

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: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/22/2021 7:08 pm
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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.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHERN ILLINOIS MEDICAL CENTER (14-0116) for the cost reporting period beginning 09/01/2019 and ending 08/31/2020 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	4,025,834	1,033,227	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	18,379	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	4,044,213	1,033,227	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: 14-0116		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 7:08 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:				1.00		
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MC HENRY 2.00		
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII	
								XIX		
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			NORTHERN ILLINOIS MEDICAL CENTER	140116	16974	1	07/01/1966	N P O 3.00	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF			NIMC REHABILITATION UNIT	14T116	16974	5	07/01/1985	N P O 5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
18.00	Renal Dialysis								18.00	
19.00	Other								19.00	
								From:	To:	
								1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)							09/01/2019	08/31/2020 20.00	
21.00	Type of Control (see instructions)							2	21.00	
								1.00	2.00 3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N	23.00	
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
					1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				2,808	1,853	0	17	6,647	0 24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	190	36	0	0	132		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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	
60.01 If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/22/2021 7:08 pm

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

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To 08/31/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
						71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y
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)					N N 0
						75.00
						76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
			V 1.00	XIX 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.	Y	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	
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 7:08 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
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		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	8,430,528	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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	HB0640	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0116		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 7:08 pm					
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: NORTHWESTERN HEALTH		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00						
142.00	Street: 25 E HURON STREET		PO Box:				142.00						
143.00	City: CHICAGO		State: IL		Zip Code: 60611		143.00						
								1.00					
144.00 Are provider based physicians' costs included in Worksheet A?								Y		144.00			
								1.00					
								2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00					
								1.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N		147.00			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC			N		N		N		N	161.00		
								1.00					
Multicampus													
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N		165.00			
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
								1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								N		167.00			
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)										168.00			
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)										168.01			
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00		169.00			
								Beginning		Ending			
								1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00			
								1.00					
								2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N		0	171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part II Date/Time Prepared: 3/22/2021 7:08 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			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.				Y		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	11/20/2020	Y	11/20/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part II Date/Time Prepared: 3/22/2021 7:08 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.				N	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?				N	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.				N	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.	JOHN		VANDERLAAN		41.00	
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-926-6618		JVANDERL@NM.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/22/2021 7:08 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.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 7:08 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	230	84,180	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)		230	84,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,980	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		260	95,160	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		282			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		6	2,196			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: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 7:08 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)	27,739	3,907	58,531			1.00
2.00	HMO and other (see instructions)	7,333	6,647				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	454	98				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)	27,739	3,907	58,531			7.00
8.00	INTENSIVE CARE UNIT	3,376	254	7,210			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		500	5,015			13.00
14.00	Total (see instructions)	31,115	4,661	70,756	16.00	2,122.04	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,989	226	5,822	0.00	34.33	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			164			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				16.00	2,156.37	27.00
28.00	Observation Bed Days		0	4,984			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	191	504			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: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 7:08 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	6,805	954	15,815	1.00
2.00 HMO and other (see instructions)			1,385	1,886		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				10		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,805	954	15,815	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	296	18	443	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/22/2021 7:08 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	165,821,664	0	165,821,664	4,487,199.00	36.95
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		323,195	0	323,195	2,239.00	144.35
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	0	0	0	0.00	0.00
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)		4,238,644	397,000	4,635,644	164,408.00	28.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,289,647	0	1,289,647	13,817.00	93.34
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		0	0	0	0.00	0.00
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		34,749,001	0	34,749,001	804,499.00	43.19
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)		38,991,793	0	38,991,793		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,000,514	0	1,000,514		
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		19,968	0	19,968		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,029,287	0	3,029,287		
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: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/22/2021 7:08 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	18,656,783	0	18,656,783	301,790.00	61.82	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,917,673	0	3,917,673	130,728.00	29.97	30.00
31.00	Laundry & Linen Service	8.00	129,544	0	129,544	5,739.00	22.57	31.00
32.00	Housekeeping	9.00	3,710,186	0	3,710,186	217,159.00	17.09	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,593,543	-1,724,847	1,868,696	104,169.00	17.94	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,724,847	1,724,847	82,754.00	20.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,834,646	0	5,834,646	166,490.00	35.05	38.00
39.00	Central Services and Supply	14.00	1,260,237	0	1,260,237	57,406.00	21.95	39.00
40.00	Pharmacy	15.00	6,928,404	0	6,928,404	145,298.00	47.68	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	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part III
Date/Time Prepared:
3/22/2021 7:08 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)	165,498,469	0	165,498,469	4,484,960.00	36.90	1.00
2.00	Excluded area salaries (see instructions)	4,238,644	397,000	4,635,644	164,408.00	28.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	161,259,825	-397,000	160,862,825	4,320,552.00	37.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,038,648	0	36,038,648	818,316.00	44.04	4.00
5.00	Subtotal wage-related costs (see inst.)	42,021,080	0	42,021,080	0.00	26.12	5.00
6.00	Total (sum of lines 3 thru 5)	239,319,553	-397,000	238,922,553	5,138,868.00	46.49	6.00
7.00	Total overhead cost (see instructions)	44,031,016	0	44,031,016	1,211,533.00	36.34	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/22/2021 7:08 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	9,159,815	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,694,720	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	5,003,634	9.00
10.00	Dental, Hearing and Vision Plan	338,795	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,006,057	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)	472,590	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,818,969	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	11,738,015	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	163,975	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	615,703	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	40,012,273	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: 14-0116

 Period:
 From 09/01/2019
 To 08/31/2020

 Worksheet S-3
 Part V
 Date/Time Prepared:
 3/22/2021 7:08 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	49,071,807	1.00
2.00	Hospital	0	47,561,210	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	1,510,597	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet S-10 Date/Time Prepared: 3/22/2021 7:08 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)			0.240522	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			35,659,188	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			3,389,731	5.00
6.00	Medicaid charges			213,182,201	6.00
7.00	Medicaid cost (line 1 times line 6)			51,275,009	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)			12,226,090	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)			2,190,703	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)			12,226,090	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)	30,692,837	583,139	31,275,976	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,382,303	583,139	7,965,442	21.00
22.00	Payments received from patients for amounts previously written off as charity care	7,356,367	583,139	7,939,506	22.00
23.00	Cost of charity care (line 21 minus line 22)	25,936	0	25,936	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			32,624,058	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,166,496	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,794,610	27.01
28.00	Non-Medicare bad debt expense (see instructions)			30,829,448	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,043,274	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,069,210	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,295,300	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A

Date/Time Prepared:
3/22/2021 7:08 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		18,256,882	18,256,882	11	18,256,893	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,744,789	11,744,789	0	11,744,789	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11	11	42,485,946	42,485,957	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,656,783	150,506,424	169,163,207	-10,550,320	158,612,887	5.00
7.00	00700	OPERATION OF PLANT	3,917,673	15,198,043	19,115,716	-1,027,452	18,088,264	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	129,544	1,432,228	1,561,772	-49,135	1,512,637	8.00
9.00	00900	HOUSEKEEPING	3,710,186	3,433,554	7,143,740	-1,544,607	5,599,133	9.00
10.00	01000	DIETARY	3,593,543	5,594,435	9,187,978	-5,775,283	3,412,695	10.00
11.00	01100	CAFETERIA	0	0	0	4,410,092	4,410,092	11.00
13.00	01300	NURSING ADMINISTRATION	5,834,646	3,138,125	8,972,771	-1,278,463	7,694,308	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,260,237	2,765,737	4,025,974	-683,839	3,342,135	14.00
15.00	01500	PHARMACY	6,928,404	29,742,065	36,670,469	-27,161,885	9,508,584	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,886,160	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	405,495	3,458,958	3,864,453	-2,886,160	978,293	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	397,000	397,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,332,720	21,057,243	58,389,963	-17,211,957	41,178,006	30.00
31.00	03100	INTENSIVE CARE UNIT	8,297,837	3,693,482	11,991,319	-2,443,141	9,548,178	31.00
41.00	04100	SUBPROVIDER - IRF	2,786,751	909,032	3,695,783	-615,450	3,080,333	41.00
43.00	04300	NURSERY	0	0	0	3,827,319	3,827,319	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,274,518	28,922,673	41,197,191	-18,075,845	23,121,346	50.00
51.00	05100	RECOVERY ROOM	1,855,813	517,965	2,373,778	-268,793	2,104,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,149,013	4,149,013	52.00
53.00	05300	ANESTHESIOLOGY	0	713,391	713,391	0	713,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,530,194	4,582,309	13,112,503	-2,023,957	11,088,546	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,369,201	871,346	3,240,547	-372,629	2,867,918	55.00
56.00	05600	RADIOISOTOPE	677,123	1,195,095	1,872,218	-114,481	1,757,737	56.00
57.00	05700	CT SCAN	1,610,694	924,498	2,535,192	-319,687	2,215,505	57.00
58.00	05800	MRI	685,985	204,196	890,181	-105,891	784,290	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,397,613	8,231,637	10,629,250	-1,440,466	9,188,784	59.00
60.00	06000	LABORATORY	4,653,351	8,169,157	12,822,508	-1,112,014	11,710,494	60.00
65.00	06500	RESPIRATORY THERAPY	2,519,435	1,608,668	4,128,103	-575,294	3,552,809	65.00
66.00	06600	PHYSICAL THERAPY	10,877,525	4,048,143	14,925,668	-2,149,102	12,776,566	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,586,697	387,289	1,973,986	-264,529	1,709,457	67.00
68.00	06800	SPEECH PATHOLOGY	813,076	208,026	1,021,102	-123,958	897,144	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	581,409	301,623	883,032	-127,243	755,789	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,928,572	6,928,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,342,874	10,342,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,723,672	2,723,672	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	23,379,687	23,379,687	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,713,147	1,713,147	74.00
76.00	03951	CARDIOLOGY	1,752,417	474,337	2,226,754	-299,332	1,927,422	76.00
76.01	03950	WOUND CARE	1,286,786	2,505,728	3,792,514	-285,738	3,506,776	76.01
76.97	07697	CARDIAC REHABILITATION	634,841	226,433	861,274	-113,574	747,700	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	976,812	1,059,988	2,036,800	-221,766	1,815,034	90.00
90.01	09001	DIABETES CENTER	604,678	354,090	958,768	-138,364	820,404	90.01
90.02	04951	BEHAVOIRAL HEALTH	812,852	293,408	1,106,260	-187,252	919,008	90.02
91.00	09100	EMERGENCY	13,567,014	10,570,728	24,137,742	-3,265,638	20,872,104	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	447,918	1,322,510	1,770,428	-115,346	1,655,082	97.00
101.00	10100	HOME HEALTH AGENCY	0	2,277	2,277	-2,277	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		11	11	-11	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	164,369,771	348,626,534	512,996,305	312,614	513,308,919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	1,356,658	423,635	1,780,293	-290,040	1,490,253	192.01
192.02	19202	FLIGHT FOR LIFE	0	2,263	2,263	0	2,263	192.02
192.04	19204	WELLNESS PROGRAM	95,235	35,798	131,033	-22,574	108,459	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	165,821,664	349,088,230	514,909,894	0	514,909,894	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A

