		4.07
4.08	-201	0		4.08
4.10	0	0		4.10
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	550,240			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
1/1/2021 12:39 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	30.00	ADULTS & PEDIATRICS	6,202,923	6,202,923	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	854,810	854,810	0	0	0	2.00
3.00	50.00	OPERATING ROOM	5,219,110	5,219,110	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,764,401	1,764,401	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	468,251	468,251	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	151,681	151,681	0	0	0	6.00
7.00	60.00	LABORATORY	766,643	766,643	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	429,541	429,541	0	0	0	8.00
9.00	90.01	OUTPATIENT CHEMOTHERAPY	225,098	225,098	0	0	0	9.00
10.00	91.00	EMERGENCY	2,737,801	2,737,801	0	0	0	10.00
11.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	813,477	0	813,477	177,000	2,080	11.00
12.00	13.00	NURSING ADMINISTRATION	657,260	0	657,260	177,000	2,080	12.00
200.00			20,290,996	18,820,259	1,470,737		4,160	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.01	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	177,000	8,850	0	0	0	11.00
12.00	13.00	NURSING ADMINISTRATION	177,000	8,850	0	0	0	12.00
200.00			354,000	17,700	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	6,202,923		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	854,810		2.00
3.00	50.00	OPERATING ROOM	0	0	0	5,219,110		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	1,764,401		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	468,251		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	151,681		6.00
7.00	60.00	LABORATORY	0	0	0	766,643		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	429,541		8.00
9.00	90.01	OUTPATIENT CHEMOTHERAPY	0	0	0	225,098		9.00
10.00	91.00	EMERGENCY	0	0	0	2,737,801		10.00
11.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	177,000	636,477	636,477		11.00
12.00	13.00	NURSING ADMINISTRATION	0	177,000	480,260	480,260		12.00
200.00			0	354,000	1,116,737	19,936,996		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			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	4,467,627	4,467,627			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,124,739	6,124,739			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,105,568	25,896	35,501	17,166,965	4.00
5.01	00540	NONPATIENT TELEPHONES	225,816	4,689	6,428	59,162	5.01
5.02	00550	DATA PROCESSING	6,310,764	36,943	50,646	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,827,354	65,349	89,587	1,436	5.03
5.04	00570	ADMITTING	860,228	11,770	16,135	145,920	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,428,255	18,554	25,436	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	26,782,730	409,983	562,052	1,156,397	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	170,174	233,294	0	6.00
7.00	00700	OPERATION OF PLANT	11,530,090	72,998	100,074	402,841	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,210,593	127,429	174,695	0	8.00
9.00	00900	HOUSEKEEPING	4,380,032	8,336	11,428	480,685	9.00
10.00	01000	DIETARY	2,139,326	28,643	39,267	237,759	10.00
11.00	01100	CAFETERIA	1,520,296	210,030	287,933	158,506	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,398,555	82,648	113,303	334,662	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	597,355	245,161	336,095	95,916	14.00
15.00	01500	PHARMACY	4,758,838	33,237	45,565	764,946	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,062	42,544	58,324	0	16.00
17.00	01700	SOCIAL SERVICE	52,691	25,067	34,364	6,104	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	273,489	51,708	70,888	49,512	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,097,668	0	0	1,000,681	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	387,732	43,645	59,833	70,195	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	363,541	1,078	1,477	61,275	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,912,363	1,136,959	1,558,682	3,454,166	30.00
31.00	03100	INTENSIVE CARE UNIT	3,654,640	65,609	89,945	641,160	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,880,429	20,958	28,732	514,479	31.01
32.00	03200	CORONARY CARE UNIT	3,640,037	75,709	103,791	635,274	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,657,672	129,028	176,886	464,761	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	781,704	16,541	22,677	132,296	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,110,129	303,536	416,122	1,212,574	50.00
51.00	05100	RECOVERY ROOM	1,148,186	14,860	20,372	201,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,649,098	70,263	96,324	605,906	52.00
53.00	05300	ANESTHESIOLOGY	137,624	20,662	28,326	6,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,932,625	180,677	247,693	805,027	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	747,938	42,248	57,918	91,699	55.00
56.00	05600	RADIOISOTOPE	356,097	28,110	38,536	31,794	56.00
57.00	05700	CT SCAN	897,932	11,237	15,405	143,105	57.00
58.00	05800	MRI	401,150	11,912	16,330	56,957	58.00
59.00	05900	CARDIAC CATHETERIZATION	897,076	24,487	33,569	96,405	59.00
60.00	06000	LABORATORY	11,603,595	277,581	380,540	195,575	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,712,005	9,484	13,002	20,270	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,141,661	27,103	37,156	383,891	65.00
65.01	03560	PULMONARY FUNCTION TESTING	247,442	15,168	20,794	44,797	65.01
66.00	06600	PHYSICAL THERAPY	379,760	30,738	42,140	68,016	66.00
67.00	06700	OCCUPATIONAL THERAPY	300,384	35,901	49,217	54,304	67.00
68.00	06800	SPEECH PATHOLOGY	185,396	8,206	11,249	33,183	68.00
69.00	06900	ELECTROCARDIOLOGY	878,001	44,035	60,369	116,204	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP			
70.00	07000	ELECTROENCEPHALOGRAPHY	303,929	14,671	20,112	54,250	3,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,904,263	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,218,394	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,282,865	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,350,817	15,192	20,826	272,436	2,042	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,283,000	0	0	201,693	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	430,915	0	0	71,603	0	90.02
90.03	04952	UNDER THE RAINBOW	1,022,132	0	0	188,586	8,508	90.03
90.04	09002	SPASTICITY CLINIC	96,857	0	0	12,034	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,165,531	0	0	184,799	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	259,750	0	0	39,633	0	90.06
91.00	09100	EMERGENCY	6,882,143	74,004	101,453	1,106,398	10,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	222,295,765	4,420,761	6,060,491	17,166,965	291,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	29,081	39,867	0	3,233	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	16	11,107	15,226	0	1,702	192.04
192.05	19205	DENTISTRY	0	6,678	9,155	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	222,295,781	4,467,627	6,124,739	17,166,965	296,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	6,410,265					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	400,642	2,390,324				5.03
5.04	00570	ADMITTING	333,868	1,583	1,374,609			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,135,149	0	0	14,617,604		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	534,189	41,698	0	0	29,513,255	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	411,636	6.00
7.00	00700	OPERATION OF PLANT	0	13,520	0	0	12,133,647	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	112,094	0	0	1,625,662	8.00
9.00	00900	HOUSEKEEPING	0	47,610	0	0	4,932,686	9.00
10.00	01000	DIETARY	0	14,037	0	0	2,462,946	10.00
11.00	01100	CAFETERIA	0	37,569	0	0	2,214,334	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,873	0	0	2,937,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,973	0	0	1,283,053	14.00
15.00	01500	PHARMACY	267,094	61,651	0	0	5,938,989	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	333,868	0	0	0	437,588	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	120,439	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	534,189	0	0	0	986,423	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,580	0	0	7,104,929	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	561,405	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	64	0	0	427,435	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	9	0	0	9	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	868,057	51,145	244,289	1,587,706	29,881,604	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,932	49,984	296,768	4,809,931	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	5,969	42,885	254,622	3,750,967	31.01
32.00	03200	CORONARY CARE UNIT	0	10,920	43,424	257,824	4,770,553	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	1,278	24,200	143,684	3,602,274	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	18	18,241	108,301	1,080,969	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	400,642	63,252	85,086	978,309	11,584,965	50.00
51.00	05100	RECOVERY ROOM	0	1,720	21,938	332,889	1,743,875	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,271	43,228	355,751	4,834,648	52.00
53.00	05300	ANESTHESIOLOGY	0	4,595	45,019	430,795	676,760	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	734,510	21,889	40,937	817,314	7,787,819	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	865	717	127,043	1,069,619	55.00
56.00	05600	RADIOISOTOPE	0	10,973	1,634	44,137	512,983	56.00
57.00	05700	CT SCAN	0	8,426	58,004	832,760	1,968,230	57.00
58.00	05800	MRI	0	4,524	9,498	138,461	640,364	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,220	29,381	247,949	1,352,448	59.00
60.00	06000	LABORATORY	868,057	144,453	129,461	1,942,296	15,554,831	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	134,376	12,451	92,195	1,994,634	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,118	76,117	486,834	3,155,241	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	15,634	95,368	439,373	65.01
66.00	06600	PHYSICAL THERAPY	0	77	4,918	33,351	560,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40	5,330	34,394	480,591	67.00
68.00	06800	SPEECH PATHOLOGY	0	31	3,286	24,276	266,138	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,957	28,206	338,160	1,484,825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52	875	40,450	437,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	880,489	70,216	517,079	10,372,047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	533,328	40,243	357,117	6,149,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	98,913	1,309,793	9,691,571	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
74.00	07400	RENAL DIALYSIS	0	70,493	6,413	261,834	3,000,053	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	2,121	96	78,676	1,565,586	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	3,110	12	91,731	597,371	90.02
90.03	04952	UNDER THE RAINBOW	0	690	0	23,839	1,243,755	90.03
90.04	09002	SPASTICITY CLINIC	0	2,341	0	21,819	133,051	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	1,039	0	30,724	1,382,093	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	2,350	0	6,029	307,762	90.06
91.00	09100	EMERGENCY	0	27,999	123,973	1,877,326	10,203,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,410,265	2,390,323	1,374,609	14,617,604	222,179,715	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	72,181	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	1	0	0	28,052	192.04
192.05	19205	DENTISTRY	0	0	0	0	15,833	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,410,265	2,390,324	1,374,609	14,617,604	222,295,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	29,513,255					5.06
6.00	00600	MAINTENANCE & REPAIRS	63,534	475,170				6.00
7.00	00700	OPERATION OF PLANT	1,872,756	9,314	14,015,717			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	250,911	16,258	489,148	2,381,979		8.00
9.00	00900	HOUSEKEEPING	761,330	1,064	31,998	0	5,727,078	9.00
10.00	01000	DIETARY	380,141	3,654	109,947	0	46,661	10.00
11.00	01100	CAFETERIA	341,769	26,797	806,217	0	342,158	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	453,383	10,545	317,251	0	134,641	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	198,032	31,279	941,072	0	399,390	14.00
15.00	01500	PHARMACY	916,647	4,241	127,582	0	54,146	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,539	5,428	163,307	0	69,307	16.00
17.00	01700	SOCIAL SERVICE	18,589	3,198	96,221	0	40,836	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	152,248	6,597	198,486	0	84,237	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,096,603	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	86,649	5,569	167,534	0	71,101	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	65,972	137	4,136	0	1,755	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	1	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,612,115	145,064	4,364,334	631,224	1,852,218	30.00
31.00	03100	INTENSIVE CARE UNIT	742,384	8,371	251,846	80,749	106,883	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	578,939	2,674	80,449	84,560	34,142	31.01
32.00	03200	CORONARY CARE UNIT	736,306	9,660	290,616	76,223	123,337	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	555,989	16,462	495,284	96,232	210,198	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	166,841	2,110	63,496	0	26,947	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,788,070	38,727	1,165,147	307,990	494,487	50.00
51.00	05100	RECOVERY ROOM	269,157	1,896	57,042	81,702	24,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	746,199	8,965	269,709	111,953	114,464	52.00
53.00	05300	ANESTHESIOLOGY	104,454	2,636	79,313	0	33,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,202,003	23,052	693,543	118,861	294,339	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	165,089	5,390	162,171	30,966	68,825	55.00
56.00	05600	RADIOISOTOPE	79,176	3,586	107,902	22,391	45,793	56.00
57.00	05700	CT SCAN	303,784	1,434	43,133	36,682	18,306	57.00
58.00	05800	MRI	98,836	1,520	45,724	15,959	19,405	58.00
59.00	05900	CARDIAC CATHETERIZATION	208,742	3,124	93,994	19,056	39,891	59.00
60.00	06000	LABORATORY	2,400,795	35,416	1,065,518	0	452,204	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	307,860	1,210	36,407	0	15,451	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	486,993	3,458	104,038	0	44,154	65.00
65.01	03560	PULMONARY FUNCTION TESTING	67,815	1,935	58,223	0	24,710	65.01
66.00	06600	PHYSICAL THERAPY	86,488	3,922	117,992	0	50,076	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,176	4,581	137,809	0	58,486	67.00
68.00	06800	SPEECH PATHOLOGY	41,077	1,047	31,498	0	13,368	68.00
69.00	06900	ELECTROCARDIOLOGY	229,174	5,618	169,034	27,869	71,738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,589	1,872	56,314	1,429	23,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,600,863	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	949,074	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,495,836	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	463,040	1,938	58,314	128,389	24,748	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	92,201	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	191,966	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	20,536	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	213,318	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	47,501	0	0	0	0	90.06