Date/Time Prepared:
3/22/2021 7:08 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	1,802,727	20,059,620	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	11,744,789	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,596,359	37,889,598	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-38,135,872	120,477,015	5.00
7.00	00700	OPERATION OF PLANT	-644,101	17,444,163	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,512,637	8.00
9.00	00900	HOUSEKEEPING	0	5,599,133	9.00
10.00	01000	DIETARY	0	3,412,695	10.00
11.00	01100	CAFETERIA	-1,469,621	2,940,471	11.00
13.00	01300	NURSING ADMINISTRATION	-1,225	7,693,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,342,135	14.00
15.00	01500	PHARMACY	-4,309	9,504,275	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,886,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,334	975,959	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	-112,933	284,067	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,501,810	34,676,196	30.00
31.00	03100	INTENSIVE CARE UNIT	-140,190	9,407,988	31.00
41.00	04100	SUBPROVIDER - IRF	-30,400	3,049,933	41.00
43.00	04300	NURSERY	0	3,827,319	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-825,936	22,295,410	50.00
51.00	05100	RECOVERY ROOM	0	2,104,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,149,013	52.00
53.00	05300	ANESTHESIOLOGY	-181,247	532,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-908,872	10,179,674	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-56,000	2,811,918	55.00
56.00	05600	RADIOISOTOPE	0	1,757,737	56.00
57.00	05700	CT SCAN	-111,324	2,104,181	57.00
58.00	05800	MRI	-92,094	692,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,461	9,176,323	59.00
60.00	06000	LABORATORY	-442,354	11,268,140	60.00
65.00	06500	RESPIRATORY THERAPY	-2,433	3,550,376	65.00
66.00	06600	PHYSICAL THERAPY	-627,297	12,149,269	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,709,457	67.00
68.00	06800	SPEECH PATHOLOGY	0	897,144	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	-18,300	737,489	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,928,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,342,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,723,672	73.00
73.01	03952	INJECTABLE DRUGS	0	23,379,687	73.01
74.00	07400	RENAL DIALYSIS	0	1,713,147	74.00
76.00	03951	CARDIOLOGY	-80,101	1,847,321	76.00
76.01	03950	WOUND CARE	-109,739	3,397,037	76.01
76.97	07697	CARDIAC REHABILITATION	-8,001	739,699	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-641,609	1,173,425	90.00
90.01	09001	DIABETES CENTER	-7,650	812,754	90.01
90.02	04951	BEHAVIOIRAL HEALTH	-365	918,643	90.02
91.00	09100	EMERGENCY	-3,610,185	17,261,919	91.00
91.01	09101	EMERGENCY	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	-63,631	1,591,451	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-57,636,026	455,672,893	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	CRISIS LINE	0	1,490,253	192.01
192.02	19202	FLIGHT FOR LIFE	0	2,263	192.02
192.04	19204	WELLNESS PROGRAM	0	108,459	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-57,636,026	457,273,868	200.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet A-6
Date/Time Prepared:
3/22/2021 7:08 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - FRINGE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,681,764		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	40,681,764		
B - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	1,724,847	2,685,245		1.00
	TOTALS		1,724,847	2,685,245		
C - MED SUPPLIES & IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,928,572		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,342,874		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		0	17,271,446		
D - NURSERY						
1.00	NURSERY	43.00	2,249,782	1,577,537		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,438,881	1,710,132		2.00
	TOTALS		4,688,663	3,287,669		
E - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11		1.00
	TOTALS		0	11		
F - CHARGABLE DRUG COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,723,672		1.00
2.00	INJECTABLE DRUGS	73.01	0	23,379,687		2.00
	TOTALS		0	26,103,359		
G - TERMINATED COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,277		1.00
	TOTALS		0	2,277		
H - RENAL DIALYSIS						
1.00	RENAL DIALYSIS	74.00	0	1,713,147		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	1,713,147		
I - EMS PROGRAM COSTS						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	397,000	0		1.00
	TOTALS		397,000	0		

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-6

Date/Time Prepared:
3/22/2021 7:08 pm

	Increases					0/22/2021 1:00 pm
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,804,182	1.00	
	TOTALS		0	1,804,182		
	K - RESIDENT RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,886,160	1.00	
	TOTALS		0	2,886,160		
500.00	Grand Total: Increases		6,810,510	96,435,260	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-6

Date/Time Prepared:
3/22/2021 7:08 pm

	Decreases						3/22/2021 7:08 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - FRINGE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,748,415	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,027,452	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	49,135	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,544,607	0		4.00
5.00	DIETARY	10.00	0	1,365,191	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,278,463	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	683,839	0		7.00
8.00	PHARMACY	15.00	0	1,058,526	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	8,366,385	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	1,801,300	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	590,818	0		11.00
12.00	OPERATING ROOM	50.00	0	2,161,511	0		12.00
13.00	RECOVERY ROOM	51.00	0	268,793	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,630,949	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	372,629	0		15.00
16.00	RADIOISOTOPE	56.00	0	114,481	0		16.00
17.00	CT SCAN	57.00	0	319,687	0		17.00
18.00	MRI	58.00	0	105,891	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	324,328	0		19.00
20.00	LABORATORY	60.00	0	1,112,014	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	549,894	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,149,102	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	264,529	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	123,958	0		24.00
25.00	SLEEP LAB/NEUROLOGY	70.01	0	127,243	0		25.00
26.00	CARDIOLOGY	76.00	0	299,332	0		26.00
27.00	WOUND CARE	76.01	0	285,738	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	113,574	0		28.00
29.00	CLINIC	90.00	0	221,766	0		29.00
30.00	DIABETES CENTER	90.01	0	138,364	0		30.00
31.00	BEHAVOIRAL HEALTH	90.02	0	187,252	0		31.00
32.00	EMERGENCY	91.00	0	2,868,638	0		32.00
33.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	115,346	0		33.00
34.00	CRISIS LINE	192.01	0	290,040	0		34.00
35.00	WELLNESS PROGRAM	192.04	0	22,574	0		35.00
	TOTALS		0	40,681,764			
	B - CAFETERIA RECLASS						
1.00	DIETARY	10.00	1,724,847	2,685,245	0		1.00
	TOTALS		1,724,847	2,685,245			
	C - MED SUPPLIES & IMPLANTS						
1.00	OPERATING ROOM	50.00	0	9,221,617	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,119	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,116,138	0		3.00
4.00	OPERATING ROOM	50.00	0	6,515,283	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	387,889	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	25,400	0		6.00
	TOTALS		0	17,271,446			
	D - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	4,688,663	3,287,669	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,688,663	3,287,669			
	E - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	11	11		1.00
	TOTALS		0	11			
	F - CHARGABLE DRUG COSTS						
1.00	PHARMACY	15.00	0	26,103,359	0		1.00
2.00		0.00		0	0		2.00
	TOTALS		0	26,103,359			
	G - TERMINATED COSTS						
1.00	HOME HEALTH AGENCY	101.00	0	2,277	0		1.00
	TOTALS		0	2,277			
	H - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	0	869,240	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	641,841	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	24,632	0		3.00
4.00	OPERATING ROOM	50.00	0	177,434	0		4.00
	TOTALS		0	1,713,147			
	I - EMS PROGRAM COSTS						
1.00	EMERGENCY	91.00	397,000	0	0		1.00
	TOTALS		397,000	0			

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-6

Date/Time Prepared:
3/22/2021 7:08 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	J - WORKERS COMP INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,804,182	0	1.00
	TOTALS		0	1,804,182		
	K - RESIDENT RECLASS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	2,886,160	0	1.00
	COSTS APPRV					
	TOTALS		0	2,886,160		
500.00	Grand Total: Decreases		6,810,510	96,435,260		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
3/22/2021 7:08 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	22,388,150	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	309,486,719	13,132,916	0	13,132,916	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	39,938,596	12,908,933	0	12,908,933	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	371,813,465	26,041,849	0	26,041,849	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	371,813,465	26,041,849	0	26,041,849	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,388,150	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	322,619,635	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	52,847,529	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	397,855,314	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	397,855,314	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
3/22/2021 7:08 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	18,256,882	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,744,789	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	30,001,671	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	18,256,882				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,744,789				2.00
3.00	Total (sum of lines 1-2)	0	30,001,671				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
3/22/2021 7:08 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	5,730	0	5,730	0.573000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,270	0	4,270	0.427000	0	2.00
3.00	Total (sum of lines 1-2)	10,000	0	10,000	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	20,059,609	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,744,789	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,804,398	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	11	0	0	0	20,059,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,744,789	2.00
3.00	Total (sum of lines 1-2)	11	0	0	0	31,804,409	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8

Date/Time Prepared:
3/22/2021 7:08 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)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-164,144	OPERATION OF PLANT	7.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-478,357	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,214,976			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	-27,410,676			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,469,621	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-4,309	PHARMACY	15.00	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER INCOME	B	-1,402,542	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8

Date/Time Prepared:
3/22/2021 7:08 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	
34.00	SURGERY OTHER INCOME	B	-74,769	OPERATING ROOM	50.00	0	34.00
35.00	NURSING EDUCATION INCOME	B	-1,225	NURSING ADMINISTRATION	13.00	0	35.00
36.00	OB EDUCATION INCOME	B	15,705	ADULTS & PEDIATRICS	30.00	0	36.00
37.00	RADIOLOGY OTHER INCOME	B	-635,632	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00	EDUCATION INCOME	B	-2,113	EMERGENCY	91.00	0	38.00
39.00	OTHER INCOME	B	-10,192	INTENSIVE CARE UNIT	31.00	0	39.00
40.00	LABORATORY OTHER INCOME	B	-35,733	LABORATORY	60.00	0	40.00
41.00	PT OTHER INCOME	B	-627,297	PHYSICAL THERAPY	66.00	0	41.00
42.00	MAINTENANCE SERVICES	B	-1,600	OPERATION OF PLANT	7.00	0	42.00
43.00	OTHER INCOME	B	-4,747	ANESTHESIOLOGY	53.00	0	43.00
44.00	OTHER INCOME	B	-111,324	CT SCAN	57.00	0	44.00
45.00	CLINIC OTHER INCOME	B	-623,763	CLINIC	90.00	0	45.00
45.01	OTHER INCOME	B	-92,094	MRI	58.00	0	45.01
45.02	IDPA PROVIDER TAX	A	-12,293,717	ADMINISTRATIVE & GENERAL	5.00	0	45.02
45.03	CHILD CARE CENTER	A	-1,016,972	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04	OTHER INCOME	B	-12,461	CARDIAC CATHETERIZATION	59.00	0	45.04
45.05	OTHER INCOME	B	-2,433	RESPIRATORY THERAPY	65.00	0	45.05
45.06	RELATED RENTAL - ADMIN	A	-554,176	ADMINISTRATIVE & GENERAL	5.00	0	45.06
45.07	RELATED RENTAL - POM/BIOMED	A	-2,334	I&R SERVICES-OTHER PRGM	22.00	0	45.07
45.08	RELATED RENTAL - ANIT-COAG	A	85,096	COSTS APPRV			
45.09	RELATED RENTAL - RADIOLOGY	A	-87,169	RADIOLOGY-DIAGNOSTIC	54.00	0	45.08
45.10	RELATED RENTAL - ONCOLOGY	A	-17,845	WOUND CARE	76.01	0	45.09
45.11	DEPRECIATION TO MEDICARE	A	1,802,727	CLINIC	90.00	0	45.10
45.12	EMS TUITION	A	-112,933	CAP REL COSTS-BLDG & FIXT	1.00	9	45.11
45.13	RELATED RENTAL - CARDIAC REHAB	A	-1	PARAMED ED PRGM-(SPECIFY)	23.00	0	45.12
45.14	RELATED RENTAL - VARIOUS	A	-1	CARDIAC REHABILITATION	76.97	0	45.13
45.15	CLINICS	A	-1	CLINIC	90.00	0	45.14
45.16	OTHER INCOME	B	-74,101	CARDIOLOGY	76.00	0	45.15
45.17	OTHER INCOME	B	68	WOUND CARE	76.01	0	45.16
45.18	OTHER INCOME	B	-365	BEHAVOIRAL HEALTH	90.02	0	45.17
45.19	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.18
45.20	(3)		0		0.00	0	45.19
45.21	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.20
45.22	(3)		0		0.00	0	45.21
45.23	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.22
45.24	(3)		0		0.00	0	45.23
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-57,636,026				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: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8-1

Date/Time Prepared:
3/22/2021 7:08 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	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE	80,568,321	108,823,885	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE	27,762,214	32,358,573	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	NMC HOME OFFICE BUILDING	4,319,839	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE EQUIPMENT	1,121,408	0	4.00
4.01	0.00			0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			113,771,782	141,182,458	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		
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	CENTEGRA HEALTH	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: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8-1

Date/Time Prepared:
3/22/2021 7:08 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	-28,255,564	0		1.00
2.00	-4,596,359	0		2.00
3.00	4,319,839	0		3.00
4.00	1,121,408	0		4.00
4.01	0	0		4.01
5.00	-27,410,676			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	HOME OFFICE		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: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 7:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	54,148	54,148	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	6,485,640	6,485,640	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	129,998	129,998	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	30,400	30,400	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	751,167	751,167	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	176,500	176,500	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	318,352	318,352	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	56,000	56,000	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	31,875	31,875	0	0	0	9.00
10.00	60.00	LABORATORY	406,621	406,621	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	39,984	39,984	0	0	0	11.00
12.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	18,300	18,300	0	0	0	12.00
13.00	76.00	AGGREGATE-CARDIOLOGY	6,000	6,000	0	0	0	13.00
14.00	76.01	WOUND CARE	22,638	22,638	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	8,000	8,000	0	0	0	15.00
16.00	90.01	DIABETES CENTER	7,500	7,500	0	0	0	16.00
17.00	90.01	DIABETES CENTER	150	150	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	3,608,072	3,608,072	0	0	0	18.00
19.00	97.00	DURABLE MEDICAL EQUIP-SOLD	63,631	63,631	0	0	0	19.00
200.00			12,214,976	12,214,976	0		0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 7:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	0	0	0	0	0	12.00
13.00	76.00	AGGREGATE-CARDIOLOGY	0	0	0	0	0	13.00
14.00	76.01	WOUND CARE	0	0	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.01	DIABETES CENTER	0	0	0	0	0	16.00
17.00	90.01	DIABETES CENTER	0	0	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	18.00
19.00	97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	19.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 7:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	54,148		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	6,485,640		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	129,998		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	30,400		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	751,167		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	176,500		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	318,352		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	56,000		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	31,875		9.00
10.00	60.00	LABORATORY	0	0	0	406,621		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	39,984		11.00
12.00	70.01	AGGREGATE-SLEEP LAB/NEUROLOGY	0	0	0	18,300		12.00
13.00	76.00	AGGREGATE-CARDIOLOGY	0	0	0	6,000		13.00
14.00	76.01	WOUND CARE	0	0	0	22,638		14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	8,000		15.00
16.00	90.01	DIABETES CENTER	0	0	0	7,500		16.00
17.00	90.01	DIABETES CENTER	0	0	0	150		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	0	0	3,608,072		18.00
19.00	97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	63,631		19.00
200.00			0	0	0	12,214,976		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,059,620	20,059,620			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,744,789	11,744,789			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,889,598	5,233	3,064	37,897,895	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	120,477,015	7,135,937	4,178,049	4,263,933	5.00
7.00	00700	OPERATION OF PLANT	17,444,163	1,963,252	1,149,472	895,368	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,512,637	24,342	14,252	29,607	8.00
9.00	00900	HOUSEKEEPING	5,599,133	251,076	147,003	847,948	9.00
10.00	01000	DIETARY	3,412,695	575,139	336,741	427,083	10.00
11.00	01100	CAFETERIA	2,940,471	0	0	394,207	11.00
13.00	01300	NURSING ADMINISTRATION	7,693,083	99,828	58,449	1,333,485	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,342,135	448,630	262,670	288,022	14.00
15.00	01500	PHARMACY	9,504,275	254,981	149,290	1,583,459	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,597	56,557	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,886,160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	975,959	2,894	1,694	92,674	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	284,067	14,867	8,705	90,733	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,676,196	3,325,733	1,947,197	7,460,685	30.00
31.00	03100	INTENSIVE CARE UNIT	9,407,988	379,488	222,188	1,896,437	31.00
41.00	04100	SUBPROVIDER - IRF	3,049,933	170,437	99,790	636,901	41.00
43.00	04300	NURSERY	3,827,319	264,040	154,594	514,179	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,295,410	1,538,845	900,985	2,805,292	50.00
51.00	05100	RECOVERY ROOM	2,104,985	341,151	199,742	424,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,149,013	322,497	188,820	557,396	52.00
53.00	05300	ANESTHESIOLOGY	532,144	19,466	11,397	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,179,674	498,603	291,929	1,949,542	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,811,918	224,256	131,300	541,471	55.00
56.00	05600	RADIOISOTOPE	1,757,737	105,893	62,000	154,754	56.00
57.00	05700	CT SCAN	2,104,181	111,543	65,308	368,118	57.00
58.00	05800	MRI	692,196	99,729	58,391	156,779	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,176,323	251,869	147,468	547,965	59.00
60.00	06000	LABORATORY	11,268,140	218,566	127,969	1,063,505	60.00
65.00	06500	RESPIRATORY THERAPY	3,550,376	51,480	30,141	575,807	65.00
66.00	06600	PHYSICAL THERAPY	12,149,269	41,251	24,152	2,486,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,709,457	0	0	362,633	67.00
68.00	06800	SPEECH PATHOLOGY	897,144	0	0	185,825	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	737,489	21,032	12,314	132,879	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,928,572	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,342,874	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,723,672	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	23,379,687	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,713,147	0	0	0	74.00
76.00	03951	CARDIOLOGY	1,847,321	174,064	101,914	400,508	76.00
76.01	03950	WOUND CARE	3,397,037	0	0	294,090	76.01
76.97	07697	CARDIAC REHABILITATION	739,699	7,453	4,364	145,090	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,173,425	35,622	20,856	223,246	90.00
90.01	09001	DIABETES CENTER	812,754	0	0	138,197	90.01
90.02	04951	BEHAVIORAL HEALTH	918,643	140,405	82,206	185,774	90.02
91.00	09100	EMERGENCY	17,261,919	737,488	431,795	3,009,954	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,591,451	0	0	102,370	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	455,672,893	19,953,687	11,682,766	37,566,070	455,173,112
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	37,881	22,179	0	60,060
192.01	19201	CRISIS LINE	1,490,253	24,719	14,473	310,059	1,839,504
192.02	19202	FLIGHT FOR LIFE	2,263	43,333	25,371	0	70,967
192.04	19204	WELLNESS PROGRAM	108,459	0	0	21,766	130,225
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
202.00 TOTAL (sum lines 118 through 201)	457,273,868	20,059,620	11,744,789	37,897,895	457,273,868	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	136,054,934					5.00
7.00	00700	OPERATION OF PLANT	9,086,274	30,538,529				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	669,577	67,857	2,318,272			8.00
9.00	00900	HOUSEKEEPING	2,899,322	699,895	0	10,444,377		9.00
10.00	01000	DIETARY	2,012,603	1,603,248	11,936	562,462	8,941,907	10.00
11.00	01100	CAFETERIA	1,412,430	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,890,315	278,278	0	97,627	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,838,859	1,250,593	11,936	438,741	0	14.00
15.00	01500	PHARMACY	4,867,531	710,780	0	249,361	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,870	269,271	0	94,467	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,222,456	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	454,571	8,068	0	2,830	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	168,734	41,443	0	14,539	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,080,888	9,270,764	883,008	3,252,433	7,178,810	30.00
31.00	03100	INTENSIVE CARE UNIT	5,042,924	1,057,854	255,010	371,123	1,074,216	31.00
41.00	04100	SUBPROVIDER - IRF	1,676,045	475,106	11,247	166,680	688,881	41.00
43.00	04300	NURSERY	2,016,192	736,033	23,183	258,220	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,665,013	4,289,659	314,687	1,504,926	0	50.00
51.00	05100	RECOVERY ROOM	1,300,330	950,986	80,796	333,631	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,210,010	898,988	23,183	315,389	0	52.00
53.00	05300	ANESTHESIOLOGY	238,466	54,263	0	19,037	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,472,263	1,389,898	171,461	487,613	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,570,953	625,131	11,247	219,312	0	55.00
56.00	05600	RADIOISOTOPE	881,163	295,187	34,430	103,559	0	56.00
57.00	05700	CT SCAN	1,122,069	310,935	0	109,084	0	57.00
58.00	05800	MRI	426,563	278,002	0	97,530	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,287,942	702,105	69,548	246,317	0	59.00
60.00	06000	LABORATORY	5,369,945	609,272	0	213,749	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,782,249	143,504	0	50,345	0	65.00
66.00	06600	PHYSICAL THERAPY	6,226,594	114,991	0	40,342	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	877,650	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	458,700	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	382,775	58,628	23,183	20,568	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,934,652	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,380,807	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,153,633	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	9,902,653	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	725,617	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	1,068,979	485,218	46,366	170,227	0	76.00
76.01	03950	WOUND CARE	1,563,406	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	379,765	20,777	0	7,289	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	615,493	99,298	11,247	34,836	0	90.00
90.01	09001	DIABETES CENTER	402,783	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	562,073	391,391	0	137,310	0	90.02
91.00	09100	EMERGENCY	9,081,573	2,055,809	335,804	721,232	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	717,431	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	135,165,141	30,243,232	2,318,272	10,340,779	8,941,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	25,439	105,598	0	37,046	0	190.00
192.01	19201	CRISIS LINE	779,137	68,906	0	24,174	0	192.01
192.02	19202	FLIGHT FOR LIFE	30,059	120,793	0	42,378	0	192.02
192.04	19204	WELLNESS PROGRAM	55,158	0	0	0	0	192.04
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)	136,054,934	30,538,529	2,318,272	10,444,377	8,941,907	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,747,108					11.00
13.00	01300	NURSING ADMINISTRATION	216,127	13,667,192				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123,081	0	8,004,667			14.00
15.00	01500	PHARMACY	188,617	0	0	17,508,294		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	581,762	16.00
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)	82,798	80,712	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,367,458	7,741,881	0	0	69,663	30.00
31.00	03100	INTENSIVE CARE UNIT	278,062	1,574,250	0	0	11,804	31.00
41.00	04100	SUBPROVIDER - IRF	92,690	524,765	0	0	3,566	41.00
43.00	04300	NURSERY	0	0	0	0	3,417	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	377,248	0	0	0	70,245	50.00
51.00	05100	RECOVERY ROOM	48,447	0	0	0	7,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,704	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	16,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	293,079	0	0	0	36,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,789	0	0	0	10,158	55.00
56.00	05600	RADIOISOTOPE	20,817	0	0	0	12,768	56.00
57.00	05700	CT SCAN	57,191	0	0	0	52,903	57.00
58.00	05800	MRI	19,110	0	0	0	23,499	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,311	0	0	0	10,379	59.00
60.00	06000	LABORATORY	201,649	0	0	0	55,300	60.00
65.00	06500	RESPIRATORY THERAPY	91,499	518,025	0	0	7,970	65.00
66.00	06600	PHYSICAL THERAPY	377,427	0	0	0	29,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,287	0	0	0	3,414	67.00
68.00	06800	SPEECH PATHOLOGY	22,154	0	0	0	1,677	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	21,012	0	0	0	560	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,211,130	0	11,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,793,537	0	17,908	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,832,251	23,814	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	15,676,043	16,836	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	636	74.00
76.00	03951	CARDIOLOGY	52,486	297,153	0	0	4,424	76.00
76.01	03950	WOUND CARE	50,454	285,643	0	0	2,021	76.01
76.97	07697	CARDIAC REHABILITATION	19,659	111,300	0	0	1,397	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52,102	0	0	0	7,284	90.00
90.01	09001	DIABETES CENTER	18,327	0	0	0	151	90.01
90.02	04951	BEHAVIORAL HEALTH	34,050	0	0	0	1,809	90.02
91.00	09100	EMERGENCY	447,489	2,533,463	0	0	62,565	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	19,688	0	0	0	1,363	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,747,108	13,667,192	8,004,667	17,508,294	581,762	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,747,108	13,667,192	8,004,667	17,508,294	581,762	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,108,616					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,538,690				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			786,598			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,381,559	891,902	69,699	100,597,876	-3,273,461	30.00
31.00	03100	INTENSIVE CARE UNIT	518,289	194,101	39,828	22,323,562	-712,390	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,596,041	0	41.00
43.00	04300	NURSERY	0	0	0	7,797,177	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	268,568	100,580	49,785	46,181,243	-369,148	50.00
51.00	05100	RECOVERY ROOM	0	0	19,914	5,811,472	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	39,828	8,708,828	0	52.00
53.00	05300	ANESTHESIOLOGY	76,672	28,714	29,871	1,026,196	-105,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,672	28,714	0	20,876,219	-105,386	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	57,397	21,495	0	6,292,427	-78,892	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,428,308	0	56.00
57.00	05700	CT SCAN	0	0	0	4,301,332	0	57.00
58.00	05800	MRI	0	0	0	1,851,799	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	15,498,227	0	59.00
60.00	06000	LABORATORY	0	0	19,914	19,148,009	0	60.00
65.00	06500	RESPIRATORY THERAPY	95,948	35,933	0	6,933,277	-131,881	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,489,274	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,001,441	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,565,500	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	1,410,440	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,085,360	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,535,126	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,733,370	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	48,975,219	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,439,400	0	74.00
76.00	03951	CARDIOLOGY	326,393	122,235	0	5,097,288	-448,628	76.00
76.01	03950	WOUND CARE	0	0	0	5,592,651	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,436,793	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	191,895	71,865	0	2,537,169	-263,760	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,372,212	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	2,453,661	0	90.02
91.00	09100	EMERGENCY	115,223	43,151	517,759	37,355,224	-158,374	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	2,432,303	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,108,616	1,538,690	786,598	453,884,424	-5,647,306	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	228,143	0	190.00
192.01	19201	CRISIS LINE	0	0	0	2,711,721	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	264,197	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	185,383	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
202.00		TOTAL (sum lines 118 through 201)	4,108,616	1,538,690	786,598	457,273,868	-5,647,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	03952	INJECTABLE DRUGS	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	CARDIOLOGY	76.00
76.01	03950	WOUND CARE	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DIABETES CENTER	90.01
90.02	04951	BEHAVIOIRAL HEALTH	90.02
91.00	09100	EMERGENCY	91.00
91.01	09101	EMERGENCY	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.01	19201	CRISIS LINE	192.01
192.02	19202	FLIGHT FOR LIFE	192.02
192.04	19204	WELLNESS PROGRAM	192.04
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,233	3,064	8,297	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,271,773	7,135,937	4,178,049	24,585,759	933 5.00
7.00	00700	OPERATION OF PLANT	220,013	1,963,252	1,149,472	3,332,737	196 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,342	14,252	38,594	6 8.00
9.00	00900	HOUSEKEEPING	23	251,076	147,003	398,102	186 9.00
10.00	01000	DIETARY	969	575,139	336,741	912,849	93 10.00
11.00	01100	CAFETERIA	0	0	0	0	86 11.00
13.00	01300	NURSING ADMINISTRATION	231,749	99,828	58,449	390,026	292 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,613,461	448,630	262,670	2,324,761	63 14.00
15.00	01500	PHARMACY	1,584,767	254,981	149,290	1,989,038	346 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,597	56,557	153,154	0 16.00
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	236	2,894	1,694	4,824	20 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	14,867	8,705	23,572	20 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,779	3,325,733	1,947,197	5,335,709	1,637 30.00
31.00	03100	INTENSIVE CARE UNIT	92,279	379,488	222,188	693,955	415 31.00
41.00	04100	SUBPROVIDER - IRF	8,027	170,437	99,790	278,254	139 41.00
43.00	04300	NURSERY	0	264,040	154,594	418,634	112 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	561,268	1,538,845	900,985	3,001,098	614 50.00
51.00	05100	RECOVERY ROOM	48	341,151	199,742	540,941	93 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	322,497	188,820	511,317	122 52.00
53.00	05300	ANESTHESIOLOGY	1,307	19,466	11,397	32,170	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	498,603	291,929	790,532	427 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,910	224,256	131,300	363,466	118 55.00
56.00	05600	RADIOISOTOPE	0	105,893	62,000	167,893	34 56.00
57.00	05700	CT SCAN	63,642	111,543	65,308	240,493	81 57.00
58.00	05800	MRI	54,477	99,729	58,391	212,597	34 58.00
59.00	05900	CARDIAC CATHETERIZATION	730,806	251,869	147,468	1,130,143	120 59.00
60.00	06000	LABORATORY	5,921	218,566	127,969	352,456	233 60.00
65.00	06500	RESPIRATORY THERAPY	20,263	51,480	30,141	101,884	126 65.00
66.00	06600	PHYSICAL THERAPY	27,574	41,251	24,152	92,977	544 66.00
67.00	06700	OCCUPATIONAL THERAPY	4,903	0	0	4,903	79 67.00
68.00	06800	SPEECH PATHOLOGY	3,371	0	0	3,371	41 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	07001	SLEEP LAB/NEUROLOGY	10,859	21,032	12,314	44,205	29 70.01
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
73.01	03952	INJECTABLE DRUGS	0	0	0	0	0 73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03951	CARDIOLOGY	132	174,064	101,914	276,110	88 76.00
76.01	03950	WOUND CARE	110,747	0	0	110,747	64 76.01
76.97	07697	CARDIAC REHABILITATION	440	7,453	4,364	12,257	32 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	35,622	20,856	56,478	49 90.00
90.01	09001	DIABETES CENTER	0	0	0	0	30 90.01
90.02	04951	BEHAVIOIRAL HEALTH	1,006	140,405	82,206	223,617	41 90.02
91.00	09100	EMERGENCY	32,292	737,488	431,795	1,201,575	659 91.00
91.01	09101	EMERGENCY	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	22 97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,723,042	19,953,687	11,682,766	50,359,495	8,224 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	37,881	22,179	60,060	0 190.00
192.01	19201	CRISIS LINE	5,264	24,719	14,473	44,456	68 192.01
192.02	19202	FLIGHT FOR LIFE	0	43,333	25,371	68,704	0 192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	5 192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	18,728,306	20,059,620	11,744,789	50,532,715	8,297 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,586,692					5.00
7.00	00700	OPERATION OF PLANT	1,641,999	4,974,932				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,001	11,054	170,655			8.00
9.00	00900	HOUSEKEEPING	523,942	114,018	0	1,036,248		9.00
10.00	01000	DIETARY	363,701	261,180	879	55,805	1,594,507	10.00
11.00	01100	CAFETERIA	255,243	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	703,026	45,333	0	9,686	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	332,304	203,730	879	43,530	0	14.00
15.00	01500	PHARMACY	879,621	115,791	0	24,741	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,723	43,866	0	9,373	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	220,912	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	82,146	1,314	0	281	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	30,492	6,751	0	1,443	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,628,796	1,510,270	64,998	322,690	1,280,115	30.00
31.00	03100	INTENSIVE CARE UNIT	911,317	172,332	18,772	36,821	191,552	31.00
41.00	04100	SUBPROVIDER - IRF	302,881	77,398	828	16,537	122,840	41.00
43.00	04300	NURSERY	364,350	119,905	1,707	25,620	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,108,007	698,814	23,165	149,313	0	50.00
51.00	05100	RECOVERY ROOM	234,985	154,922	5,948	33,101	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	399,375	146,451	1,707	31,292	0	52.00
53.00	05300	ANESTHESIOLOGY	43,094	8,840	0	1,889	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	988,903	226,424	12,622	48,379	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	283,890	101,838	828	21,759	0	55.00
56.00	05600	RADIOISOTOPE	159,237	48,088	2,534	10,275	0	56.00
57.00	05700	CT SCAN	202,771	50,653	0	10,823	0	57.00
58.00	05800	MRI	77,085	45,288	0	9,677	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	774,883	114,378	5,120	24,439	0	59.00
60.00	06000	LABORATORY	970,413	99,255	0	21,207	0	60.00
65.00	06500	RESPIRATORY THERAPY	322,074	23,378	0	4,995	0	65.00
66.00	06600	PHYSICAL THERAPY	1,125,220	18,733	0	4,003	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,602	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	82,893	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	69,172	9,551	1,707	2,041	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	530,327	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	791,664	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	208,475	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	1,789,528	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	131,128	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	193,177	79,045	3,413	16,889	0	76.00
76.01	03950	WOUND CARE	282,526	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	68,628	3,385	0	723	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	111,227	16,176	828	3,456	0	90.00
90.01	09001	DIABETES CENTER	72,788	0	0	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	101,573	63,760	0	13,623	0	90.02
91.00	09100	EMERGENCY	1,641,149	334,905	24,720	71,558	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	129,648	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,425,896	4,926,826	170,655	1,025,969	1,594,507	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	4,597	17,203	0	3,676	0	190.00
192.01	19201	CRISIS LINE	140,799	11,225	0	2,398	0	192.01
192.02	19202	FLIGHT FOR LIFE	5,432	19,678	0	4,205	0	192.02
192.04	19204	WELLNESS PROGRAM	9,968	0	0	0	0	192.04
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)	24,586,692	4,974,932	170,655	1,036,248	1,594,507	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	255,329					11.00
13.00	01300	NURSING ADMINISTRATION	11,625	1,159,988				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,620	0	2,911,887			14.00
15.00	01500	PHARMACY	10,145	0	0	3,019,682		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	218,116	16.00
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)	4,453	6,850	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,551	657,083	0	0	25,948	30.00
31.00	03100	INTENSIVE CARE UNIT	14,956	133,613	0	0	4,397	31.00
41.00	04100	SUBPROVIDER - IRF	4,985	44,539	0	0	1,328	41.00
43.00	04300	NURSERY	0	0	0	0	1,273	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,291	0	0	0	27,586	50.00
51.00	05100	RECOVERY ROOM	2,606	0	0	0	2,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,380	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,764	0	0	0	13,696	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,646	0	0	0	3,784	55.00
56.00	05600	RADIOISOTOPE	1,120	0	0	0	4,756	56.00
57.00	05700	CT SCAN	3,076	0	0	0	19,705	57.00
58.00	05800	MRI	1,028	0	0	0	8,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,136	0	0	0	3,866	59.00
60.00	06000	LABORATORY	10,846	0	0	0	20,598	60.00
65.00	06500	RESPIRATORY THERAPY	4,921	43,967	0	0	2,969	65.00
66.00	06600	PHYSICAL THERAPY	20,300	0	0	0	10,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,597	0	0	0	1,272	67.00
68.00	06800	SPEECH PATHOLOGY	1,192	0	0	0	625	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,130	0	0	0	209	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,168,123	0	4,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,743,764	0	6,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	316,012	8,870	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	2,703,670	6,271	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	237	74.00
76.00	03951	CARDIOLOGY	2,823	25,221	0	0	1,648	76.00
76.01	03950	WOUND CARE	2,714	24,244	0	0	753	76.01
76.97	07697	CARDIAC REHABILITATION	1,057	9,446	0	0	520	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,802	0	0	0	2,713	90.00
90.01	09001	DIABETES CENTER	986	0	0	0	56	90.01
90.02	04951	BEHAVIOIRAL HEALTH	1,831	0	0	0	674	90.02
91.00	09100	EMERGENCY	24,069	215,025	0	0	23,304	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,059	0	0	0	508	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	255,329	1,159,988	2,911,887	3,019,682	218,116	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	255,329	1,159,988	2,911,887	3,019,682	218,116	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	220,912					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		88,585				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			73,581			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				12,900,797	0	30.00
31.00	03100	INTENSIVE CARE UNIT				2,178,130	0	31.00
41.00	04100	SUBPROVIDER - IRF				849,729	0	41.00
43.00	04300	NURSERY				931,601	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				6,028,888	0	50.00
51.00	05100	RECOVERY ROOM				975,334	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,091,644	0	52.00
53.00	05300	ANESTHESIOLOGY				92,014	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,096,747	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				779,329	0	55.00
56.00	05600	RADIOISOTOPE				393,937	0	56.00
57.00	05700	CT SCAN				527,602	0	57.00
58.00	05800	MRI				354,462	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				2,056,085	0	59.00
60.00	06000	LABORATORY				1,475,008	0	60.00
65.00	06500	RESPIRATORY THERAPY				504,314	0	65.00
66.00	06600	PHYSICAL THERAPY				1,272,666	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				167,453	0	67.00
68.00	06800	SPEECH PATHOLOGY				88,122	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY				128,044	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				1,702,549	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				2,542,098	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				533,357	0	73.00
73.01	03952	INJECTABLE DRUGS				4,499,469	0	73.01
74.00	07400	RENAL DIALYSIS				131,365	0	74.00
76.00	03951	CARDIOLOGY				598,414	0	76.00
76.01	03950	WOUND CARE				421,048	0	76.01
76.97	07697	CARDIAC REHABILITATION				96,048	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				193,729	0	90.00
90.01	09001	DIABETES CENTER				73,860	0	90.01
90.02	04951	BEHAVOIRAL HEALTH				405,119	0	90.02
91.00	09100	EMERGENCY				3,536,964	0	91.00
91.01	09101	EMERGENCY				0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				131,237	0	97.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	49,757,163	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				85,536	0	190.00
192.01	19201	CRISIS LINE				198,946	0	192.01
192.02	19202	FLIGHT FOR LIFE				98,019	0	192.02
192.04	19204	WELLNESS PROGRAM				9,973	0	192.04
200.00		Cross Foot Adjustments	220,912	88,585	73,581	383,078	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00	24.00	25.00	
202.00 TOTAL (sum lines 118 through 201)	220,912	88,585	73,581	50,532,715	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	12,900,797
31.00	03100	INTENSIVE CARE UNIT	2,178,130
41.00	04100	SUBPROVIDER - IRF	849,729
43.00	04300	NURSERY	931,601
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	6,028,888
51.00	05100	RECOVERY ROOM	975,334
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,091,644
53.00	05300	ANESTHESIOLOGY	92,014
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,096,747
55.00	05500	RADIOLOGY-THERAPEUTIC	779,329
56.00	05600	RADIOISOTOPE	393,937
57.00	05700	CT SCAN	527,602
58.00	05800	MRI	354,462
59.00	05900	CARDIAC CATHETERIZATION	2,056,085
60.00	06000	LABORATORY	1,475,008
65.00	06500	RESPIRATORY THERAPY	504,314
66.00	06600	PHYSICAL THERAPY	1,272,666
67.00	06700	OCCUPATIONAL THERAPY	167,453
68.00	06800	SPEECH PATHOLOGY	88,122
70.00	07000	ELECTROENCEPHALOGRAPHY	0
70.01	07001	SLEEP LAB/NEUROLOGY	128,044
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,702,549
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,542,098
73.00	07300	DRUGS CHARGED TO PATIENTS	533,357
73.01	03952	INJECTABLE DRUGS	4,499,469
74.00	07400	RENAL DIALYSIS	131,365
76.00	03951	CARDIOLOGY	598,414
76.01	03950	WOUND CARE	421,048
76.97	07697	CARDIAC REHABILITATION	96,048
76.98	07698	HYPERBARIC OXYGEN THERAPY	0
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	193,729
90.01	09001	DIABETES CENTER	73,860
90.02	04951	BEHAVIORAL HEALTH	405,119
91.00	09100	EMERGENCY	3,536,964
91.01	09101	EMERGENCY	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0
OTHER REIMBURSABLE COST CENTERS			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	131,237
101.00	10100	HOME HEALTH AGENCY	0
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,757,163
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	85,536
192.01	19201	CRISIS LINE	198,946
192.02	19202	FLIGHT FOR LIFE	98,019
192.04	19204	WELLNESS PROGRAM	9,973
200.00		Cross Foot Adjustments	383,078
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	50,532,715