91.00	09100	EMERGENCY	1,574,850	9,442	284,071	509,744	120,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,495,340	469,191	13,835,820	2,381,979	5,650,730	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	11,141	3,710	111,629	0	47,375	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	4,330	1,417	42,633	0	18,094	192.04
192.05	19205	DENTISTRY	2,444	852	25,635	0	10,879	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	29,513,255	475,170	14,015,717	2,381,979	5,727,078	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,003,349					10.00
11.00	01100	CAFETERIA	0	3,731,275				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	74,753	0	3,928,059		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,572	0	0	2,897,398	14.00
15.00	01500	PHARMACY	0	154,354	0	0	86,785	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,826	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	19,903	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	333,234	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	18,389	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	4,415	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,143,732	934,473	0	1,694,358	25,111	30.00
31.00	03100	INTENSIVE CARE UNIT	274,107	120,787	0	252,113	7,338	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	97,883	0	193,531	5,107	31.01
32.00	03200	CORONARY CARE UNIT	258,382	124,345	0	255,343	5,597	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	327,128	160,618	0	251,839	99	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	25,174	0	49,773	10	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	281,611	0	445,075	45,151	50.00
51.00	05100	RECOVERY ROOM	0	41,474	0	86,203	1,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	120,426	0	220,127	1,937	52.00
53.00	05300	ANESTHESIOLOGY	0	3,232	0	0	4,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	210,603	0	0	22,592	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,556	0	0	1,004	55.00
56.00	05600	RADIOISOTOPE	0	7,832	0	0	16,410	56.00
57.00	05700	CT SCAN	0	33,170	0	0	46,418	57.00
58.00	05800	MRI	0	10,069	0	0	6,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,282	0	0	31,287	59.00
60.00	06000	LABORATORY	0	57,385	0	0	208,812	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,372	0	0	199,650	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	108,329	0	0	675	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	13,103	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,043	0	0	60	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,348	0	0	39	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,802	0	0	24,821	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,155	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,325,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	802,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	70,562	0	0	1,230	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	52,788	0	0	35	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	36,656	0	0	1,811	90.02
90.03	04952	UNDER THE RAINBOW	0	61,599	0	0	3	90.03
90.04	09002	SPASTICITY CLINIC	0	4,563	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	82,419	0	0	9	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	17,830	0	0	77	90.06
91.00	09100	EMERGENCY	0	292,340	0	479,697	24,829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,003,349	3,731,275	0	3,928,059	2,897,398	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,003,349	3,731,275	0	3,928,059	2,897,398	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,282,744					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	743,169				16.00
17.00	01700	SOCIAL SERVICE	0	0	282,109			17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	1,447,894	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,122	80,710	137,613	0	30,514	30.00
31.00	03100	INTENSIVE CARE UNIT	18,775	15,086	13,761	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	10,860	12,944	17,202	0	0	31.01
32.00	03200	CORONARY CARE UNIT	12,767	13,106	6,881	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	7,304	48,165	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	18	5,505	5,161	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,066	49,732	0	0	106,075	50.00
51.00	05100	RECOVERY ROOM	2,546	16,922	0	0	45,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,321	18,084	5,161	0	22,217	52.00
53.00	05300	ANESTHESIOLOGY	14,198	21,899	0	0	36,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	813	41,548	0	0	128,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	180	6,458	0	0	27,529	55.00
56.00	05600	RADIOISOTOPE	83	2,244	0	0	7,721	56.00
57.00	05700	CT SCAN	2,228	42,333	0	0	109,493	57.00
58.00	05800	MRI	176	7,039	0	0	18,400	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,583	12,604	0	0	16,480	59.00
60.00	06000	LABORATORY	18	98,828	0	0	263,258	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	4,687	0	0	4,096	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	832	24,748	0	0	8,395	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,848	0	0	570	65.01
66.00	06600	PHYSICAL THERAPY	0	1,695	0	0	931	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,748	0	0	617	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,234	0	0	1,069	68.00
69.00	06900	ELECTROCARDIOLOGY	409	17,190	0	0	38,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,056	0	0	7,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,285	0	0	22,462	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,154	0	0	26,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,839,415	66,583	0	0	161,987	73.00
74.00	07400	RENAL DIALYSIS	247,329	13,310	27,523	0	50,166	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	3,999	0	0	17,511	90.01
90.02	04951	MSH SPECIALTY CLINIC	4,094	4,663	0	0	20,550	90.02
90.03	04952	UNDER THE RAINBOW	0	1,212	0	0	5,345	90.03
90.04	09002	SPASTICITY CLINIC	9,969	1,109	0	0	4,892	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	1,562	0	0	6,888	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	7,610	307	0	0	1,352	90.06
91.00	09100	EMERGENCY	43,332	95,433	20,642	0	255,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,282,744	743,169	282,109	0	1,447,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,282,744	743,169	282,109	0	1,447,894	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			8,534,766			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				892,258		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM						23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	5,945,931	621,612	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	299,298	31,290	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	265,937	27,802	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	143,930	15,047	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,079,952	112,902	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	88,646	9,267	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	110,569	11,559	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	122,960	12,855	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			19.00	20.00	21.00	22.00	23.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	477,543	49,924	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	8,534,766	892,258	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	8,534,766	892,258	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	517,824					23.02
23.04	02304	MEDICAL STUDENT EDUCATION		4,425				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,773	4,425	53,280,933	-6,567,543	46,713,390	30.00
31.00	03100	INTENSIVE CARE UNIT	60,016	0	7,092,735	-330,588	6,762,147	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	25,270	0	5,188,267	-293,739	4,894,528	31.01
32.00	03200	CORONARY CARE UNIT	53,698	0	6,895,791	-158,977	6,736,814	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	5,771,592	0	5,771,592	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,426,004	0	1,426,004	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	17,521,950	-1,192,854	16,329,096	50.00
51.00	05100	RECOVERY ROOM	0	0	2,371,492	0	2,371,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,477,211	0	6,477,211	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,075,710	-97,913	977,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,523,921	0	10,523,921	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,554,787	0	1,554,787	55.00
56.00	05600	RADIOISOTOPE	0	0	806,121	0	806,121	56.00
57.00	05700	CT SCAN	0	0	2,605,211	0	2,605,211	57.00
58.00	05800	MRI	0	0	864,057	0	864,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,798,491	0	1,798,491	59.00
60.00	06000	LABORATORY	0	0	20,137,065	0	20,137,065	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,570,367	0	2,570,367	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,936,863	0	3,936,863	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	597,474	0	597,474	65.01
66.00	06600	PHYSICAL THERAPY	0	0	834,568	0	834,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	768,111	0	768,111	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	358,818	0	358,818	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,225,877	-122,128	2,103,749	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	752,948	-135,815	617,133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	13,346,869	0	13,346,869	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	7,945,506	0	7,945,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,821	0	18,372,213	0	18,372,213	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,086,602	0	4,086,602	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,639,919	0	1,639,919	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	757,346	0	757,346	90.02
90.03	04952	UNDER THE RAINBOW	0	0	1,503,880	0	1,503,880	90.03
90.04	09002	SPASTICITY CLINIC	0	0	174,120	0	174,120	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	1,686,289	0	1,686,289	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	88,341	0	470,780	0	470,780	90.06
91.00	09100	EMERGENCY	37,905	0	14,479,688	-527,467	13,952,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	517,824	4,425	221,899,576	-9,427,024	212,472,552	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	246,036	0	246,036	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	94,526	0	94,526	192.04
192.05	19205	DENTISTRY	0	0	55,643	0	55,643	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	517,824	4,425	222,295,781	-9,427,024	212,868,757	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 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	25,896	35,501	61,397	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,689	6,428	11,117	5.01
5.02	00550	DATA PROCESSING	0	36,943	50,646	87,589	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	65,349	89,587	154,936	5.03
5.04	00570	ADMITTING	0	11,770	16,135	27,905	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	18,554	25,436	43,990	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	409,983	562,052	972,035	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	170,174	233,294	403,468	6.00
7.00	00700	OPERATION OF PLANT	0	72,998	100,074	173,072	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	127,429	174,695	302,124	8.00
9.00	00900	HOUSEKEEPING	0	8,336	11,428	19,764	9.00
10.00	01000	DIETARY	0	28,643	39,267	67,910	10.00
11.00	01100	CAFETERIA	0	210,030	287,933	497,963	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	82,648	113,303	195,951	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	245,161	336,095	581,256	14.00
15.00	01500	PHARMACY	0	33,237	45,565	78,802	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	42,544	58,324	100,868	16.00
17.00	01700	SOCIAL SERVICE	0	25,067	34,364	59,431	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	51,708	70,888	122,596	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	43,645	59,833	103,478	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	1,078	1,477	2,555	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,136,959	1,558,682	2,695,641	30.00
31.00	03100	INTENSIVE CARE UNIT	0	65,609	89,945	155,554	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	20,958	28,732	49,690	31.01
32.00	03200	CORONARY CARE UNIT	0	75,709	103,791	179,500	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	129,028	176,886	305,914	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	16,541	22,677	39,218	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	303,536	416,122	719,658	50.00
51.00	05100	RECOVERY ROOM	0	14,860	20,372	35,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,263	96,324	166,587	52.00
53.00	05300	ANESTHESIOLOGY	0	20,662	28,326	48,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	180,677	247,693	428,370	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	42,248	57,918	100,166	55.00
56.00	05600	RADIOISOTOPE	0	28,110	38,536	66,646	56.00
57.00	05700	CT SCAN	0	11,237	15,405	26,642	57.00
58.00	05800	MRI	0	11,912	16,330	28,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,487	33,569	58,056	59.00
60.00	06000	LABORATORY	0	277,581	380,540	658,121	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,484	13,002	22,486	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	27,103	37,156	64,259	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	15,168	20,794	35,962	65.01
66.00	06600	PHYSICAL THERAPY	0	30,738	42,140	72,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	35,901	49,217	85,118	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,206	11,249	19,455	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,035	60,369	104,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,671	20,112	34,783	70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	15,192	20,826	36,018	974
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
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	0	0	0	0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	721
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	256
90.03	04952	UNDER THE RAINBOW	0	0	0	0	674
90.04	09002	SPASTICITY CLINIC	0	0	0	0	43
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	660
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	142
91.00	09100	EMERGENCY	0	74,004	101,453	175,457	3,954
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
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
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,420,761	6,060,491	10,481,252	61,397
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	29,081	39,867	68,948	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0
192.02	19202	DAY PSYCH	0	0	0	0	0
192.03	19203	FAMILY PLANNING	0	0	0	0	0
192.04	19204	DEVELOPMENT	0	11,107	15,226	26,333	0
192.05	19205	DENTISTRY	0	6,678	9,155	15,833	0
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	4,467,627	6,124,739	10,592,366	61,397