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,011,946				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,011,946			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	264	264	165,821,664		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	359,986	359,986	18,656,783	-136,054,934	5.00
7.00	00700	OPERATION OF PLANT	99,040	99,040	3,917,673	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,228	1,228	129,544	0	8.00
9.00	00900	HOUSEKEEPING	12,666	12,666	3,710,186	0	9.00
10.00	01000	DIETARY	29,014	29,014	1,868,696	0	10.00
11.00	01100	CAFETERIA	0	0	1,724,847	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,036	5,036	5,834,646	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,632	22,632	1,260,237	0	14.00
15.00	01500	PHARMACY	12,863	12,863	6,928,404	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,873	4,873	0	0	16.00
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	146	146	405,495	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	750	750	397,000	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	167,773	167,773	32,644,057	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,144	19,144	8,297,837	0	31.00
41.00	04100	SUBPROVIDER - IRF	8,598	8,598	2,786,751	0	41.00
43.00	04300	NURSERY	13,320	13,320	2,249,782	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,630	77,630	12,274,518	0	50.00
51.00	05100	RECOVERY ROOM	17,210	17,210	1,855,813	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,269	16,269	2,438,881	0	52.00
53.00	05300	ANESTHESIOLOGY	982	982	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,153	25,153	8,530,194	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	11,313	2,369,201	0	55.00
56.00	05600	RADIOISOTOPE	5,342	5,342	677,123	0	56.00
57.00	05700	CT SCAN	5,627	5,627	1,610,694	0	57.00
58.00	05800	MRI	5,031	5,031	685,985	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,706	12,706	2,397,613	0	59.00
60.00	06000	LABORATORY	11,026	11,026	4,653,351	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,597	2,597	2,519,435	0	65.00
66.00	06600	PHYSICAL THERAPY	2,081	2,081	10,877,525	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,586,697	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	813,076	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,061	1,061	581,409	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	8,781	8,781	1,752,417	0	76.00
76.01	03950	WOUND CARE	0	0	1,286,786	0	76.01
76.97	07697	CARDIAC REHABILITATION	376	376	634,841	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,797	1,797	976,812	0	90.00
90.01	09001	DIABETES CENTER	0	0	604,678	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	7,083	7,083	812,852	0	90.02
91.00	09100	EMERGENCY	37,204	37,204	13,170,014	0	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	447,918	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,006,602	1,006,602	164,369,771	-136,054,934	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,911	1,911	0	0	190.00
192.01	19201	CRISIS LINE	1,247	1,247	1,356,658	0	192.01
192.02	19202	FLIGHT FOR LIFE	2,186	2,186	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	95,235	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	20,059,620	11,744,789	37,897,895		136,054,934	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.822817	11.606142	0.228546		0.423558	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,297		24,586,692	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000050		0.076542	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: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	552,656					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,228	1,658,682				8.00
9.00	00900	HOUSEKEEPING	12,666	0	538,762			9.00
10.00	01000	DIETARY	29,014	8,540	29,014	526,093		10.00
11.00	01100	CAFETERIA	0	0	0	0	3,656,850	11.00
13.00	01300	NURSING ADMINISTRATION	5,036	0	5,036	0	166,490	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,632	8,540	22,632	0	94,813	14.00
15.00	01500	PHARMACY	12,863	0	12,863	0	145,298	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,873	0	4,873	0	0	16.00
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	146	0	146	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	750	0	750	0	63,782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	167,773	631,777	167,773	422,362	1,053,397	30.00
31.00	03100	INTENSIVE CARE UNIT	19,144	182,455	19,144	63,201	214,200	31.00
41.00	04100	SUBPROVIDER - IRF	8,598	8,047	8,598	40,530	71,402	41.00
43.00	04300	NURSERY	13,320	16,587	13,320	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,630	225,153	77,630	0	290,606	50.00
51.00	05100	RECOVERY ROOM	17,210	57,808	17,210	0	37,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,269	16,587	16,269	0	0	52.00
53.00	05300	ANESTHESIOLOGY	982	0	982	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,153	122,677	25,153	0	225,768	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	8,047	11,313	0	52,220	55.00
56.00	05600	RADIOISOTOPE	5,342	24,634	5,342	0	16,036	56.00
57.00	05700	CT SCAN	5,627	0	5,627	0	44,056	57.00
58.00	05800	MRI	5,031	0	5,031	0	14,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,706	49,760	12,706	0	44,919	59.00
60.00	06000	LABORATORY	11,026	0	11,026	0	155,337	60.00
65.00	06500	RESPIRATORY THERAPY	2,597	0	2,597	0	70,485	65.00
66.00	06600	PHYSICAL THERAPY	2,081	0	2,081	0	290,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	37,197	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	17,066	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,061	16,587	1,061	0	16,186	70.01
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
73.01	03952	INJECTABLE DRUGS	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	8,781	33,174	8,781	0	40,432	76.00
76.01	03950	WOUND CARE	0	0	0	0	38,866	76.01
76.97	07697	CARDIAC REHABILITATION	376	0	376	0	15,144	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,797	8,047	1,797	0	40,136	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	14,118	90.01
90.02	04951	BEHAVIOIRAL HEALTH	7,083	0	7,083	0	26,230	90.02
91.00	09100	EMERGENCY	37,204	240,262	37,204	0	344,715	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	15,166	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	547,312	1,658,682	533,418	526,093	3,656,850	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,911	0	1,911	0	0	190.00
192.01	19201	CRISIS LINE	1,247	0	1,247	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	2,186	0	2,186	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	30,538,529	2,318,272	10,444,377	8,941,907	4,747,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	55.257753	1.397659	19.385883	16.996818	1.298141	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	4,974,932	170,655	1,036,248	1,594,507	255,329	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.001860	0.102886	1.923387	3.030846	0.069822	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: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,859,623					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,271,446				14.00
15.00	01500	PHARMACY	0	0	26,112,359			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,359,454,055		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,592	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)	10,982	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,053,397	0	0	282,038,156	5,560	30.00
31.00	03100	INTENSIVE CARE UNIT	214,200	0	0	47,788,702	1,210	31.00
41.00	04100	SUBPROVIDER - IRF	71,402	0	0	14,437,581	0	41.00
43.00	04300	NURSERY	0	0	0	13,832,836	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	288,535,220	627	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,759,579	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,995,514	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	65,448,515	179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	148,872,156	179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	41,125,083	134	55.00
56.00	05600	RADIOISOTOPE	0	0	0	51,692,355	0	56.00
57.00	05700	CT SCAN	0	0	0	214,181,627	0	57.00
58.00	05800	MRI	0	0	0	95,137,019	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	42,019,788	0	59.00
60.00	06000	LABORATORY	0	0	0	223,886,829	0	60.00
65.00	06500	RESPIRATORY THERAPY	70,485	0	0	32,268,949	224	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	118,353,509	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,821,809	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,789,445	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	2,268,526	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,928,572	0	44,558,894	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,342,874	0	72,501,866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,732,672	96,412,596	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	23,379,687	68,161,980	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,576,478	0	74.00
76.00	03951	CARDIOLOGY	40,432	0	0	17,910,944	762	76.00
76.01	03950	WOUND CARE	38,866	0	0	8,180,704	0	76.01
76.97	07697	CARDIAC REHABILITATION	15,144	0	0	5,655,666	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	29,490,119	448	90.00
90.01	09001	DIABETES CENTER	0	0	0	609,716	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	0	0	7,324,251	0	90.02
91.00	09100	EMERGENCY	344,715	0	0	253,300,341	269	91.00
91.01	09101	EMERGENCY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,517,302	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,859,623	17,271,446	26,112,359	2,359,454,055	9,592	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	CRISIS LINE	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	13,667,192	8,004,667	17,508,294	581,762	4,108,616	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.349442	0.463462	0.670498	0.000247	428.337781	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,159,988	2,911,887	3,019,682	218,116	220,912	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.623776	0.168595	0.115642	0.000092	23.030859	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: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet B-1

Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,592		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		158	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,560	14	30.00
31.00	03100	INTENSIVE CARE UNIT	1,210	8	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	627	10	50.00
51.00	05100	RECOVERY ROOM	0	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		8	52.00
53.00	05300	ANESTHESIOLOGY	179	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	134	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	4	60.00
65.00	06500	RESPIRATORY THERAPY	224	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	CARDIOLOGY	762	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	448	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	0	90.02
91.00	09100	EMERGENCY	269	104	91.00
91.01	09101	EMERGENCY	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,592	158	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	CRISIS LINE	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	192.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet B-1
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	1,538,690	786,598	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	160.413887	4,978.468354	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	88,585	73,581	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.235300	465.702532	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 7:08 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	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	97,324,415	97,324,415	0	97,324,415
31.00	03100	INTENSIVE CARE UNIT	21,611,172	21,611,172	0	21,611,172
41.00	04100	SUBPROVIDER - IRF	7,596,041	7,596,041	0	7,596,041
43.00	04300	NURSERY	7,797,177	7,797,177	0	7,797,177
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,812,095	45,812,095	0	45,812,095
51.00	05100	RECOVERY ROOM	5,811,472	5,811,472	0	5,811,472
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,708,828	8,708,828	0	8,708,828
53.00	05300	ANESTHESIOLOGY	920,810	920,810	0	920,810
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,770,833	20,770,833	0	20,770,833
55.00	05500	RADIOLOGY-THERAPEUTIC	6,213,535	6,213,535	0	6,213,535
56.00	05600	RADIOISOTOPE	3,428,308	3,428,308	0	3,428,308
57.00	05700	CT SCAN	4,301,332	4,301,332	0	4,301,332
58.00	05800	MRI	1,851,799	1,851,799	0	1,851,799
59.00	05900	CARDIAC CATHETERIZATION	15,498,227	15,498,227	0	15,498,227
60.00	06000	LABORATORY	19,148,009	19,148,009	0	19,148,009
65.00	06500	RESPIRATORY THERAPY	6,801,396	6,801,396	0	6,801,396
66.00	06600	PHYSICAL THERAPY	21,489,274	21,489,274	0	21,489,274
67.00	06700	OCCUPATIONAL THERAPY	3,001,441	3,001,441	0	3,001,441
68.00	06800	SPEECH PATHOLOGY	1,565,500	1,565,500	0	1,565,500
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	1,410,440	1,410,440	0	1,410,440
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,085,360	13,085,360	0	13,085,360
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,535,126	19,535,126	0	19,535,126
73.00	07300	DRUGS CHARGED TO PATIENTS	5,733,370	5,733,370	0	5,733,370
73.01	03952	INJECTABLE DRUGS	48,975,219	48,975,219	0	48,975,219
74.00	07400	RENAL DIALYSIS	2,439,400	2,439,400	0	2,439,400
76.00	03951	CARDIOLOGY	4,648,660	4,648,660	0	4,648,660
76.01	03950	WOUND CARE	5,592,651	5,592,651	0	5,592,651
76.97	07697	CARDIAC REHABILITATION	1,436,793	1,436,793	0	1,436,793
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,273,409	2,273,409	0	2,273,409
90.01	09001	DIABETES CENTER	1,372,212	1,372,212	0	1,372,212
90.02	04951	BEHAVIORAL HEALTH	2,453,661	2,453,661	0	2,453,661
91.00	09100	EMERGENCY	37,196,850	37,196,850	0	37,196,850
91.01	09101	EMERGENCY	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,637,033	7,637,033	0	7,637,033
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	2,432,303	2,432,303	0	2,432,303
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	455,874,151	455,874,151	0	455,874,151
201.00		Less Observation Beds	7,637,033	7,637,033	0	7,637,033
202.00		Total (see instructions)	448,237,118	448,237,118	0	448,237,118