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	11,328					5.01
5.02	00550	DATA PROCESSING	456	88,045				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	228	5,503	160,672			5.03
5.04	00570	ADMITTING	195	4,586	106	33,313		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	391	15,590	0	0	59,971	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,003	7,337	2,803	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	312	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	540	0	909	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33	0	7,535	0	0	8.00
9.00	00900	HOUSEKEEPING	176	0	3,200	0	0	9.00
10.00	01000	DIETARY	150	0	944	0	0	10.00
11.00	01100	CAFETERIA	0	0	2,525	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	208	0	193	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	98	0	401	0	0	14.00
15.00	01500	PHARMACY	293	3,669	4,144	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	150	4,586	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	85	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	254	7,337	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	442	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	4	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	1	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,605	11,923	3,438	5,886	6,489	30.00
31.00	03100	INTENSIVE CARE UNIT	111	0	600	1,213	1,213	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	111	0	401	1,041	1,041	31.01
32.00	03200	CORONARY CARE UNIT	137	0	734	1,054	1,054	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	182	0	86	587	587	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	46	0	1	443	443	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	586	5,503	4,252	2,065	3,999	50.00
51.00	05100	RECOVERY ROOM	98	0	116	532	1,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	260	0	489	1,049	1,454	52.00
53.00	05300	ANESTHESIOLOGY	130	0	309	1,092	1,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	273	10,088	1,471	993	3,341	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	46	0	58	17	519	55.00
56.00	05600	RADIOISOTOPE	65	0	738	40	180	56.00
57.00	05700	CT SCAN	52	0	566	1,408	3,404	57.00
58.00	05800	MRI	59	0	304	230	566	58.00
59.00	05900	CARDIAC CATHETERIZATION	52	0	1,494	713	1,013	59.00
60.00	06000	LABORATORY	508	11,923	9,710	3,142	8,163	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33	0	9,032	302	377	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	52	0	75	1,847	1,990	65.00
65.01	03560	PULMONARY FUNCTION TESTING	7	0	0	379	390	65.01
66.00	06600	PHYSICAL THERAPY	52	0	5	119	136	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	0	3	129	141	67.00
68.00	06800	SPEECH PATHOLOGY	20	0	2	80	99	68.00
69.00	06900	ELECTROCARDIOLOGY	111	0	1,140	684	1,382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137	0	3	21	165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	59,186	1,704	2,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	35,849	977	1,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,400	5,353	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
74.00	07400	RENAL DIALYSIS	78	0	4,738	156	1,070	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	143	2	322	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	209	0	375	90.02
90.03	04952	UNDER THE RAINBOW	326	0	46	0	97	90.03
90.04	09002	SPASTICITY CLINIC	0	0	157	0	89	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	70	0	126	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	158	0	25	90.06
91.00	09100	EMERGENCY	391	0	1,882	3,008	7,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,139	88,045	160,672	33,313	59,971	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	124	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	65	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,328	88,045	160,672	33,313	59,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	987,311					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,125	405,905				6.00
7.00	00700	OPERATION OF PLANT	62,646	7,956	246,563			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,393	13,888	8,605	340,578		8.00
9.00	00900	HOUSEKEEPING	25,467	909	563	0	51,797	9.00
10.00	01000	DIETARY	12,716	3,122	1,934	0	422	10.00
11.00	01100	CAFETERIA	11,433	22,891	14,183	0	3,095	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,166	9,008	5,581	0	1,218	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,624	26,720	16,555	0	3,612	14.00
15.00	01500	PHARMACY	30,663	3,622	2,244	0	490	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,259	4,637	2,873	0	627	16.00
17.00	01700	SOCIAL SERVICE	622	2,732	1,693	0	369	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	5,093	5,636	3,492	0	762	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	36,683	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,899	4,757	2,947	0	643	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	2,207	117	73	0	16	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,335	123,915	76,779	90,252	16,752	30.00
31.00	03100	INTENSIVE CARE UNIT	24,834	7,151	4,430	11,546	967	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	19,366	2,284	1,415	12,091	309	31.01
32.00	03200	CORONARY CARE UNIT	24,630	8,251	5,112	10,898	1,115	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	18,599	14,063	8,713	13,759	1,901	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,581	1,803	1,117	0	244	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,813	33,082	20,497	44,037	4,472	50.00
51.00	05100	RECOVERY ROOM	9,004	1,620	1,003	11,682	219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,961	7,658	4,745	16,007	1,035	52.00
53.00	05300	ANESTHESIOLOGY	3,494	2,252	1,395	0	304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,209	19,692	12,201	16,995	2,662	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,522	4,605	2,853	4,428	622	55.00
56.00	05600	RADIOISOTOPE	2,649	3,064	1,898	3,201	414	56.00
57.00	05700	CT SCAN	10,162	1,225	759	5,245	166	57.00
58.00	05800	MRI	3,306	1,298	804	2,282	176	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,983	2,669	1,654	2,725	361	59.00
60.00	06000	LABORATORY	80,310	30,253	18,744	0	4,090	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,298	1,034	640	0	140	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,291	2,954	1,830	0	399	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,268	1,653	1,024	0	223	65.01
66.00	06600	PHYSICAL THERAPY	2,893	3,350	2,076	0	453	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,481	3,913	2,424	0	529	67.00
68.00	06800	SPEECH PATHOLOGY	1,374	894	554	0	121	68.00
69.00	06900	ELECTROCARDIOLOGY	7,666	4,799	2,974	3,985	649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,261	1,599	991	204	216	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,551	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,748	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,038	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	15,489	1,656	1,026	18,357	224	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	3,084	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	6,422	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	687	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	7,136	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,589	0	0	0	0	90.06
91.00	09100	EMERGENCY	52,681	8,066	4,997	72,884	1,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	986,711	400,798	243,398	340,578	51,107	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	373	3,169	1,964	0	428	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	145	1,210	750	0	164	192.04
192.05	19205	DENTISTRY	82	728	451	0	98	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	987,311	405,905	246,563	340,578	51,797	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	88,048					10.00
11.00	01100	CAFETERIA	0	552,656				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	11,072	0	239,593		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,602	0	0	642,211	14.00
15.00	01500	PHARMACY	0	22,862	0	0	19,236	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	419	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	2,948	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	49,357	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	2,724	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	654	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,847	138,406	0	103,348	5,566	30.00
31.00	03100	INTENSIVE CARE UNIT	8,036	17,890	0	15,378	1,627	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	14,498	0	11,804	1,132	31.01
32.00	03200	CORONARY CARE UNIT	7,575	18,417	0	15,575	1,241	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,590	23,790	0	15,361	22	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,729	0	3,036	2	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	41,711	0	27,147	10,008	50.00
51.00	05100	RECOVERY ROOM	0	6,143	0	5,258	230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,837	0	13,427	429	52.00
53.00	05300	ANESTHESIOLOGY	0	479	0	0	1,105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,193	0	0	5,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,600	0	0	223	55.00
56.00	05600	RADIOISOTOPE	0	1,160	0	0	3,637	56.00
57.00	05700	CT SCAN	0	4,913	0	0	10,289	57.00
58.00	05800	MRI	0	1,491	0	0	1,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,856	0	0	6,935	59.00
60.00	06000	LABORATORY	0	8,500	0	0	46,284	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	944	0	0	44,253	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,045	0	0	150	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,941	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,488	0	0	13	67.00
68.00	06800	SPEECH PATHOLOGY	0	496	0	0	9	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,155	0	0	5,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,689	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	293,730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	177,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	10,451	0	0	273	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	7,819	0	0	8	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	5,429	0	0	401	90.02
90.03	04952	UNDER THE RAINBOW	0	9,124	0	0	1	90.03
90.04	09002	SPASTICITY CLINIC	0	676	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	12,207	0	0	2	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	2,641	0	0	17	90.06
91.00	09100	EMERGENCY	0	43,300	0	29,259	5,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,048	552,656	0	239,593	642,211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	88,048	552,656	0	239,593	642,211	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						COST CENTER	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	168,759					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	115,835				16.00
17.00	01700	SOCIAL SERVICE	0	0	65,373			17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	148,295	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	930	12,573	31,890	0	3,129	30.00
31.00	03100	INTENSIVE CARE UNIT	435	2,350	3,189	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	252	2,016	3,986	0	0	31.01
32.00	03200	CORONARY CARE UNIT	296	2,042	1,594	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	1,138	11,161	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	858	1,196	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	511	7,747	0	0	10,877	50.00
51.00	05100	RECOVERY ROOM	59	2,636	0	0	4,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77	2,817	1,196	0	2,278	52.00
53.00	05300	ANESTHESIOLOGY	329	3,411	0	0	3,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19	6,472	0	0	13,202	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4	1,006	0	0	2,823	55.00
56.00	05600	RADIOISOTOPE	2	350	0	0	792	56.00
57.00	05700	CT SCAN	52	6,595	0	0	11,228	57.00
58.00	05800	MRI	4	1,096	0	0	1,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	37	1,963	0	0	1,690	59.00
60.00	06000	LABORATORY	0	15,463	0	0	26,818	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	730	0	0	420	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	19	3,855	0	0	861	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	755	0	0	58	65.01
66.00	06600	PHYSICAL THERAPY	0	264	0	0	95	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	272	0	0	63	67.00
68.00	06800	SPEECH PATHOLOGY	0	192	0	0	110	68.00
69.00	06900	ELECTROCARDIOLOGY	9	2,678	0	0	3,924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	320	0	0	811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,095	0	0	2,303	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			OTHER GENERAL SERVICE					
			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTER		OUTPATIENT ACCOUNTING
			15.00	16.00	17.00	18.00	18.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,828	0	0	2,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,487	10,372	0	0	16,611	73.00
74.00	07400	RENAL DIALYSIS	5,731	2,073	6,378	0	5,144	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	623	0	0	1,796	90.01
90.02	04951	MSH SPECIALTY CLINIC	95	726	0	0	2,107	90.02
90.03	04952	UNDER THE RAINBOW	0	189	0	0	548	90.03
90.04	09002	SPASTICITY CLINIC	231	173	0	0	502	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	243	0	0	706	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	176	48	0	0	139	90.06
91.00	09100	EMERGENCY	1,004	14,866	4,783	0	26,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,759	115,835	65,373	0	148,295	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	165	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	168,759	116,000	65,373	0	148,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					19.00	20.00		
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			90,058			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				114,975		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM						23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
33.01	03301	BURN INTENSIVE CARE UNIT						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19.00	20.00			23.00	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
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						90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951	MSH SPECIALTY CLINIC						90.02
90.03	04952	UNDER THE RAINBOW						90.03
90.04	09002	SPASTICITY CLINIC						90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH						90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB						90.06
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES						192.00
192.01	19201	KLING OFFICE BLDG						192.01
192.02	19202	DAY PSYCH						192.02
192.03	19203	FAMILY PLANNING						192.03
192.04	19204	DEVELOPMENT						192.04
192.05	19205	DENTISTRY						192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES						192.07
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	90,058	114,975	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	90,058	114,975	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	7,915					23.02
23.04	02304	MEDICAL STUDENT EDUCATION		655				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			3,559,093	0	3,559,093	30.00
31.00	03100	INTENSIVE CARE UNIT			258,815	0	258,815	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			123,276	0	123,276	31.01
32.00	03200	CORONARY CARE UNIT			281,495	0	281,495	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT			0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF			427,114	0	427,114	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			58,190	0	58,190	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE			0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,000,298	0	1,000,298	50.00
51.00	05100	RECOVERY ROOM			80,572	0	80,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			264,471	0	264,471	52.00
53.00	05300	ANESTHESIOLOGY			68,831	0	68,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			595,066	0	595,066	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			125,820	0	125,820	55.00
56.00	05600	RADIOISOTOPE			84,950	0	84,950	56.00
57.00	05700	CT SCAN			83,217	0	83,217	57.00
58.00	05800	MRI			43,404	0	43,404	58.00
59.00	05900	CARDIAC CATHETERIZATION			89,546	0	89,546	59.00
60.00	06000	LABORATORY			922,728	0	922,728	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			90,761	0	90,761	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.			0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY			0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY			111,999	0	111,999	65.00
65.01	03560	PULMONARY FUNCTION TESTING			42,879	0	42,879	65.01
66.00	06600	PHYSICAL THERAPY			84,505	0	84,505	66.00
67.00	06700	OCCUPATIONAL THERAPY			96,807	0	96,807	67.00
68.00	06800	SPEECH PATHOLOGY			23,525	0	23,525	68.00
69.00	06900	ELECTROCARDIOLOGY			145,477	0	145,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			44,394	0	44,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			416,682	0	416,682	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.04	24.00	25.00	26.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			253,499	0	253,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			243,261	0	243,261	73.00
74.00	07400	RENAL DIALYSIS			109,836	0	109,836	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			11,434	0	11,434	90.01
90.02	04951	MSH SPECIALTY CLINIC			12,682	0	12,682	90.02
90.03	04952	UNDER THE RAINBOW			17,427	0	17,427	90.03
90.04	09002	SPASTICITY CLINIC			2,558	0	2,558	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH			21,150	0	21,150	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB			4,935	0	4,935	90.06
91.00	09100	EMERGENCY			457,036	0	457,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	10,257,733	0	10,257,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			75,006	0	75,006	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			0	0	0	192.00
192.01	19201	KLING OFFICE BLDG			0	0	0	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			0	0	0	192.03
192.04	19204	DEVELOPMENT			28,667	0	28,667	192.04
192.05	19205	DENTISTRY			17,192	0	17,192	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	7,915	655	213,603	0	213,603	200.00
201.00		Negative Cost Centers	0	0	165	0	165	201.00
202.00		TOTAL (sum lines 118 through 201)	7,915	655	10,592,366	0	10,592,366	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	94,824,202			4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	326,787	1,740		5.01
5.02	00550	DATA PROCESSING	3,120	3,120	0	70	9,600	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	7,934	35	600	5.03
5.04	00570	ADMITTING	994	994	806,009	30	500	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	0	60	1,700	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,625	34,625	6,387,524	154	800	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	0	48	0	6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	2,225,147	83	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	5	0	8.00
9.00	00900	HOUSEKEEPING	704	704	2,655,134	27	0	9.00
10.00	01000	DIETARY	2,419	2,419	1,313,298	23	0	10.00
11.00	01100	CAFETERIA	17,738	17,738	875,532	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	1,848,551	32	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	529,804	15	0	14.00
15.00	01500	PHARMACY	2,807	2,807	4,225,286	45	400	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	0	23	500	16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	33,715	13	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	273,489	39	800	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,527,402	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,686	3,686	387,732	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	338,462	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	19,079,622	401	1,300	30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	3,541,539	17	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	2,841,795	17	0	31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	3,509,026	21	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	2,567,175	28	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,397	1,397	730,756	7	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,635	25,635	6,697,824	90	600	50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,112,222	15	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	3,346,805	40	0	52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	35,000	20	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,446,680	42	1,100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	506,513	7	0	55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	175,616	10	0	56.00
57.00	05700	CT SCAN	949	949	790,460	8	0	57.00
58.00	05800	MRI	1,006	1,006	314,610	9	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	532,506	8	0	59.00
60.00	06000	LABORATORY	23,443	23,443	1,080,286	78	1,300	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	801	801	111,962	5	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	2,120,478	8	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	247,442	1	0	65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	375,697	8	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	299,954	6	0	67.00
68.00	06800	SPEECH PATHOLOGY	693	693	183,292	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	641,869	17	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
			BLDG & FIXT (SQUARE FEET)	MBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	299,657	21	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	1,504,837	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,114,080	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	395,508	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	1,041,682	50	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	66,473	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	1,020,763	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	218,921	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	6,111,346	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,354	373,354	94,824,202	1,711	9,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	10	0	192.04
192.05	19205	DENTISTRY	564	564	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,467,627	6,124,739	17,166,965	296,095	6,410,265	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.840670	16.232558	0.181040	170.169540	667.735938	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			61,397	11,328	88,045	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000647	6.510345	9.171354	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: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	25,798,238				5.03
5.04	00570	ADMITTING	17,086	695,049,548			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,244,650,205		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	450,033	0	0	-29,513,255	191,216,940
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	411,636
7.00	00700	OPERATION OF PLANT	145,923	0	0	0	12,133,647
8.00	00800	LAUNDRY & LINEN SERVICE	1,209,803	0	0	0	1,625,662
9.00	00900	HOUSEKEEPING	513,840	0	0	0	4,932,686
10.00	01000	DIETARY	151,497	0	0	0	2,462,946
11.00	01100	CAFETERIA	405,475	0	0	0	2,214,334
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	31,010	0	0	0	2,937,486
14.00	01400	CENTRAL SERVICES & SUPPLY	64,465	0	0	0	1,283,053
15.00	01500	PHARMACY	665,385	0	0	0	5,938,989
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	437,588
17.00	01700	SOCIAL SERVICE	10	0	0	0	120,439
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	986,423
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	71,017	0	0	0	7,104,929
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	561,405
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	696	0	0	0	427,435
23.04	02304	MEDICAL STUDENT EDUCATION	94	0	0	0	9
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	551,997	123,604,012	135,192,971	0	29,881,604
31.00	03100	INTENSIVE CARE UNIT	96,405	25,269,752	25,269,752	0	4,809,931
31.01	02060	NEONATAL INTENSIVE CARE UNIT	64,425	21,681,070	21,681,070	0	3,750,967
32.00	03200	CORONARY CARE UNIT	117,853	21,953,683	21,953,683	0	4,770,553
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	13,797	12,234,695	12,234,695	0	3,602,274
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	196	9,221,816	9,221,816	0	1,080,969
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	682,663	43,016,040	83,302,837	0	11,584,965
51.00	05100	RECOVERY ROOM	18,565	11,091,243	28,345,481	0	1,743,875
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,471	21,854,328	30,292,108	0	4,834,648
53.00	05300	ANESTHESIOLOGY	49,597	22,759,779	36,682,118	0	676,760
54.00	05400	RADIOLOGY-DIAGNOSTIC	236,247	20,696,305	69,594,163	0	7,787,819
55.00	05500	RADIOLOGY-THERAPEUTIC	9,334	362,531	10,817,724	0	1,069,619
56.00	05600	RADIOISOTOPE	118,431	825,843	3,758,267	0	512,983
57.00	05700	CT SCAN	90,937	29,324,617	70,909,381	0	1,968,230
58.00	05800	MRI	48,829	4,801,699	11,789,897	0	640,364
59.00	05900	CARDIAC CATHETERIZATION	239,819	14,853,701	21,112,797	0	1,352,448
60.00	06000	LABORATORY	1,559,043	65,450,336	165,349,319	0	15,554,831
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,450,288	6,294,696	7,850,375	0	1,994,634
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	12,063	38,481,949	41,453,891	0	3,155,241
65.01	03560	PULMONARY FUNCTION TESTING	0	7,904,195	8,120,564	0	439,373
66.00	06600	PHYSICAL THERAPY	831	2,486,307	2,839,817	0	560,361
67.00	06700	OCCUPATIONAL THERAPY	430	2,694,446	2,928,645	0	480,591
68.00	06800	SPEECH PATHOLOGY	335	1,661,192	2,067,108	0	266,138
69.00	06900	ELECTROCARDIOLOGY	183,011	14,259,986	28,794,319	0	1,484,825
70.00	07000	ELECTROENCEPHALOGRAPHY	559	442,127	3,444,342	0	437,913
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,502,959	35,498,255	44,029,222	0	10,372,047
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,756,061	20,345,235	30,408,470	0	6,149,082