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
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			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	212,630,595		212,630,595		30.00
31.00	03100	INTENSIVE CARE UNIT	50,167,555		50,167,555		31.00
41.00	04100	SUBPROVIDER - IRF	12,458,504		12,458,504		41.00
43.00	04300	NURSERY	13,917,433		13,917,433		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	77,148,246	176,445,160	253,593,406	0.180652	50.00
51.00	05100	RECOVERY ROOM	6,216,276	10,775,383	16,991,659	0.342019	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,509,075	16,400	4,525,475	1.924401	52.00
53.00	05300	ANESTHESIOLOGY	7,733,504	13,533,551	21,267,055	0.043297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,458,358	128,938,674	153,397,032	0.135406	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	455,138	38,058,301	38,513,439	0.161334	55.00
56.00	05600	RADIOISOTOPE	3,901,388	26,579,069	30,480,457	0.112476	56.00
57.00	05700	CT SCAN	55,625,946	111,517,668	167,143,614	0.025734	57.00
58.00	05800	MRI	8,728,692	26,351,412	35,080,104	0.052788	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,786,704	31,958,452	64,745,156	0.239373	59.00
60.00	06000	LABORATORY	74,673,852	56,111,983	130,785,835	0.146407	60.00
65.00	06500	RESPIRATORY THERAPY	19,601,580	2,933,534	22,535,114	0.301813	65.00
66.00	06600	PHYSICAL THERAPY	13,548,599	60,309,501	73,858,100	0.290954	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,707,357	1,890,930	11,598,287	0.258783	67.00
68.00	06800	SPEECH PATHOLOGY	6,506,314	231,920	6,738,234	0.232331	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	348,434	2,379,123	2,727,557	0.517107	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,212,127	8,589,916	19,802,043	0.660809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,766,277	20,161,727	36,928,004	0.529006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,293,180	6,182,837	65,476,017	0.087564	73.00
73.01	03952	INJECTABLE DRUGS	1,140,988	89,440,879	90,581,867	0.540674	73.01
74.00	07400	RENAL DIALYSIS	1,722,231	0	1,722,231	1.416419	74.00
76.00	03951	CARDIOLOGY	16,659,618	29,222,323	45,881,941	0.101318	76.00
76.01	03950	WOUND CARE	52,936	14,773,720	14,826,656	0.377202	76.01
76.97	07697	CARDIAC REHABILITATION	91,645	4,348,223	4,439,868	0.323612	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	103,890	4,580,327	4,684,217	0.485334	90.00
90.01	09001	DIABETES CENTER	54,889	1,533,581	1,588,470	0.863858	90.01
90.02	04951	BEHAVIOIRAL HEALTH	16,904	3,294,294	3,311,198	0.741019	90.02
91.00	09100	EMERGENCY	61,123,626	170,956,454	232,080,080	0.160276	91.00
91.01	09101	EMERGENCY	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,419,621	10,006,480	13,426,101	0.568820	92.00
	OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,699,383	5,699,383	0.426766	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	806,781,482	1,056,821,205	1,863,602,687		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	806,781,482	1,056,821,205	1,863,602,687		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet C
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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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.180652			50.00
51.00	05100	RECOVERY ROOM	0.342019			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.924401			52.00
53.00	05300	ANESTHESIOLOGY	0.043297			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135406			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161334			55.00
56.00	05600	RADIOISOTOPE	0.112476			56.00
57.00	05700	CT SCAN	0.025734			57.00
58.00	05800	MRI	0.052788			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.239373			59.00
60.00	06000	LABORATORY	0.146407			60.00
65.00	06500	RESPIRATORY THERAPY	0.301813			65.00
66.00	06600	PHYSICAL THERAPY	0.290954			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258783			67.00
68.00	06800	SPEECH PATHOLOGY	0.232331			68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.517107			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.660809			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.529006			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087564			73.00
73.01	03952	INJECTABLE DRUGS	0.540674			73.01
74.00	07400	RENAL DIALYSIS	1.416419			74.00
76.00	03951	CARDIOLOGY	0.101318			76.00
76.01	03950	WOUND CARE	0.377202			76.01
76.97	07697	CARDIAC REHABILITATION	0.323612			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.485334			90.00
90.01	09001	DIABETES CENTER	0.863858			90.01
90.02	04951	BEHAVIOIRAL HEALTH	0.741019			90.02
91.00	09100	EMERGENCY	0.160276			91.00
91.01	09101	EMERGENCY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.568820			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.426766			97.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
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3/22/2021 7:08 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,324,415		97,324,415	0	97,324,415	30.00
31.00	03100	INTENSIVE CARE UNIT	21,611,172		21,611,172	0	21,611,172	31.00
41.00	04100	SUBPROVIDER - IRF	7,596,041		7,596,041	0	7,596,041	41.00
43.00	04300	NURSERY	7,797,177		7,797,177	0	7,797,177	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,812,095		45,812,095	0	45,812,095	50.00
51.00	05100	RECOVERY ROOM	5,811,472		5,811,472	0	5,811,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,708,828		8,708,828	0	8,708,828	52.00
53.00	05300	ANESTHESIOLOGY	920,810		920,810	0	920,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,770,833		20,770,833	0	20,770,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,213,535		6,213,535	0	6,213,535	55.00
56.00	05600	RADIOISOTOPE	3,428,308		3,428,308	0	3,428,308	56.00
57.00	05700	CT SCAN	4,301,332		4,301,332	0	4,301,332	57.00
58.00	05800	MRI	1,851,799		1,851,799	0	1,851,799	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,498,227		15,498,227	0	15,498,227	59.00
60.00	06000	LABORATORY	19,148,009		19,148,009	0	19,148,009	60.00
65.00	06500	RESPIRATORY THERAPY	6,801,396	0	6,801,396	0	6,801,396	65.00
66.00	06600	PHYSICAL THERAPY	21,489,274	0	21,489,274	0	21,489,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,001,441	0	3,001,441	0	3,001,441	67.00
68.00	06800	SPEECH PATHOLOGY	1,565,500	0	1,565,500	0	1,565,500	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,410,440		1,410,440	0	1,410,440	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,085,360		13,085,360	0	13,085,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,535,126		19,535,126	0	19,535,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,733,370		5,733,370	0	5,733,370	73.00
73.01	03952	INJECTABLE DRUGS	48,975,219		48,975,219	0	48,975,219	73.01
74.00	07400	RENAL DIALYSIS	2,439,400		2,439,400	0	2,439,400	74.00
76.00	03951	CARDIOLOGY	4,648,660		4,648,660	0	4,648,660	76.00
76.01	03950	WOUND CARE	5,592,651		5,592,651	0	5,592,651	76.01
76.97	07697	CARDIAC REHABILITATION	1,436,793		1,436,793	0	1,436,793	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,273,409		2,273,409	0	2,273,409	90.00
90.01	09001	DIABETES CENTER	1,372,212		1,372,212	0	1,372,212	90.01
90.02	04951	BEHAVIORAL HEALTH	2,453,661		2,453,661	0	2,453,661	90.02
91.00	09100	EMERGENCY	37,196,850		37,196,850	0	37,196,850	91.00
91.01	09101	EMERGENCY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,637,033		7,637,033		7,637,033	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	2,432,303		2,432,303	0	2,432,303	97.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	455,874,151	0	455,874,151	0	455,874,151	200.00
201.00		Less Observation Beds	7,637,033		7,637,033		7,637,033	201.00
202.00		Total (see instructions)	448,237,118	0	448,237,118	0	448,237,118	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2019
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Part I
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3/22/2021 7:08 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	212,630,595		212,630,595		30.00
31.00	03100	INTENSIVE CARE UNIT	50,167,555		50,167,555		31.00
41.00	04100	SUBPROVIDER - IRF	12,458,504		12,458,504		41.00
43.00	04300	NURSERY	13,917,433		13,917,433		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,148,246	176,445,160	253,593,406	0.180652	0.000000
51.00	05100	RECOVERY ROOM	6,216,276	10,775,383	16,991,659	0.342019	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,509,075	16,400	4,525,475	1.924401	0.000000
53.00	05300	ANESTHESIOLOGY	7,733,504	13,533,551	21,267,055	0.043297	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,458,358	128,938,674	153,397,032	0.135406	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	455,138	38,058,301	38,513,439	0.161334	0.000000
56.00	05600	RADIOISOTOPE	3,901,388	26,579,069	30,480,457	0.112476	0.000000
57.00	05700	CT SCAN	55,625,946	111,517,668	167,143,614	0.025734	0.000000
58.00	05800	MRI	8,728,692	26,351,412	35,080,104	0.052788	0.000000
59.00	05900	CARDIAC CATHETERIZATION	32,786,704	31,958,452	64,745,156	0.239373	0.000000
60.00	06000	LABORATORY	74,673,852	56,111,983	130,785,835	0.146407	0.000000
65.00	06500	RESPIRATORY THERAPY	19,601,580	2,933,534	22,535,114	0.301813	0.000000
66.00	06600	PHYSICAL THERAPY	13,548,599	60,309,501	73,858,100	0.290954	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,707,357	1,890,930	11,598,287	0.258783	0.000000
68.00	06800	SPEECH PATHOLOGY	6,506,314	231,920	6,738,234	0.232331	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
70.01	07001	SLEEP LAB/NEUROLOGY	348,434	2,379,123	2,727,557	0.517107	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,212,127	8,589,916	19,802,043	0.660809	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,766,277	20,161,727	36,928,004	0.529006	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	59,293,180	6,182,837	65,476,017	0.087564	0.000000
73.01	03952	INJECTABLE DRUGS	1,140,988	89,440,879	90,581,867	0.540674	0.000000
74.00	07400	RENAL DIALYSIS	1,722,231	0	1,722,231	1.416419	0.000000
76.00	03951	CARDIOLOGY	16,659,618	29,222,323	45,881,941	0.101318	0.000000
76.01	03950	WOUND CARE	52,936	14,773,720	14,826,656	0.377202	0.000000
76.97	07697	CARDIAC REHABILITATION	91,645	4,348,223	4,439,868	0.323612	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	103,890	4,580,327	4,684,217	0.485334	0.000000
90.01	09001	DIABETES CENTER	54,889	1,533,581	1,588,470	0.863858	0.000000
90.02	04951	BEHAVIOIRAL HEALTH	16,904	3,294,294	3,311,198	0.741019	0.000000
91.00	09100	EMERGENCY	61,123,626	170,956,454	232,080,080	0.160276	0.000000
91.01	09101	EMERGENCY	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,419,621	10,006,480	13,426,101	0.568820	0.000000
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,699,383	5,699,383	0.426766	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	806,781,482	1,056,821,205	1,863,602,687		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	806,781,482	1,056,821,205	1,863,602,687		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