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,006,759	111,528,700	0	9,691,571	73.00
74.00	07400	RENAL DIALYSIS	760,807	3,242,372	22,295,155	0	3,000,053	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	22,888	48,604	6,699,225	-1,565,586	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	33,568	5,991	7,810,900	0	597,371	90.02
90.03	04952	UNDER THE RAINBOW	7,446	0	2,029,904	0	1,243,755	90.03
90.04	09002	SPASTICITY CLINIC	25,266	0	1,857,869	0	133,051	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	11,216	0	2,616,166	0	1,382,093	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	25,363	0	513,411	0	307,762	90.06
91.00	09100	EMERGENCY	302,188	62,675,984	159,854,043	0	10,203,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,798,222	695,049,548	1,244,650,205	-31,078,841	191,100,874	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	72,181	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	16	0	0	0	28,052	192.04
192.05	19205	DENTISTRY	0	0	0	0	15,833	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,390,324	1,374,609	14,617,604		29,513,255	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.092655	0.001978	0.011744		0.154344	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	160,672	33,313	59,971		987,311	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006228	0.000048	0.000048		0.005163	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: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	314,532					6.00
7.00	00700	OPERATION OF PLANT	6,165	308,367				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	10,000			8.00
9.00	00900	HOUSEKEEPING	704	704	0	296,901		9.00
10.00	01000	DIETARY	2,419	2,419	0	2,419	157,187	10.00
11.00	01100	CAFETERIA	17,738	17,738	0	17,738	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	0	6,980	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	0	20,705	0	14.00
15.00	01500	PHARMACY	2,807	2,807	0	2,807	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	0	3,593	0	16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	0	2,117	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	0	4,367	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,686	3,686	0	3,686	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	0	91	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	2,650	96,022	112,197	30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	339	5,541	14,346	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	355	1,770	0	31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	320	6,394	13,523	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	404	10,897	17,121	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,397	1,397	0	1,397	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,635	25,635	1,293	25,635	0	50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	343	1,255	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	470	5,934	0	52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	0	1,745	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	499	15,259	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	130	3,568	0	55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	94	2,374	0	56.00
57.00	05700	CT SCAN	949	949	154	949	0	57.00
58.00	05800	MRI	1,006	1,006	67	1,006	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	80	2,068	0	59.00
60.00	06000	LABORATORY	23,443	23,443	0	23,443	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	801	801	0	801	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	0	2,289	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	0	1,281	0	65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	0	2,596	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	0	3,032	0	67.00
68.00	06800	SPEECH PATHOLOGY	693	693	0	693	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	117	3,719	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	6	1,239	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	539	1,283	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	2,140	6,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,574	304,409	10,000	292,943	157,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205	DENTISTRY	564	564	0	564	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	475,170	14,015,717	2,381,979	5,727,078	3,003,349	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.510721	45.451417	238.197900	19.289521	19.106854	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	405,905	246,563	340,578	51,797	88,048	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.290505	0.799576	34.057800	0.174459	0.560148	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: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,318,282					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	46,445	0	1,063,997			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,693	0	0	20,776,916		14.00
15.00	01500	PHARMACY	95,902	0	0	622,324	18,243,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,756	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	12,366	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	207,042	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	11,425	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	2,743	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	580,597	0	458,952	180,069	100,506	30.00
31.00	03100	INTENSIVE CARE UNIT	75,046	0	68,290	52,622	47,032	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	60,816	0	52,422	36,620	27,205	31.01
32.00	03200	CORONARY CARE UNIT	77,257	0	69,165	40,138	31,982	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	99,794	0	68,216	712	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,641	0	13,482	72	46	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	174,968	0	120,558	323,770	55,275	50.00
51.00	05100	RECOVERY ROOM	25,768	0	23,350	7,435	6,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,822	0	59,626	13,888	8,320	52.00
53.00	05300	ANESTHESIOLOGY	2,008	0	0	35,762	35,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,850	0	0	162,003	2,037	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,908	0	0	7,203	450	55.00
56.00	05600	RADIOISOTOPE	4,866	0	0	117,673	208	56.00
57.00	05700	CT SCAN	20,609	0	0	332,857	5,580	57.00
58.00	05800	MRI	6,256	0	0	47,079	440	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,980	0	0	224,353	3,966	59.00
60.00	06000	LABORATORY	35,654	0	0	1,497,367	44	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,959	0	0	1,431,666	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	67,306	0	0	4,838	2,084	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	8,141	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,240	0	0	430	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,080	0	0	279	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,623	0	0	177,990	1,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,280	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,502,959	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,756,061	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,132,746	73.00
74.00	07400	RENAL DIALYSIS	43,841	0	0	8,821	619,559	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	32,798	0	0	251	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	22,775	0	0	12,988	10,255	90.02
90.03	04952	UNDER THE RAINBOW	38,272	0	0	25	0	90.03
90.04	09002	SPASTICITY CLINIC	2,835	0	0	0	24,972	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	51,208	0	0	64	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	11,078	0	0	554	19,062	90.06
91.00	09100	EMERGENCY	181,634	0	129,936	178,043	108,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,318,282	0	1,063,997	20,776,916	18,243,286	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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		Cost to be allocated (per Wkst. B, Part I)	3,731,275	0	3,928,059	2,897,398	7,282,744	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.609500	0.000000	3.691795	0.139453	0.399201	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	552,656	0	239,593	642,211	168,759	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.238390	0.000000	0.225182	0.030910	0.009250	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0	0	0	0	0	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
					COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00	18.00	18.01	19.00	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,244,650,205					16.00
17.00	01700	SOCIAL SERVICE	0	8,200				17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	549,817,036		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,192,971	4,000	0	11,588,959	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,269,752	400	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	21,681,070	500	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,953,683	200	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	12,234,695	1,400	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,221,816	150	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,302,837	0	0	40,286,797	0	50.00
51.00	05100	RECOVERY ROOM	28,345,481	0	0	17,254,238	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,292,108	150	0	8,437,781	0	52.00
53.00	05300	ANESTHESIOLOGY	36,682,118	0	0	13,922,339	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,594,163	0	0	48,897,858	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,817,724	0	0	10,455,193	0	55.00
56.00	05600	RADIOISOTOPE	3,758,267	0	0	2,932,424	0	56.00
57.00	05700	CT SCAN	70,909,381	0	0	41,584,764	0	57.00
58.00	05800	MRI	11,789,897	0	0	6,988,198	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,112,797	0	0	6,259,096	0	59.00
60.00	06000	LABORATORY	165,349,319	0	0	99,898,982	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,850,375	0	0	1,555,679	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,453,891	0	0	3,188,311	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,120,564	0	0	216,369	0	65.01
66.00	06600	PHYSICAL THERAPY	2,839,817	0	0	353,510	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,928,645	0	0	234,199	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,067,108	0	0	405,916	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,794,319	0	0	14,534,333	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,444,342	0	0	3,002,235	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

	Cost Center Description		MEDICAL RECORDS & LIBRARY (TOTAL REV)		SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
						COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENU E)		
		16.00	17.00	18.00	18.01	19.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,029,222	0	0	8,530,967	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,408,470	0	0	10,063,235	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	111,528,700	0	0	61,521,931	0	73.00	
74.00	07400	RENAL DIALYSIS	22,295,155	800	0	19,052,783	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
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	0	0	0	90.00	
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,699,225	0	0	6,650,621	0	90.01	
90.02	04951	MSH SPECIALTY CLINIC	7,810,900	0	0	7,804,909	0	90.02	
90.03	04952	UNDER THE RAINBOW	2,029,904	0	0	2,029,904	0	90.03	
90.04	09002	SPASTICITY CLINIC	1,857,869	0	0	1,857,869	0	90.04	
90.05	09001	MSH OP BEHAVIORAL HEALTH	2,616,166	0	0	2,616,166	0	90.05	
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	513,411	0	0	513,411	0	90.06	
91.00	09100	EMERGENCY	159,854,043	600	0	97,178,059	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,244,650,205	8,200	0	549,817,036	0	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01	
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02	
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03	
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04	
192.05	19205	DENTISTRY	0	0	0	0	0	192.05	
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers						201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	743,169	282,109	0	1,447,894	0	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000597	34.403537	0.000000	0.002633	0.000000	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	116,000	65,373	0	148,295	0	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000093	7.972317	0.000000	0.000270	0.000000	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (BLANK)	PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	
			NURSING SCHOOL (BLANK)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES	PRGM COSTS			
				APPRV (I/R TIME)	APPRV (I/R TIME)			
			20.00	21.00	22.00	23.00	23.02	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		8,954				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,954			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM					10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,238	6,238	0	2,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	314	314	0	1,159	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	279	279	0	488	31.01
32.00	03200	CORONARY CARE UNIT	0	151	151	0	1,037	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,133	1,133	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	93	93	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	116	116	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM (BLANK)	PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	
			NURSING SCHOOL (BLANK)	SERVICES-SALAR Y & FRINGES APPRV (I/R TIME)	SERVICES-OTHER PRGM COSTS APPRV (I/R TIME)				
				(I/R TIME)	(I/R TIME)				
			20.00	21.00	22.00		23.00	23.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129	129	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	2,256	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	1,706	90.06
91.00	09100	EMERGENCY	0	501	501	0	0	732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,954	8,954	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	8,534,766	892,258	0	0	517,824	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	953.179138	99.649095	0.000000	0.000000	51.782400	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	90,058	114,975	0	0	7,915	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	10.057851	12.840630	0.000000	0.000000	0.791500	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0	0	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		MEDICAL STUDENT EDUCATION (BLANK)	
		23.04	
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	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			MEDICAL STUDENT EDUCATION (BLANK)	
			23.04	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	90.02
90.03	04952	UNDER THE RAINBOW	0	90.03
90.04	09002	SPASTICITY CLINIC	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201	KLING OFFICE BLDG	0	192.01
192.02	19202	DAY PSYCH	0	192.02
192.03	19203	FAMILY PLANNING	0	192.03
192.04	19204	DEVELOPMENT	0	192.04
192.05	19205	DENTISTRY	0	192.05
192.07	19207	PHYSICIANS PRIVATE OFFICES	0	192.07
193.00	19300	NONPAID WORKERS	0	193.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,425	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	44.250000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	655	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.550000	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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,713,390		46,713,390	0	46,713,390	30.00
31.00	03100	INTENSIVE CARE UNIT	6,762,147		6,762,147	0	6,762,147	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,894,528		4,894,528	0	4,894,528	31.01
32.00	03200	CORONARY CARE UNIT	6,736,814		6,736,814	0	6,736,814	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,771,592		5,771,592	0	5,771,592	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,426,004		1,426,004	0	1,426,004	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,329,096		16,329,096	0	16,329,096	50.00
51.00	05100	RECOVERY ROOM	2,371,492		2,371,492	0	2,371,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,477,211		6,477,211	0	6,477,211	52.00
53.00	05300	ANESTHESIOLOGY	977,797		977,797	0	977,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,523,921		10,523,921	0	10,523,921	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,554,787		1,554,787	0	1,554,787	55.00
56.00	05600	RADIOISOTOPE	806,121		806,121	0	806,121	56.00
57.00	05700	CT SCAN	2,605,211		2,605,211	0	2,605,211	57.00
58.00	05800	MRI	864,057		864,057	0	864,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,798,491		1,798,491	0	1,798,491	59.00
60.00	06000	LABORATORY	20,137,065		20,137,065	0	20,137,065	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,570,367		2,570,367	0	2,570,367	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,936,863	0	3,936,863	0	3,936,863	65.00
65.01	03560	PULMONARY FUNCTION TESTING	597,474	0	597,474	0	597,474	65.01
66.00	06600	PHYSICAL THERAPY	834,568	0	834,568	0	834,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	768,111	0	768,111	0	768,111	67.00
68.00	06800	SPEECH PATHOLOGY	358,818	0	358,818	0	358,818	68.00
69.00	06900	ELECTROCARDIOLOGY	2,103,749		2,103,749	0	2,103,749	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,133		617,133	0	617,133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,346,869		13,346,869	0	13,346,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,945,506		7,945,506	0	7,945,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,372,213		18,372,213	0	18,372,213	73.00
74.00	07400	RENAL DIALYSIS	4,086,602		4,086,602	0	4,086,602	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,639,919		1,639,919	0	1,639,919	90.01
90.02	04951	MSH SPECIALTY CLINIC	757,346		757,346	0	757,346	90.02
90.03	04952	UNDER THE RAINBOW	1,503,880		1,503,880	0	1,503,880	90.03
90.04	09002	SPASTICITY CLINIC	174,120		174,120	0	174,120	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,686,289		1,686,289	0	1,686,289	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	470,780		470,780	0	470,780	90.06
91.00	09100	EMERGENCY	13,952,221		13,952,221	0	13,952,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,866,509		5,866,509	0	5,866,509	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 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	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	218,339,061	0	218,339,061	0	218,339,061	200.00
201.00		Less Observation Beds	5,866,509		5,866,509		5,866,509	201.00
202.00		Total (see instructions)	212,472,552	0	212,472,552	0	212,472,552	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet C Part I Date/Time Prepared: 1/1/2021 12:39 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	122,006,272		122,006,272			30.00	
31.00	03100	INTENSIVE CARE UNIT	25,269,752		25,269,752			31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	21,681,070		21,681,070			31.01	
32.00	03200	CORONARY CARE UNIT	21,953,683		21,953,683			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	12,234,695		12,234,695			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	9,221,816		9,221,816			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
46.00	04600	OTHER LONG TERM CARE	0		0			46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	43,016,040	40,286,797	83,302,837	0.196021	0.000000	50.00	
51.00	05100	RECOVERY ROOM	11,091,243	17,254,238	28,345,481	0.083664	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,854,328	8,437,781	30,292,109	0.213825	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	22,759,779	13,922,339	36,682,118	0.026656	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,696,305	48,897,858	69,594,163	0.151218	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	362,531	10,455,193	10,817,724	0.143726	0.000000	55.00	
56.00	05600	RADIOISOTOPE	825,843	2,932,424	3,758,267	0.214493	0.000000	56.00	
57.00	05700	CT SCAN	29,324,617	41,584,764	70,909,381	0.036740	0.000000	57.00	
58.00	05800	MRI	4,801,699	6,988,198	11,789,897	0.073288	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	14,853,701	6,259,096	21,112,797	0.085185	0.000000	59.00	
60.00	06000	LABORATORY	65,450,336	99,898,982	165,349,318	0.121785	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,294,696	1,555,679	7,850,375	0.327420	0.000000	62.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	38,481,949	2,971,942	41,453,891	0.094970	0.000000	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	216,369	7,904,195	8,120,564	0.073575	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	2,486,307	353,510	2,839,817	0.293881	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,694,446	234,199	2,928,645	0.262275	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,661,192	405,916	2,067,108	0.173585	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	14,259,986	14,534,333	28,794,319	0.073061	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	442,127	3,002,215	3,444,342	0.179173	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,498,255	8,530,967	44,029,222	0.303137	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,345,235	10,063,235	30,408,470	0.261293	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	50,006,769	61,521,931	111,528,700	0.164731	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	3,242,372	19,052,783	22,295,155	0.183296	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
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	0	0.000000	0.000000	90.00	
90.01	04950	OUTPATIENT CHEMOTHERAPY	48,604	6,650,621	6,699,225	0.244792	0.000000	90.01	
90.02	04951	MSH SPECIALTY CLINIC	5,991	7,804,909	7,810,900	0.096960	0.000000	90.02	
90.03	04952	UNDER THE RAINBOW	0	2,029,904	2,029,904	0.740863	0.000000	90.03	
90.04	09002	SPASTICITY CLINIC	0	1,857,869	1,857,869	0.093720	0.000000	90.04	
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	2,616,166	2,616,166	0.644565	0.000000	90.05	
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	513,411	513,411	0.916965	0.000000	90.06	
91.00	09100	EMERGENCY	62,675,984	97,178,059	159,854,043	0.087281	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,597,740	11,588,959	13,186,699	0.444881	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 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		10.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	687,361,732	557,288,473	1,244,650,205		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	687,361,732	557,288,473	1,244,650,205		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.196021			50.00
51.00	05100	RECOVERY ROOM	0.083664			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.213825			52.00
53.00	05300	ANESTHESIOLOGY	0.026656			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151218			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.143726			55.00
56.00	05600	RADIOISOTOPE	0.214493			56.00
57.00	05700	CT SCAN	0.036740			57.00
58.00	05800	MRI	0.073288			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085185			59.00
60.00	06000	LABORATORY	0.121785			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327420			62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.094970			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.073575			65.01
66.00	06600	PHYSICAL THERAPY	0.293881			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.262275			67.00
68.00	06800	SPEECH PATHOLOGY	0.173585			68.00
69.00	06900	ELECTROCARDIOLOGY	0.073061			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179173			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303137			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261293			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164731			73.00
74.00	07400	RENAL DIALYSIS	0.183296			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
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	0.000000			90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.244792			90.01
90.02	04951	MSH SPECIALTY CLINIC	0.096960			90.02
90.03	04952	UNDER THE RAINBOW	0.740863			90.03
90.04	09002	SPASTICITY CLINIC	0.093720			90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.644565			90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.916965			90.06
91.00	09100	EMERGENCY	0.087281			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.444881			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 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	46,713,390		46,713,390	0
31.00	03100	INTENSIVE CARE UNIT	6,762,147		6,762,147	0
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,894,528		4,894,528	0
32.00	03200	CORONARY CARE UNIT	6,736,814		6,736,814	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	5,771,592		5,771,592	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	1,426,004		1,426,004	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,329,096		16,329,096	0
51.00	05100	RECOVERY ROOM	2,371,492		2,371,492	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,477,211		6,477,211	0
53.00	05300	ANESTHESIOLOGY	977,797		977,797	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,523,921		10,523,921	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,554,787		1,554,787	0
56.00	05600	RADIOISOTOPE	806,121		806,121	0
57.00	05700	CT SCAN	2,605,211		2,605,211	0
58.00	05800	MRI	864,057		864,057	0
59.00	05900	CARDIAC CATHETERIZATION	1,798,491		1,798,491	0
60.00	06000	LABORATORY	20,137,065		20,137,065	0
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,570,367		2,570,367	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	3,936,863	0	3,936,863	0
65.01	03560	PULMONARY FUNCTION TESTING	597,474	0	597,474	0
66.00	06600	PHYSICAL THERAPY	834,568	0	834,568	0
67.00	06700	OCCUPATIONAL THERAPY	768,111	0	768,111	0
68.00	06800	SPEECH PATHOLOGY	358,818	0	358,818	0
69.00	06900	ELECTROCARDIOLOGY	2,103,749		2,103,749	0
70.00	07000	ELECTROENCEPHALOGRAPHY	617,133		617,133	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,346,869		13,346,869	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,945,506		7,945,506	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,372,213		18,372,213	0
74.00	07400	RENAL DIALYSIS	4,086,602		4,086,602	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	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	0		0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,639,919		1,639,919	0
90.02	04951	MSH SPECIALTY CLINIC	757,346		757,346	0
90.03	04952	UNDER THE RAINBOW	1,503,880		1,503,880	0
90.04	09002	SPASTICITY CLINIC	174,120		174,120	0
90.05	09001	MSH OP BEHAVIORAL HEALTH	1,686,289		1,686,289	0
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	470,780		470,780	0
91.00	09100	EMERGENCY	13,952,221		13,952,221	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,866,509		5,866,509	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0
95.00	09500	AMBULANCE SERVICES	0		0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0
99.00	09900	CMHC	0		0	0
99.10	09910	CORF	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0		0	0
106.00	10600	HEART ACQUISITION	0		0	0
107.00	10700	LIVER ACQUISITION	0		0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