Period:
From 09/01/2019
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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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000			70.01
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
73.01	03952	INJECTABLE DRUGS	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	CARDIOLOGY	0.000000			76.00
76.01	03950	WOUND CARE	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CENTER	0.000000			90.01
90.02	04951	BEHAVIORAL HEALTH	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	EMERGENCY	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		12,900,797	0	12,900,797	63,515	203.11	30.00
31.00	INTENSIVE CARE UNIT		2,178,130		2,178,130	7,210	302.10	31.00
41.00	SUBPROVIDER - IRF		849,729	0	849,729	5,822	145.95	41.00
43.00	NURSERY		931,601		931,601	5,015	185.76	43.00
200.00	Total (lines 30 through 199)		16,860,257		16,860,257	81,562		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		27,739	5,634,068				
31.00	INTENSIVE CARE UNIT		3,376	1,019,890				
41.00	SUBPROVIDER - IRF		3,989	582,195				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		35,104	7,236,153				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/22/2021 7:08 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,028,888	253,593,406	0.023774	35,479,642	843,493	50.00
51.00	05100	RECOVERY ROOM	975,334	16,991,659	0.057401	3,123,574	179,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,091,644	4,525,475	0.241222	12,330	2,974	52.00
53.00	05300	ANESTHESIOLOGY	92,014	21,267,055	0.004327	4,273,727	18,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,096,747	153,397,032	0.013669	14,514,336	198,396	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	779,329	38,513,439	0.020235	299,032	6,051	55.00
56.00	05600	RADIOISOTOPE	393,937	30,480,457	0.012924	2,248,290	29,057	56.00
57.00	05700	CT SCAN	527,602	167,143,614	0.003157	30,019,277	94,771	57.00
58.00	05800	MRI	354,462	35,080,104	0.010104	4,236,084	42,801	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,056,085	64,745,156	0.031757	7,039,006	223,538	59.00
60.00	06000	LABORATORY	1,475,008	130,785,835	0.011278	36,896,057	416,114	60.00
65.00	06500	RESPIRATORY THERAPY	504,314	22,535,114	0.022379	8,197,497	183,452	65.00
66.00	06600	PHYSICAL THERAPY	1,272,666	73,858,100	0.017231	5,976,538	102,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	167,453	11,598,287	0.014438	3,475,016	50,172	67.00
68.00	06800	SPEECH PATHOLOGY	88,122	6,738,234	0.013078	2,354,126	30,787	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	128,044	2,727,557	0.046945	175,991	8,262	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,702,549	19,802,043	0.085978	8,746,949	752,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,542,098	36,928,004	0.068839	15,054,246	1,036,319	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	533,357	65,476,017	0.008146	28,869,058	235,167	73.00
73.01	03952	INJECTABLE DRUGS	4,499,469	90,581,867	0.049673	499,621	24,818	73.01
74.00	07400	RENAL DIALYSIS	131,365	1,722,231	0.076276	815,507	62,204	74.00
76.00	03951	CARDIOLOGY	598,414	45,881,941	0.013042	11,992,969	156,412	76.00
76.01	03950	WOUND CARE	421,048	14,826,656	0.028398	13,992	397	76.01
76.97	07697	CARDIAC REHABILITATION	96,048	4,439,868	0.021633	43,336	937	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	193,729	4,684,217	0.041358	102,798	4,252	90.00
90.01	09001	DIABETES CENTER	73,860	1,588,470	0.046498	36,483	1,696	90.01
90.02	04951	BEHAVOIRAL HEALTH	405,119	3,311,198	0.122348	0	0	90.02
91.00	09100	EMERGENCY	3,536,964	232,080,080	0.015240	28,949,242	441,186	91.00
91.01	09101	EMERGENCY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,012,327	13,426,101	0.075400	2,639,522	199,020	92.00
	OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	131,237	5,699,383	0.023027	0	0	97.00
200.00		Total (lines 50 through 199)	33,909,233	1,574,428,600		256,084,246	5,345,091	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0116		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/22/2021 7:08 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	69,699	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	39,828	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	109,527	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	69,699	63,515	1.10	27,739	30.00		
31.00	03100	INTENSIVE CARE UNIT		39,828	7,210	5.52	3,376	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,822	0.00	3,989	41.00		
43.00	04300	NURSERY		0	5,015	0.00	0	43.00		
200.00		Total (lines 30 through 199)		109,527	81,562		35,104	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	30,513						30.00	
31.00	03100	INTENSIVE CARE UNIT	18,636						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	49,149						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 7:08 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	49,785	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	39,828	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,871	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	19,914	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	517,759	91.00
91.01	09101	EMERGENCY	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,468	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	682,539	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 7:08 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	49,785	49,785	253,593,406	0.000196	50.00
51.00	05100	RECOVERY ROOM	0	19,914	19,914	16,991,659	0.001172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,828	39,828	4,525,475	0.008801	52.00
53.00	05300	ANESTHESIOLOGY	0	29,871	29,871	21,267,055	0.001405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	153,397,032	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,513,439	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	30,480,457	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	167,143,614	0.000000	57.00
58.00	05800	MRI	0	0	0	35,080,104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	64,745,156	0.000000	59.00
60.00	06000	LABORATORY	0	19,914	19,914	130,785,835	0.000152	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,535,114	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	73,858,100	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,598,287	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,738,234	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	2,727,557	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,802,043	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,928,004	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	65,476,017	0.000000	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	90,581,867	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,722,231	0.000000	74.00
76.00	03951	CARDIOLOGY	0	0	0	45,881,941	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	14,826,656	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,439,868	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	4,684,217	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,588,470	0.000000	90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	0	0	3,311,198	0.000000	90.02
91.00	09100	EMERGENCY	0	517,759	517,759	232,080,080	0.002231	91.00
91.01	09101	EMERGENCY	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,468	5,468	13,426,101	0.000407	92.00
	OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,699,383	0.000000	97.00
200.00		Total (lines 50 through 199)	0	682,539	682,539	1,574,428,600		200.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER				In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0116		Period: From 09/01/2019 To 08/31/2020	Worksheet D Part IV Date/Time Prepared: 3/22/2021 7:08 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	0.000196	35,479,642	6,954	49,083,408	9,620	50.00
51.00	05100	RECOVERY ROOM	0.001172	3,123,574	3,661	5,828,014	6,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.008801	12,330	109	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.001405	4,273,727	6,005	5,190,172	7,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	14,514,336	0	22,268,836	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	299,032	0	17,755,598	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	2,248,290	0	8,897,546	0	56.00
57.00	05700	CT SCAN	0.000000	30,019,277	0	46,188,380	0	57.00
58.00	05800	MRI	0.000000	4,236,084	0	15,616,121	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,039,006	0	5,874,315	0	59.00
60.00	06000	LABORATORY	0.000152	36,896,057	5,608	15,268,330	2,321	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,197,497	0	2,136,436	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,976,538	0	289,187	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,475,016	0	116,519	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,354,126	0	76,072	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000	175,991	0	798,473	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,746,949	0	5,371,851	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,054,246	0	8,525,665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,869,058	0	1,529,806	0	73.00
73.01	03952	INJECTABLE DRUGS	0.000000	499,621	0	47,038,070	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	815,507	0	0	0	74.00
76.00	03951	CARDIOLOGY	0.000000	11,992,969	0	14,300,341	0	76.00
76.01	03950	WOUND CARE	0.000000	13,992	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	43,336	0	2,296,885	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	102,798	0	3,533,105	0	90.00
90.01	09001	DIABETES CENTER	0.000000	36,483	0	2,856	0	90.01
90.02	04951	BEHAVOIRAL HEALTH	0.000000	0	0	1,991,037	0	90.02
91.00	09100	EMERGENCY	0.002231	28,949,242	64,586	34,300,318	76,524	91.00
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000407	2,639,522	1,074	6,635,486	2,701	92.00
	OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		256,084,246	87,997	320,912,827	105,288	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/22/2021 7:08 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	0.180652	49,083,408	0	0	8,867,016	50.00
51.00	05100	RECOVERY ROOM	0.342019	5,828,014	0	0	1,993,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.924401	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043297	5,190,172	0	0	224,719	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135406	22,268,836	0	0	3,015,334	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161334	17,755,598	0	0	2,864,582	55.00
56.00	05600	RADIOISOTOPE	0.112476	8,897,546	0	0	1,000,760	56.00
57.00	05700	CT SCAN	0.025734	46,188,380	0	0	1,188,612	57.00
58.00	05800	MRI	0.052788	15,616,121	0	0	824,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.239373	5,874,315	0	0	1,406,152	59.00
60.00	06000	LABORATORY	0.146407	15,268,330	0	0	2,235,390	60.00
65.00	06500	RESPIRATORY THERAPY	0.301813	2,136,436	0	0	644,804	65.00
66.00	06600	PHYSICAL THERAPY	0.290954	289,187	278	0	84,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258783	116,519	0	0	30,153	67.00
68.00	06800	SPEECH PATHOLOGY	0.232331	76,072	0	0	17,674	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.517107	798,473	0	0	412,896	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.660809	5,371,851	0	0	3,549,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.529006	8,525,665	0	0	4,510,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087564	1,529,806	0	0	133,956	73.00
73.01	03952	INJECTABLE DRUGS	0.540674	47,038,070	0	57,741	25,432,261	73.01
74.00	07400	RENAL DIALYSIS	1.416419	0	0	0	0	74.00
76.00	03951	CARDIOLOGY	0.101318	14,300,341	0	0	1,448,882	76.00
76.01	03950	WOUND CARE	0.377202	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.323612	2,296,885	0	0	743,300	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.485334	3,533,105	1,245	139	1,714,736	90.00
90.01	09001	DIABETES CENTER	0.863858	2,856	0	0	2,467	90.01
90.02	04951	BEHAVIORAL HEALTH	0.741019	1,991,037	0	0	1,475,396	90.02
91.00	09100	EMERGENCY	0.160276	34,300,318	0	0	5,497,518	91.00
91.01	09101	EMERGENCY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.568820	6,635,486	0	0	3,774,397	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.426766	0	0	0	0	97.00
200.00		Subtotal (see instructions)		320,912,827	1,523	57,880	73,092,676	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		320,912,827	1,523	57,880	73,092,676	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0116		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part V Date/Time Prepared: 3/22/2021 7:08 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
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	81	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
73.01	03952	INJECTABLE DRUGS	0	31,219					73.01
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03951	CARDIOLOGY	0	0					76.00
76.01	03950	WOUND CARE	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	604	67					90.00
90.01	09001	DIABETES CENTER	0	0					90.01
90.02	04951	BEHAVIOIRAL HEALTH	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	EMERGENCY	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
200.00		Subtotal (see instructions)	685	31,286					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	685	31,286					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

Period:

Worksheet D

Component CCN: 14-T116

From 09/01/2019
To 08/31/2020Part II
Date/Time Prepared:
3/22/2021 7:08 pm

			Title XVIII		Subprovider - IRF	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	6,028,888	253,593,406	0.023774	27,965	665
51.00	05100	RECOVERY ROOM	975,334	16,991,659	0.057401	615	35
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,091,644	4,525,475	0.241222	0	0
53.00	05300	ANESTHESIOLOGY	92,014	21,267,055	0.004327	31,267	135
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,096,747	153,397,032	0.013669	352,310	4,816
55.00	05500	RADIOLOGY-THERAPEUTIC	779,329	38,513,439	0.020235	51,334	1,039
56.00	05600	RADIOISOTOPE	393,937	30,480,457	0.012924	0	0
57.00	05700	CT SCAN	527,602	167,143,614	0.003157	205,954	650
58.00	05800	MRI	354,462	35,080,104	0.010104	41,930	424
59.00	05900	CARDIAC CATHETERIZATION	2,056,085	64,745,156	0.031757	27,309	867
60.00	06000	LABORATORY	1,475,008	130,785,835	0.011278	1,088,031	12,271
65.00	06500	RESPIRATORY THERAPY	504,314	22,535,114	0.022379	269,485	6,031
66.00	06600	PHYSICAL THERAPY	1,272,666	73,858,100	0.017231	2,823,243	48,647
67.00	06700	OCCUPATIONAL THERAPY	167,453	11,598,287	0.014438	2,870,352	41,442
68.00	06800	SPEECH PATHOLOGY	88,122	6,738,234	0.013078	1,814,428	23,729
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	128,044	2,727,557	0.046945	3,949	185
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,702,549	19,802,043	0.085978	90,990	7,823
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,542,098	36,928,004	0.068839	5,441	375
73.00	07300	DRUGS CHARGED TO PATIENTS	533,357	65,476,017	0.008146	864,389	7,041
73.01	03952	INJECTABLE DRUGS	4,499,469	90,581,867	0.049673	0	0
74.00	07400	RENAL DIALYSIS	131,365	1,722,231	0.076276	25,467	1,943
76.00	03951	CARDIOLOGY	598,414	45,881,941	0.013042	12,778	167
76.01	03950	WOUND CARE	421,048	14,826,656	0.028398	0	0
76.97	07697	CARDIAC REHABILITATION	96,048	4,439,868	0.021633	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	193,729	4,684,217	0.041358	0	0
90.01	09001	DIABETES CENTER	73,860	1,588,470	0.046498	0	0
90.02	04951	BEHAVOIRAL HEALTH	405,119	3,311,198	0.122348	0	0
91.00	09100	EMERGENCY	3,536,964	232,080,080	0.015240	70,296	1,071
91.01	09101	EMERGENCY	0	0	0.000000	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,426,101	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	131,237	5,699,383	0.023027	0	0
200.00		Total (lines 50 through 199)	32,896,906	1,574,428,600		10,677,533	159,356

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 7:08 pm	
				Title XVIII		Subprovider - IRF		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	49,785	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	19,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	39,828	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	29,871	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	19,914	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY		0	0	0	0	0	70.01
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
73.01	03952	INJECTABLE DRUGS		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	CARDIOLOGY		0	0	0	0	0	76.00
76.01	03950	WOUND CARE		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER		0	0	0	0	0	90.01
90.02	04951	BEHAVIORAL HEALTH		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	517,759	91.00
91.01	09101	EMERGENCY		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	677,071	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 7:08 pm	
			Title XVIII		Subprovider - IRF		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	49,785	49,785	253,593,406	0.000196	50.00
51.00	05100	RECOVERY ROOM	0	19,914	19,914	16,991,659	0.001172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,828	39,828	4,525,475	0.008801	52.00
53.00	05300	ANESTHESIOLOGY	0	29,871	29,871	21,267,055	0.001405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	153,397,032	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,513,439	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	30,480,457	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	167,143,614	0.000000	57.00
58.00	05800	MRI	0	0	0	35,080,104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	64,745,156	0.000000	59.00
60.00	06000	LABORATORY	0	19,914	19,914	130,785,835	0.000152	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,535,114	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	73,858,100	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,598,287	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,738,234	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	2,727,557	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,802,043	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,928,004	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	65,476,017	0.000000	73.00
73.01	03952	INJECTABLE DRUGS	0	0	0	90,581,867	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,722,231	0.000000	74.00
76.00	03951	CARDIOLOGY	0	0	0	45,881,941	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	14,826,656	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,439,868	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,684,217	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,588,470	0.000000	90.01
90.02	04951	BEHAVIORAL HEALTH	0	0	0	3,311,198	0.000000	90.02
91.00	09100	EMERGENCY	0	517,759	517,759	232,080,080	0.002231	91.00
91.01	09101	EMERGENCY	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,426,101	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,699,383	0.000000	97.00
200.00		Total (lines 50 through 199)	0	677,071	677,071	1,574,428,600		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 7:08 pm	
				Title XVIII		Subprovider - IRF		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		0.000196	27,965		5	0	50.00
51.00	05100	RECOVERY ROOM		0.001172	615		1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.008801	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.001405	31,267		44	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	352,310		0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	51,334		0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0		0	0	56.00
57.00	05700	CT SCAN		0.000000	205,954		0	0	57.00
58.00	05800	MRI		0.000000	41,930		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	27,309		0	0	59.00
60.00	06000	LABORATORY		0.000152	1,088,031		165	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	269,485		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,823,243		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	2,870,352		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,814,428		0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0		0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY		0.000000	3,949		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	90,990		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	5,441		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	864,389		0	0	73.00
73.01	03952	INJECTABLE DRUGS		0.000000	0		0	0	73.01
74.00	07400	RENAL DIALYSIS		0.000000	25,467		0	0	74.00
76.00	03951	CARDIOLOGY		0.000000	12,778		0	0	76.00
76.01	03950	WOUND CARE		0.000000	0		0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0		0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0		0	0	90.00
90.01	09001	DIABETES CENTER		0.000000	0		0	0	90.01
90.02	04951	BEHAVIORAL HEALTH		0.000000	0		0	0	90.02
91.00	09100	EMERGENCY		0.002231	70,296		157	0	91.00
91.01	09101	EMERGENCY		0.000000	0		0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0		0	0	97.00
200.00		Total (lines 50 through 199)			10,677,533		372	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/22/2021 7:08 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)			63,515	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			63,515	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)			58,531	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)			27,739	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)			97,324,415	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)			97,324,415	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)			97,324,415	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)			1,532.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			42,504,747	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)			42,504,747	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet D-1