					Title XIX		Hospital		Cost		
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
							Total Costs	RCE Disallowance	Total Costs		
					1.00	2.00	3.00	4.00	5.00		
108.00	10800	LUNG ACQUISITION		0			0			0	108.00
109.00	10900	PANCREAS ACQUISITION		0			0			0	109.00
110.00	11000	INTESTINAL ACQUISITION		0			0			0	110.00
111.00	11100	ISLET ACQUISITION		0			0			0	111.00
113.00	11300	INTEREST EXPENSE									113.00
114.00	11400	UTILIZATION REVIEW-SNF									114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0			0			0	115.00
116.00	11600	HOSPICE		0			0			0	116.00
200.00		Subtotal (see instructions)	218,339,061		0		218,339,061	0		218,339,061	200.00
201.00		Less Observation Beds	5,866,509				5,866,509			5,866,509	201.00
202.00		Total (see instructions)	212,472,552		0		212,472,552	0		212,472,552	202.00

MCRIF32 - 16.5.169.3

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 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		10.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	687,361,732	557,288,473	1,244,650,205			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	687,361,732	557,288,473	1,244,650,205			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
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
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000			90.01
90.02	04951	MSH SPECIALTY CLINIC	0.000000			90.02
90.03	04952	UNDER THE RAINBOW	0.000000			90.03
90.04	09002	SPASTICITY CLINIC	0.000000			90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.000000			90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,559,093	0	3,559,093	42,091	84.56	30.00
31.00	INTENSIVE CARE UNIT	258,815		258,815	4,782	54.12	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	123,276		123,276	5,006	24.63	31.01
32.00	CORONARY CARE UNIT	281,495		281,495	4,509	62.43	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	427,114	0	427,114	5,707	74.84	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	58,190		58,190	2,575	22.60	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	4,707,983		4,707,983	64,670		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	6,849	579,151				30.00
31.00	INTENSIVE CARE UNIT	674	36,477				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	498	31,090				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	487	36,447				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	8,508	683,165				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,000,298	83,302,837	0.012008	4,877,872	58,573	50.00
51.00	05100 RECOVERY ROOM	80,572	28,345,481	0.002842	1,279,971	3,638	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	264,471	30,292,109	0.008731	61,009	533	52.00
53.00	05300 ANESTHESIOLOGY	68,831	36,682,118	0.001876	2,356,931	4,422	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	595,066	69,594,163	0.008551	4,011,746	34,304	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	125,820	10,817,724	0.011631	74,349	865	55.00
56.00	05600 RADIOISOTOPE	84,950	3,758,267	0.022604	150,724	3,407	56.00
57.00	05700 CT SCAN	83,217	70,909,381	0.001174	4,666,133	5,478	57.00
58.00	05800 MRI	43,404	11,789,897	0.003681	1,007,186	3,707	58.00
59.00	05900 CARDIAC CATHETERIZATION	89,546	21,112,797	0.004241	3,446,195	14,615	59.00
60.00	06000 LABORATORY	922,728	165,349,318	0.005580	11,652,775	65,022	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	90,761	7,850,375	0.011561	766,534	8,862	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	111,999	41,453,891	0.002702	7,278,385	19,666	65.00
65.01	03560 PULMONARY FUNCTION TESTING	42,879	8,120,564	0.005280	0	0	65.01
66.00	06600 PHYSICAL THERAPY	84,505	2,839,817	0.029757	502,881	14,964	66.00
67.00	06700 OCCUPATIONAL THERAPY	96,807	2,928,645	0.033055	367,740	12,156	67.00
68.00	06800 SPEECH PATHOLOGY	23,525	2,067,108	0.011381	424,941	4,836	68.00
69.00	06900 ELECTROCARDIOLOGY	145,477	28,794,319	0.005052	2,856,431	14,431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	44,394	3,444,342	0.012889	108,949	1,404	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	416,682	44,029,222	0.009464	5,745,106	54,372	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	253,499	30,408,470	0.008336	2,798,447	23,328	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	243,261	111,528,700	0.002181	7,983,951	17,413	73.00
74.00	07400 RENAL DIALYSIS	109,836	22,295,155	0.004926	1,079,793	5,319	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
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	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	11,434	6,699,225	0.001707	6,865	12	90.01
90.02	04951 MSH SPECIALTY CLINIC	12,682	7,810,900	0.001624	3,889	6	90.02
90.03	04952 UNDER THE RAINBOW	17,427	2,029,904	0.008585	0	0	90.03
90.04	09002 SPASTICITY CLINIC	2,558	1,857,869	0.001377	0	0	90.04
90.05	09001 MSH OP BEHAVIORAL HEALTH	21,150	2,616,166	0.008084	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	4,935	513,411	0.009612	0	0	90.06
91.00	09100 EMERGENCY	457,036	159,854,043	0.002859	10,269,181	29,360	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	446,969	13,186,699	0.033895	233,116	7,901	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	5,996,719	1,032,282,917		74,011,100	408,594	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part III
Date/Time Prepared:
1/1/2021 12:39 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	140,198	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	60,016	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	25,270	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	53,698	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	279,182	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	140,198	42,091	3.33	6,849	30.00	
31.00	03100	INTENSIVE CARE UNIT		60,016	4,782	12.55	674	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		25,270	5,006	5.05	0	31.01	
32.00	03200	CORONARY CARE UNIT		53,698	4,509	11.91	498	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	5,707	0.00	487	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	2,575	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)		279,182	64,670		8,508	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	22,807						30.00
31.00	03100	INTENSIVE CARE UNIT	8,459						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	5,931						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	37,197						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	116,821	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	88,341	90.06
91.00	09100	EMERGENCY	0	0	0	37,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,605	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	260,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/1/2021 12:39 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	83,302,837	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,345,481	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	30,292,109	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,682,118	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	69,594,163	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,817,724	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,758,267	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	70,909,381	0.000000	57.00
58.00	05800	MRI	0	0	0	11,789,897	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,112,797	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	165,349,318	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,850,375	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	41,453,891	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	8,120,564	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,839,817	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,928,645	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,067,108	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,794,319	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,444,342	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,029,222	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,408,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	116,821	116,821	111,528,700	0.001047	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	22,295,155	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
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	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	6,699,225	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	7,810,900	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	2,029,904	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	1,857,869	0.000000	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0	0	2,616,166	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	88,341	88,341	513,411	0.172067	90.06
91.00	09100	EMERGENCY	0	37,905	37,905	159,854,043	0.000237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,605	17,605	13,186,699	0.001335	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	260,672	260,672	1,032,282,917		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 14-0018
Period: From 07/01/2019 To 06/30/2020
Worksheet D Part IV Date/Time Prepared: 1/1/2021 12:39 pm

			Title XVIII		Hospital	PPS	
	Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	4,877,872	0	3,057,887	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,279,971	0	1,390,734	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	61,009	0	41,693	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,356,931	0	1,111,553	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,011,746	0	4,204,212	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	74,349	0	1,573,656	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	150,724	0	391,752	0	56.00
57.00	05700 CT SCAN	0.000000	4,666,133	0	3,775,384	0	57.00
58.00	05800 MRI	0.000000	1,007,186	0	640,823	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,446,195	0	1,137,643	0	59.00
60.00	06000 LABORATORY	0.000000	11,652,775	0	3,036,038	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	766,534	0	71,685	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	7,278,385	0	203,791	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	186,390	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	502,881	0	10,104	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	367,740	0	4,983	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	424,941	0	20,867	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,856,431	0	2,189,572	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	108,949	0	295,040	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,745,106	0	1,001,892	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,798,447	0	1,303,428	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001047	7,983,951	8,359	10,332,670	10,818	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,079,793	0	335,561	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
	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	0.000000	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.000000	6,865	0	1,098,538	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0.000000	3,889	0	1,022,976	0	90.02
90.03	04952 UNDER THE RAINBOW	0.000000	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.000000	0	0	755,266	0	90.04
90.05	09001 MSH OP BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.172067	0	0	46,856	8,062	90.06
91.00	09100 EMERGENCY	0.000237	10,269,181	2,434	5,559,288	1,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.001335	233,116	311	1,158,620	1,547	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		74,011,100	11,104	45,958,902	21,745	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 1/1/2021 12:39 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.196021	3,057,887	0	0	599,410	50.00
51.00	05100	RECOVERY ROOM		0.083664	1,390,734	0	0	116,354	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.213825	41,693	0	0	8,915	52.00
53.00	05300	ANESTHESIOLOGY		0.026656	1,111,553	0	0	29,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.151218	4,204,212	0	0	635,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.143726	1,573,656	0	0	226,175	55.00
56.00	05600	RADIOISOTOPE		0.214493	391,752	0	0	84,028	56.00
57.00	05700	CT SCAN		0.036740	3,775,384	0	0	138,708	57.00
58.00	05800	MRI		0.073288	640,823	0	0	46,965	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.085185	1,137,643	0	0	96,910	59.00
60.00	06000	LABORATORY		0.121785	3,036,038	0	0	369,744	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.327420	71,685	0	0	23,471	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.094970	203,791	0	0	19,354	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.073575	186,390	0	0	13,714	65.01
66.00	06600	PHYSICAL THERAPY		0.293881	10,104	0	0	2,969	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.262275	4,983	0	0	1,307	67.00
68.00	06800	SPEECH PATHOLOGY		0.173585	20,867	0	0	3,622	68.00
69.00	06900	ELECTROCARDIOLOGY		0.073061	2,189,572	0	0	159,972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.179173	295,040	0	0	52,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.303137	1,001,892	0	0	303,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.261293	1,303,428	0	0	340,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.164731	10,332,670	0	33,969	1,702,111	73.00
74.00	07400	RENAL DIALYSIS		0.183296	335,561	0	0	61,507	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
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		0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0.244792	1,098,538	0	0	268,913	90.01
90.02	04951	MSH SPECIALTY CLINIC		0.096960	1,022,976	0	0	99,188	90.02
90.03	04952	UNDER THE RAINBOW		0.740863	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0.093720	755,266	0	0	70,784	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0.644565	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0.916965	46,856	0	0	42,965	90.06
91.00	09100	EMERGENCY		0.087281	5,559,288	0	0	485,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.444881	1,158,620	0	0	515,448	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)			45,958,902	0	33,969	6,520,288	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			45,958,902	0	33,969	6,520,288	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/1/2021 12:39 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,596		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
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	0		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0		90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0		90.02
90.03	04952	UNDER THE RAINBOW	0	0		90.03
90.04	09002	SPASTICITY CLINIC	0	0		90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0	0		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0		90.06
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	0	5,596		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	5,596		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:

Worksheet D

Component CCN: 14-S018

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

1/1/2021 12:39 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,000,298	83,302,837	0.012008	0	0	50.00
51.00	05100	RECOVERY ROOM	80,572	28,345,481	0.002842	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	264,471	30,292,109	0.008731	0	0	52.00
53.00	05300	ANESTHESIOLOGY	68,831	36,682,118	0.001876	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	595,066	69,594,163	0.008551	8,914	76	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	125,820	10,817,724	0.011631	0	0	55.00
56.00	05600	RADIOISOTOPE	84,950	3,758,267	0.022604	0	0	56.00
57.00	05700	CT SCAN	83,217	70,909,381	0.001174	36,319	43	57.00
58.00	05800	MRI	43,404	11,789,897	0.003681	5,605	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,546	21,112,797	0.004241	0	0	59.00
60.00	06000	LABORATORY	922,728	165,349,318	0.005580	177,682	991	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	90,761	7,850,375	0.011561	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	111,999	41,453,891	0.002702	6,753	18	65.00
65.01	03560	PULMONARY FUNCTION TESTING	42,879	8,120,564	0.005280	0	0	65.01
66.00	06600	PHYSICAL THERAPY	84,505	2,839,817	0.029757	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	96,807	2,928,645	0.033055	60,856	2,012	67.00
68.00	06800	SPEECH PATHOLOGY	23,525	2,067,108	0.011381	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	145,477	28,794,319	0.005052	13,910	70	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,394	3,444,342	0.012889	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	416,682	44,029,222	0.009464	7,122	67	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	253,499	30,408,470	0.008336	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	243,261	111,528,700	0.002181	167,773	366	73.00
74.00	07400	RENAL DIALYSIS	109,836	22,295,155	0.004926	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
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	0	0	0.000000	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	11,434	6,699,225	0.001707	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	12,682	7,810,900	0.001624	0	0	90.02
90.03	04952	UNDER THE RAINBOW	17,427	2,029,904	0.008585	0	0	90.03
90.04	09002	SPASTICITY CLINIC	2,558	1,857,869	0.001377	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	21,150	2,616,166	0.008084	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	4,935	513,411	0.009612	0	0	90.06
91.00	09100	EMERGENCY	457,036	159,854,043	0.002859	229,636	657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,186,699	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	5,549,750	1,032,282,917		714,570	4,321	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/1/2021 12:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	116,821	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
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	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC		0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0	0	0	0	88,341	90.06
91.00	09100	EMERGENCY		0	0	0	0	37,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	243,067	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/1/2021 12:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	83,302,837	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	28,345,481	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	30,292,109	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	36,682,118	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	69,594,163	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	10,817,724	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	3,758,267	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	70,909,381	0.000000	57.00
58.00	05800	MRI		0	0	0	11,789,897	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,112,797	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	165,349,318	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	7,850,375	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	41,453,891	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	8,120,564	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	2,839,817	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,928,645	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,067,108	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	28,794,319	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,444,342	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	44,029,222	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	30,408,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	116,821	116,821	111,528,700	0.001047	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	22,295,155	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
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	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	6,699,225	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC		0	0	0	7,810,900	0.000000	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	2,029,904	0.000000	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	1,857,869	0.000000	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0	0	0	2,616,166	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0	88,341	88,341	513,411	0.172067	90.06
91.00	09100	EMERGENCY		0	37,905	37,905	159,854,043	0.000237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	13,186,699	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	243,067	243,067	1,032,282,917		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/1/2021 12:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	8,914	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	36,319	0	0	0	57.00
58.00	05800	MRI		0.000000	5,605	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	177,682	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	6,753	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	60,856	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	13,910	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	7,122	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001047	167,773	176	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
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		0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0.000000	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC		0.000000	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW		0.000000	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0.000000	0	0	0	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH		0.000000	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB		0.172067	0	0	0	0	90.06
91.00	09100	EMERGENCY		0.000237	229,636	54	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)			714,570	230	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/1/2021 12:39 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)			42,091	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			42,091	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)			36,805	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) (see instructions)			6,849	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			46,713,390	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)			46,713,390	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)			46,713,390	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)			1,109.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,601,157	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)			7,601,157	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
1/1/2021 12:39 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					42.00
43.00	INTENSIVE CARE UNIT	6,762,147	4,782	1,414.08	674	953,090
43.01	NEONATAL INTENSIVE CARE UNIT	4,894,528	5,006	977.73	0	0
44.00	CORONARY CARE UNIT	6,736,814	4,509	1,494.08	498	744,052
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,223,118
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,521,417
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					683,915
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					419,698
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,103,613
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,417,804
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					5,286
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,109.82
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,866,509

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
1/1/2021 12:39 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	3,559,093	46,713,390	0.076190	5,866,509	446,969	90.00
91.00 Nursing School cost	0	46,713,390	0.000000	5,866,509	0	91.00
92.00 Allied health cost	140,198	46,713,390	0.003001	5,866,509	17,605	92.00
93.00 All other Medical Education	0	46,713,390	0.000000	5,866,509	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/1/2021 12:39 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,707	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,707	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)		5,707	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) (see instructions)		487	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)		5,771,592	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)		5,771,592	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)		5,771,592	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)		1,011.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		492,513	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)		492,513	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1
				Component CCN: 14-S018		Date/Time Prepared: 1/1/2021 12:39 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					92,189
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					584,702
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					36,447
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,551
52.00	Total Program excludable cost (sum of lines 50 and 51)					40,998
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					543,704
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0
72.00	Program routine service cost (line 9 x line 71)					0
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0
77.00	Program capital-related costs (line 9 x line 76)					0
78.00	Inpatient routine service cost (line 74 minus line 77)					0
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0
81.00	Inpatient routine service cost per diem limitation					0
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0
83.00	Reasonable inpatient routine service costs (see instructions)					0
84.00	Program inpatient ancillary services (see instructions)					0
85.00	Utilization review - physician compensation (see instructions)					0
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/1/2021 12:39 pm
			Title XVIII		Subprovider - IPF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	427,114	5,771,592	0.074003	0	0	90.00
91.00	Nursing School cost	0	5,771,592	0.000000	0	0	91.00
92.00	Allied health cost	0	5,771,592	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,771,592	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/1/2021 12:39 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,964,547	30.00
31.00	03100	INTENSIVE CARE UNIT		4,010,252	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		5,419,454	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196021	4,877,872	50.00
51.00	05100	RECOVERY ROOM	0.083664	1,279,971	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.213825	61,009	52.00
53.00	05300	ANESTHESIOLOGY	0.026656	2,356,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151218	4,011,746	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.143726	74,349	55.00
56.00	05600	RADIOISOTOPE	0.214493	150,724	56.00
57.00	05700	CT SCAN	0.036740	4,666,133	57.00
58.00	05800	MRI	0.073288	1,007,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085185	3,446,195	59.00
60.00	06000	LABORATORY	0.121785	11,652,775	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327420	766,534	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.094970	7,278,385	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.073575	0	65.01
66.00	06600	PHYSICAL THERAPY	0.293881	502,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.262275	367,740	67.00
68.00	06800	SPEECH PATHOLOGY	0.173585	424,941	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073061	2,856,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.179173	108,949	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303137	5,745,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261293	2,798,447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164731	7,983,951	73.00
74.00	07400	RENAL DIALYSIS	0.183296	1,079,793	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
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	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.244792	6,865	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.096960	3,889	90.02
90.03	04952	UNDER THE RAINBOW	0.740863	0	90.03
90.04	09002	SPASTICITY CLINIC	0.093720	0	90.04
90.05	09001	MSH OP BEHAVIORAL HEALTH	0.644565	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.916965	0	90.06
91.00	09100	EMERGENCY	0.087281	10,269,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.444881	233,116	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		74,011,100	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)		74,011,100	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/1/2021 12:39 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0		33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		1,040,830		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.196021	0	0	50.00
51.00	05100 RECOVERY ROOM	0.083664	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.213825	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026656	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151218	8,914	1,348	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.143726	0	0	55.00
56.00	05600 RADIOISOTOPE	0.214493	0	0	56.00
57.00	05700 CT SCAN	0.036740	36,319	1,334	57.00
58.00	05800 MRI	0.073288	5,605	411	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.085185	0	0	59.00
60.00	06000 LABORATORY	0.121785	177,682	21,639	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.327420	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.094970	6,753	641	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.073575	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.293881	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.262275	60,856	15,961	67.00
68.00	06800 SPEECH PATHOLOGY	0.173585	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073061	13,910	1,016	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.179173	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.303137	7,122	2,159	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.261293	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164731	167,773	27,637	73.00
74.00	07400 RENAL DIALYSIS	0.183296	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.244792	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0.096960	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0.740863	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.093720	0	0	90.04
90.05	09001 MSH OP BEHAVIORAL HEALTH	0.644565	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.916965	0	0	90.06
91.00	09100 EMERGENCY	0.087281	229,636	20,043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.444881	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		714,570	92,189	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		714,570		202.00