Date/Time Prepared:
3/22/2021 7:08 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	21,611,172	7,210	2,997.39	3,376	10,119,189	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,940,220	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					101,564,156	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,703,107	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,433,088	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,136,195	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					89,427,961	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,984	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,532.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,637,033	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet D-1

Date/Time Prepared:
3/22/2021 7:08 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	12,900,797	97,324,415	0.132555	7,637,033	1,012,327	90.00
91.00 Nursing School cost	0	97,324,415	0.000000	7,637,033	0	91.00
92.00 Allied health cost	69,699	97,324,415	0.000716	7,637,033	5,468	92.00
93.00 All other Medical Education	0	97,324,415	0.000000	7,637,033	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/22/2021 7:08 pm
		Title XVIII	Subprovider - IRF	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)		5,822	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,822	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)		5,822	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)		3,989	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)		7,596,041	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)		7,596,041	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)		7,596,041	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)		1,304.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,204,488	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)		5,204,488	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1	
				Component CCN: 14-T116		Date/Time Prepared: 3/22/2021 7:08 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,492,432	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,696,920	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					582,195	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					159,728	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					741,923	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,954,997	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/22/2021 7:08 pm	
			Title XVIII		Subprovider - IRF	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	849,729	7,596,041	0.111865	0	0	90.00
91.00	Nursing School cost	0	7,596,041	0.000000	0	0	91.00
92.00	Allied health cost	0	7,596,041	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,596,041	0.000000	0	0	93.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/22/2021 7:08 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		107,443,616	30.00
31.00	03100	INTENSIVE CARE UNIT		16,667,312	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180652	35,479,642	50.00
51.00	05100	RECOVERY ROOM	0.342019	3,123,574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.924401	12,330	52.00
53.00	05300	ANESTHESIOLOGY	0.043297	4,273,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135406	14,514,336	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161334	299,032	55.00
56.00	05600	RADIOISOTOPE	0.112476	2,248,290	56.00
57.00	05700	CT SCAN	0.025734	30,019,277	57.00
58.00	05800	MRI	0.052788	4,236,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.239373	7,039,006	59.00
60.00	06000	LABORATORY	0.146407	36,896,057	60.00
65.00	06500	RESPIRATORY THERAPY	0.301813	8,197,497	65.00
66.00	06600	PHYSICAL THERAPY	0.290954	5,976,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258783	3,475,016	67.00
68.00	06800	SPEECH PATHOLOGY	0.232331	2,354,126	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.517107	175,991	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.660809	8,746,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.529006	15,054,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087564	28,869,058	73.00
73.01	03952	INJECTABLE DRUGS	0.540674	499,621	73.01
74.00	07400	RENAL DIALYSIS	1.416419	815,507	74.00
76.00	03951	CARDIOLOGY	0.101318	11,992,969	76.00
76.01	03950	WOUND CARE	0.377202	13,992	76.01
76.97	07697	CARDIAC REHABILITATION	0.323612	43,336	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.485334	102,798	90.00
90.01	09001	DIABETES CENTER	0.863858	36,483	90.01
90.02	04951	BEHAVIORAL HEALTH	0.741019	0	90.02
91.00	09100	EMERGENCY	0.160276	28,949,242	91.00
91.01	09101	EMERGENCY	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.568820	2,639,522	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.426766	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		256,084,246	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)		256,084,246	202.00

Health Financial Systems		NORTHERN ILLINOIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3
			Component CCN: 14-T116		Date/Time Prepared: 3/22/2021 7:08 pm
			Title XVIII	Subprovider - IRF	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
41.00	04100	SUBPROVIDER - IRF		8,371,567	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180652	27,965	5,052 50.00
51.00	05100	RECOVERY ROOM	0.342019	615	210 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.924401	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.043297	31,267	1,354 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135406	352,310	47,705 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161334	51,334	8,282 55.00
56.00	05600	RADIOISOTOPE	0.112476	0	0 56.00
57.00	05700	CT SCAN	0.025734	205,954	5,300 57.00
58.00	05800	MRI	0.052788	41,930	2,213 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.239373	27,309	6,537 59.00
60.00	06000	LABORATORY	0.146407	1,088,031	159,295 60.00
65.00	06500	RESPIRATORY THERAPY	0.301813	269,485	81,334 65.00
66.00	06600	PHYSICAL THERAPY	0.290954	2,823,243	821,434 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258783	2,870,352	742,798 67.00
68.00	06800	SPEECH PATHOLOGY	0.232331	1,814,428	421,548 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.517107	3,949	2,042 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.660809	90,990	60,127 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.529006	5,441	2,878 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087564	864,389	75,689 73.00
73.01	03952	INJECTABLE DRUGS	0.540674	0	0 73.01
74.00	07400	RENAL DIALYSIS	1.416419	25,467	36,072 74.00
76.00	03951	CARDIOLOGY	0.101318	12,778	1,295 76.00
76.01	03950	WOUND CARE	0.377202	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0.323612	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.485334	0	0 90.00
90.01	09001	DIABETES CENTER	0.863858	0	0 90.01
90.02	04951	BEHAVIORAL HEALTH	0.741019	0	0 90.02
91.00	09100	EMERGENCY	0.160276	70,296	11,267 91.00
91.01	09101	EMERGENCY	0.000000	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.568820	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.426766	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,677,533	2,492,432 200.00
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)		10,677,533	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/22/2021 7:08 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)			6,024,855	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			60,477,500	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	2.04
3.00	Managed Care Simulated Payments			14,076,346	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			251.93	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			28.41	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			28.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.112769	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.098100	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.098100	21.00
22.00	IME payment adjustment (see instructions)			3,467,965	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			734,053	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			3,467,965	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			734,053	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.89	31.00
32.00	Sum of lines 30 and 31			17.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.31	33.00
34.00	Disproportionate share adjustment (see instructions)			716,563	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/22/2021 7:08 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	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000180587	0.000356957	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,493,977	2,980,808	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		122,793	2,736,480	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,859,273		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		73,546,156		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)			74,280,209	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,861,405	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).			1,065,577	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			109,688	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).			49,149	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			87,997	58.00
59.00	Total (sum of amounts on lines 49 through 58)			81,454,025	59.00
60.00	Primary payer payments			23,939	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			81,430,086	61.00
62.00	Deductibles billed to program beneficiaries			6,760,424	62.00
63.00	Coinsurance billed to program beneficiaries			137,313	63.00
64.00	Allowable bad debts (see instructions)			970,639	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			630,915	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			763,594	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			75,163,264	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)			331,369	70.93
70.94	HRR adjustment amount (see instructions)			-247,637	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/22/2021 7:08 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		75,246,996	71.00
71.01	Sequestration adjustment (see instructions)		1,000,785	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		70,220,377	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)		4,025,834	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		2,018,242	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)		2,992,564	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		288,244	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/22/2021 7:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,971	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		72,987,388	2.00
3.00	OPPS payments		44,380,825	3.00
4.00	Outlier payment (see instructions)		513,214	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		105,288	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,971	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		59,403	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)		59,403	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)		59,403	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		27,432	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)		31,971	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)		44,999,327	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		56	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,190,606	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)		36,840,636	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		713,293	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)		37,553,929	30.00
31.00	Primary payer payments		1,765	31.00
32.00	Subtotal (line 30 minus line 31)		37,552,164	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		823,971	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		535,581	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		655,586	36.00
37.00	Subtotal (see instructions)		38,087,745	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		38,087,745	40.00
40.01	Sequestration adjustment (see instructions)		506,567	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		36,547,951	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,033,227	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	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)		366,875	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: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/22/2021 7:08 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		71,197,548		36,547,951	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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	05/01/2020	977,171		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)		-977,171		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)		70,220,377		36,547,951	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		4,025,834		1,033,227	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		74,246,211		37,581,178	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: 14-0116

Period:

Worksheet E-1

Component CCN: 14-T116

From 09/01/2019
To 08/31/2020Part I
Date/Time Prepared:
3/22/2021 7:08 pm

Title XVIII

Subprovider -
IRF

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				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		6,486,863		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)		6,486,863		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		18,379		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,505,242		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: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part II
Date/Time Prepared:
3/22/2021 7:08 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: 14-0116 Component CCN: 14-T116	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part III Date/Time Prepared: 3/22/2021 7:08 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	6,349,413 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0078 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	136,512 3.00		
4.00	Outlier Payments	195,016 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	15.907104 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	6,680,941 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	6,680,941 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	6,680,941 19.00		
20.00	Deductibles	51,348 20.00		
21.00	Subtotal (line 19 minus line 20)	6,629,593 21.00		
22.00	Coinsurance	37,037 22.00		
23.00	Subtotal (line 21 minus line 22)	6,592,556 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	0 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0 26.00		
27.00	Subtotal (sum of lines 23 and 25)	6,592,556 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	372 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	6,592,928 32.00		
32.01	Sequestration adjustment (see instructions)	87,686 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	6,486,863 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	18,379 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	195,016 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: 14-0116
Period: From 09/01/2019 To 08/31/2020
Worksheet E-4
Date/Time Prepared: 3/22/2021 7:08 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.		0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		0.00	6.00
7.00	Enter the lesser of line 5 or line 6		0.00	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	28.41	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	28.41	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	28.41	0.00		17.00
18.00	Per resident amount	106,561.00	0.00		18.00
19.00	Approved amount for resident costs	3,027,398	0	3,027,398	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)			3,027,398	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)	35,104	2,489	5,298	26.00
27.00	Total Inpatient Days (see instructions)	72,067	72,067	72,067	27.00
28.00	Ratio of inpatient days to total inpatient days	0.487102	0.034537	0.073515	28.00
29.00	Program direct GME amount	1,474,652	104,557	222,559	1,801,768
29.01	Percent reduction for MA DGME		7.00	7.00	
30.00	Reduction for direct GME payments for Medicare Advantage		7,319	15,579	22,898
31.00	Net Program direct GME amount				1,778,870

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet E-4 Date/Time Prepared: 3/22/2021 7:08 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)		1,722,231		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)		109,261,076		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)		23,939		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		109,237,137		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		73,124,647		42.00
43.00	Primary payer payments (see instructions)		1,765		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		73,122,882		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		182,360,019		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.599019		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.400981		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		1,778,870		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,065,577		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		713,293		50.00

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

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet G

Date/Time Prepared:
3/22/2021 7:08 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	40,000	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	61,606,000	0	0	0	4.00
5.00 Other receivable	1,089,000	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	10,350,000	0	0	0	7.00
8.00 Prepaid expenses	1,983,000	0	0	0	8.00
9.00 Other current assets	3,057,000	0	0	0	9.00
10.00 Due from other funds	-69,442,000	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	8,683,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	22,388,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	327,316,000	0	0	0	15.00
16.00 Accumulated depreciation	-40,395,000	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	52,848,000	0	0	0	23.00
24.00 Accumulated depreciation	-17,017,000	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)	345,140,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	113,732,000	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	56,557,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	170,289,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	524,112,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,114,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	11,448,000	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	57,768,000	0	0	0	43.00
44.00 Other current liabilities	32,998,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	108,328,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	56,443,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	56,443,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	164,771,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	359,341,000	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	359,341,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	524,112,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet G-1

Date/Time Prepared:
3/22/2021 7:08 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		406,908,905		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-47,567,905				2.00
3.00	Total (sum of line 1 and line 2)		359,341,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		359,341,000		0		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)		359,341,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			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: 14-0116

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/22/2021 7:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	212,630,595		212,630,595	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	12,458,504		12,458,504	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	225,089,099		225,089,099	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	50,167,555		50,167,555	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	50,167,555		50,167,555	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	275,256,654		275,256,654	17.00
18.00	Ancillary services	531,524,828	1,073,035,584	1,604,560,412	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DME	0	5,699,383	5,699,383	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	806,781,482	1,078,734,967	1,885,516,449	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		514,909,894		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		514,909,894		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0116

Period:
From 09/01/2019
To 08/31/2020

Worksheet G-3

Date/Time Prepared:
3/22/2021 7:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,885,516,449	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,460,722,917	2.00
3.00	Net patient revenues (line 1 minus line 2)	424,793,532	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	514,909,894	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-90,116,362	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	42,548,457	24.00
24.01	ROUNDING	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	42,548,457	25.00
26.00	Total (line 5 plus line 25)	-47,567,905	26.00
27.00	TRANSFERS TO AFFILIATES	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)	-47,567,905	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0116	Period: From 09/01/2019 To 08/31/2020	Worksheet L Parts I-III Date/Time Prepared: 3/22/2021 7:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,270,369	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		158,865	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)		181.00	3.00
4.00	Number of interns & residents (see instructions)		28.41	4.00
5.00	Indirect medical education percentage (see instructions)		4.53	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)		238,748	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.89	8.00
9.00	Sum of lines 7 and 8		17.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.67	10.00
11.00	Disproportionate share adjustment (see instructions)		193,423	11.00
12.00	Total prospective capital payments (see instructions)		5,861,405	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