Health Financial Systems		MOUNT SINAI HOSPITAL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/1/2021 12:39 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			3,711,777	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			11,135,330	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			197,801	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			593,405	2.04
3.00	Managed Care Simulated Payments			9,720,128	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			220.99	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			81.96	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			33.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			2.60	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			2.02	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)			114.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			103.96	10.00
11.00	FTE count for residents in dental and podiatric programs.			1.97	11.00
12.00	Current year allowable FTE (see instructions)			105.93	12.00
13.00	Total allowable FTE count for the prior year.			102.74	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			116.39	14.00
15.00	Sum of lines 12 through 14 divided by 3.			108.35	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			108.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.490294	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.463796	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.463796	21.00
22.00	IME payment adjustment (see instructions)			3,344,519	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			2,189,595	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-10.42	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			3,344,519	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			2,189,595	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			18.66	30.00
31.00	Percentage of Medicaid patient days (see instructions)			57.39	31.00
32.00	Sum of lines 30 and 31			76.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)			51.96	33.00
34.00	Disproportionate share adjustment (see instructions)			1,928,639	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/1/2021 12:39 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	0	35.00
35.01	Factor 3 (see instructions)		0.000773908	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,402,442	5,682,941	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,613,768	4,254,443	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,868,211		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		1,546		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		321	295	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		321	295	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		39.84		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,294		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.995826		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		705.81	717.99	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		436,540		46.00
47.00	Subtotal (see instructions)		27,216,222		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			29,405,817	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,717,137	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			2,074,616	52.00
53.00	Nursing and Allied Health Managed Care payment			12,287	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			37,197	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			11,104	58.00
59.00	Total (sum of amounts on lines 49 through 58)			33,258,158	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			33,258,158	61.00
62.00	Deductibles billed to program beneficiaries			1,157,611	62.00
63.00	Coinsurance billed to program beneficiaries			84,118	63.00
64.00	Allowable bad debts (see instructions)			946,956	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			615,521	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			798,272	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			32,631,950	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-92,577	70.93
70.94	HRR adjustment amount (see instructions)			-49,705	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
1/1/2021 12:39 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			209,242	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			32,280,426	71.00
71.01	Sequestration adjustment (see instructions)			539,083	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			30,188,312	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,553,031	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			730,117	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			229,965	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			9,310	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/1/2021 12:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,596	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,498,543	2.00
3.00	OPPS payments		6,629,992	3.00
4.00	Outlier payment (see instructions)		62,489	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		21,745	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,596	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		33,969	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)		33,969	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		33,969	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,373	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)		5,596	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)		6,714,226	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,316,279	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)		5,403,543	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		673,355	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)		6,076,898	30.00
31.00	Primary payer payments		83	31.00
32.00	Subtotal (line 30 minus line 31)		6,076,815	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		47,298	33.00
34.00	Allowable bad debts (see instructions)		623,795	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		405,467	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		413,032	36.00
37.00	Subtotal (see instructions)		6,529,580	37.00
38.00	MSP-LCC reconciliation amount from PS&R		21	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,529,559	40.00
40.01	Sequestration adjustment (see instructions)		109,044	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		6,678,990	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-258,475	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
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)		42,561	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: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/1/2021 12:39 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		29,994,795		6,556,237	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	02/26/2020	193,517	02/26/2020	122,753	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		193,517		122,753	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)		30,188,312		6,678,990	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,553,031		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		258,475	6.02
7.00	Total Medicare program liability (see instructions)		31,741,343		6,420,515	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0018

Period:

Worksheet E-1

Component CCN: 14-S018

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/1/2021 12:39 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		381,850		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		381,850		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		26,618		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		408,468		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
1/1/2021 12:39 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 1/1/2021 12:39 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			465,127 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			15.592896 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			465,127 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			465,127 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			465,127 18.00
19.00	Deductibles			65,120 19.00
20.00	Subtotal (line 18 minus line 19)			400,007 20.00
21.00	Coinurance			11,253 21.00
22.00	Subtotal (line 20 minus line 21)			388,754 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			40,648 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			26,421 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			31,846 25.00
26.00	Subtotal (sum of lines 22 and 24)			415,175 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			230 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			415,405 31.00
31.01	Sequestration adjustment (see instructions)			6,937 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			381,850 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			26,618 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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: 14-0018		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 1/1/2021 12:39 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.					91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					2.38	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)					0.02	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)					122.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					104.41	6.00
7.00	Enter the lesser of line 5 or line 6					104.41	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.	69.58	29.00	98.58		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.	69.58	29.00	98.58		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		1.97			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		1.97			10.01	
11.00	Total weighted FTE count	69.58	30.97			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.18	24.86			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	78.31	33.45			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	74.02	29.76			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	74.02	29.76			17.00	
18.00	Per resident amount	113,089.85	107,086.13			18.00	
19.00	Approved amount for resident costs	8,370,911	3,186,883	11,557,794		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)			0.00		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)			11,557,794		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	8,508	4,145	1,382			26.00
27.00	Total Inpatient Days (see instructions)	57,403	57,403	57,403			27.00
28.00	Ratio of inpatient days to total inpatient days	0.148215	0.072209	0.024075			28.00
29.00	Program direct GME amount	1,713,038	834,577	278,254	2,825,869		29.00
29.01	Percent reduction for MA DGME		7.00	7.00			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		58,420	19,478	77,898		30.00
31.00	Net Program direct GME amount				2,747,971		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/1/2021 12:39 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)			22,295,155	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)			20,106,119	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)			20,106,119	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			6,525,884	42.00
43.00	Primary payer payments (see instructions)			83	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			6,525,801	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			26,631,920	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.754963	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.245037	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,747,971	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			2,074,616	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			673,355	50.00

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

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
1/1/2021 12:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	0	0	0	0	1.00
2.00	Temporary investments	1,876,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,415,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,167,000	0	0	0	6.00
7.00	Inventory	3,189,000	0	0	0	7.00
8.00	Prepaid expenses	3,408,000	0	0	0	8.00
9.00	Other current assets	7,700,000	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)	55,421,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,727,000	0	0	0	12.00
13.00	Land improvements	2,922,000	0	0	0	13.00
14.00	Accumulated depreciation	-1,482,000	0	0	0	14.00
15.00	Buildings	170,113,000	0	0	0	15.00
16.00	Accumulated depreciation	-125,986,000	0	0	0	16.00
17.00	Leasehold improvements	2,777,000	0	0	0	17.00
18.00	Accumulated depreciation	-1,930,000	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	92,319,000	0	0	0	23.00
24.00	Accumulated depreciation	-78,774,000	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)	61,686,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,409,000	5,572,000	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	160,970,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	178,379,000	5,572,000	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	295,486,000	5,572,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,301,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,856,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,914,000	0	0	0	40.00
41.00	Deferred income	18,836,000	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	47,559,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	110,466,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	47,091,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	132,932,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	180,023,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	290,489,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,997,000				52.00
53.00	Specific purpose fund		5,572,000			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)	4,997,000	5,572,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	295,486,000	5,572,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
1/1/2021 12:39 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		-22,697,983		6,522,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		27,694,983				2.00
3.00	Total (sum of line 1 and line 2)		4,997,000		6,522,000		3.00
4.00	OTHER INCREASES	0		0		0	4.00
5.00	OTHER DECREASES	0		-950,000		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)		0		-950,000		10.00
11.00	Subtotal (line 3 plus line 10)		4,997,000		5,572,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,997,000		5,572,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER INCREASES		0				4.00
5.00	OTHER DECREASES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/1/2021 12:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	131,223,088		131,223,088	1.00
2.00	SUBPROVIDER - IPF	12,234,695		12,234,695	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	143,457,783		143,457,783	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,269,752		25,269,752	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	21,681,070		21,681,070	11.01
12.00	CORONARY CARE UNIT	21,953,683		21,953,683	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	68,904,505		68,904,505	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	212,362,288		212,362,288	17.00
18.00	Ancillary services	474,999,444	1	474,999,445	18.00
19.00	Outpatient services	0	557,288,473	557,288,473	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	687,361,732	557,288,474	1,244,650,206	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		282,160,684		29.00
30.00	INTER COMPANY BAD DEBTS	39,987,333			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)		39,987,333		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)		322,148,017		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0018

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
1/1/2021 12:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,244,650,206	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,051,775,206	2.00
3.00	Net patient revenues (line 1 minus line 2)	192,875,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	322,148,017	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-129,273,017	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,795,000	6.00
7.00	Income from investments	177,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHER OPERATING INCOME	18,750,000	24.00
24.01	MEDICAID TAX ASSESSMENT REVENUE	107,539,000	24.01
24.02	GRANT REVENUE	2,386,000	24.02
24.03	NON OPERATING REVENUE	1,769,000	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.50	COVID-19 PHE Funding	24,552,000	24.50
25.00	Total other income (sum of lines 6-24)	156,968,000	25.00
26.00	Total (line 5 plus line 25)	27,694,983	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)	27,694,983	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0018

Period:

Worksheet I-1

Component CCN: 14-2302

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/1/2021 12:39 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	652,963	HOURS OF SERVICE	14,883.00	7.16
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	588,440	HOURS OF SERVICE	23,915.00	11.50
5.00	SOCIAL WORKERS	42,341	HOURS OF SERVICE	1,344.00	0.65
6.00	DIETICIANS	0	HOURS OF SERVICE	5,066.00	2.44
7.00	PHYSICIANS	62,741	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	139,695	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,486,180			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	16,282	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	141,108	REQUISITIONS		14.00
15.00	DRUGS	619,559	REQUISITIONS		15.00
16.00	OTHER	87,688	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,350,817			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	15,192	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	20,826	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	272,436	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	803,822	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	85,000	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,230	REQUISITIONS		24.00
25.00	PHARMACY	247,329	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	289,950	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,086,602			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,086,602			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0018

Period:

Worksheet I-2

Component CCN: 14-2302

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/1/2021 12:39 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	100,192	37,108	652,963	630,781	272,436	866,888	1.00
MAINTENANCE								
2.00	Hemodialysis	85,965	31,839	560,242	541,210	233,750	743,790	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	14,227	5,269	92,721	89,571	38,686	123,098	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	100,192	37,108	652,963	630,781	272,436	866,888	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	142,338	0	2,702,706	1,383,896	4,086,602		1.00
MAINTENANCE								
2.00	Hemodialysis	122,126	0	2,318,922	1,187,383	3,506,305		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	20,212	0	383,784	196,513	580,297		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	142,338	0	2,702,706	1,383,896	4,086,602		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,086,602		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018
Component CCN: 14-2302Period:
From 07/01/2019
To 06/30/2020Worksheet I-3
Date/Time Prepared:
1/1/2021 12:39 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	100,192	37,108	652,963	630,781	272,436	1.00
MAINTENANCE							
2.00	Hemodialysis	8,580	8,580.00	8,580.00	8,580.00	8,580	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,971	1,420	1,420.00	1,420.00	1,420	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,000	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	10.019200	3.710800	65.296300	63.078100	27.243600	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	866,888	142,338	0	2,702,706	1,383,896	1.00
MAINTENANCE							
2.00	Hemodialysis	8,580	8,580	8,580			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,420	1,420	1,420			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,702,706	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	86.688800	14.233800	0.000000		0.512041	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0018

Period:

Worksheet I-4

Component CCN: 14-2302

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/1/2021 12:39 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	9,642	3,506,305	363.65	4,678	1,701,155
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	9,642	3,506,305		4,678	1,701,155
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	9,642				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,133,620	242.33			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,133,620				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet I-5 Date/Time Prepared: 1/1/2021 12:39 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,701,155		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,133,620	1,133,620	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,133,620	1,133,620	2.03
2.04	Outlier payments	6,500		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	222	222	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	222	222	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	288,978	288,978	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	288,978	288,978	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	72,766	72,766	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	72,766	72,766	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	47,298		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	40,946		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	216,434	8.00
9.00	Program payment (see instructions)	0	906,718	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	47,298		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	3,506,305		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	3,506,305		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0018	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/1/2021 12:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,172,892	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		65,470	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		141.25	3.00
4.00	Number of interns & residents (see instructions)		108.35	4.00
5.00	Indirect medical education percentage (see instructions)		24.17	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		283,488	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		18.66	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		57.39	8.00
9.00	Sum of lines 7 and 8		76.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		16.65	10.00
11.00	Disproportionate share adjustment (see instructions)		195,287	11.00
12.00	Total prospective capital payments (see instructions)		1,717,137	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00