

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: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/19/2021 11:20 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/19/2021	Time: 11:20 am
	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 DELNOR-COMMUNITY HOSPITAL (14-0211) 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	1,947,747	695,735	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,947,747	695,735	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: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 11:20 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 300 RANDALL ROAD			PO Box:				1.00	
2.00	City: GENEVA			State: IL		Zip Code: 60134		County: KANE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			DELNOR-COMMUNITY HOSPITAL	140211	20994	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2019	08/31/2020	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,070	622	0	0	2,338	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 11:20 am	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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.					Y	Y		
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.					N		60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/19/2021 11:20 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/19/2021 11:20 am

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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	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)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		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	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 11:20 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
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:	490,820	905,517	3,183,665118.01
		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		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 11:20 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: CADENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131				141.00		
142.00	Street: 25 NORTH WINFIELD ROAD	PO Box:						142.00		
143.00	City: WINFIELD	State: IL		Zip Code: 60190				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	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							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	N	155.00			
156.00	Subprovider - IPF	N	N	N	N	N	156.00			
157.00	Subprovider - IRF	N	N	N	N	N	157.00			
158.00	SUBPROVIDER						158.00			
159.00	SNF	N	N	N	N	N	159.00			
160.00	HOME HEALTH AGENCY	N	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.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							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: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/19/2021 11:20 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/19/2021 11:20 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNY	DABROWSKI		41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-522-3716	JENNY.DABROWSKI@SRGROUPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/19/2021 11:20 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 11:20 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	124	45,384	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)		124	45,384	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	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)		144	52,704	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 11:20 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,518	1,254	23,931			1.00
2.00	HMO and other (see instructions)	4,050	2,338				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,518	1,254	23,931			7.00
8.00	INTENSIVE CARE UNIT	1,745	72	4,352			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		287	3,446			13.00
14.00	Total (see instructions)	12,263	1,613	31,729	9.53	1,029.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			323			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)				9.53	1,029.20	27.00
28.00	Observation Bed Days		0	2,635			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	79	383			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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 11:20 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,113	450	10,003	1.00
2.00 HMO and other (see instructions)			865	618		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,113	450	10,003	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 11:20 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	84,723,735	0	84,723,735	2,190,264.74	38.68
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		738,854	0	738,854	19,822.40	37.27
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)		52,505	1,389	53,894	2,080.00	25.91
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,231,993	0	1,231,993	14,611.57	84.32
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		23,244,586	0	23,244,586	538,152.00	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)		25,474,929	0	25,474,929		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		16,215	0	16,215		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,026,375	0	2,026,375		
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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 11:20 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	2,316,578	-2,316,578	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	5,941,684	119,587	6,061,271	117,688.71	51.50	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	1,266,096	42,509	1,308,605	39,298.71	33.30	30.00
31.00	Laundry & Linen Service	8.00	41,889	891	42,780	2,364.00	18.10	31.00
32.00	Housekeeping	9.00	1,908,322	47,334	1,955,656	102,180.86	19.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,471,152	-740,595	730,557	37,208.27	19.63	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	790,420	790,420	43,203.70	18.30	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,560,775	205,677	2,766,452	62,831.14	44.03	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,563,709	123,238	3,686,947	69,435.28	53.10	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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part III
Date/Time Prepared:
3/19/2021 11:20 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	83,984,881	0	83,984,881	2,170,442.34	38.69	1.00
2.00	Excluded area salaries (see instructions)	52,505	1,389	53,894	2,080.00	25.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,932,376	-1,389	83,930,987	2,168,362.34	38.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,476,579	0	24,476,579	552,763.57	44.28	4.00
5.00	Subtotal wage-related costs (see inst.)	27,501,304	0	27,501,304	0.00	32.77	5.00
6.00	Total (sum of lines 3 thru 5)	135,910,259	-1,389	135,908,870	2,721,125.91	49.95	6.00
7.00	Total overhead cost (see instructions)	19,070,205	-1,727,517	17,342,688	474,210.67	36.57	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/19/2021 11:20 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,802,310	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)	9,012,358	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	3,169,566	9.00
10.00	Dental, Hearing and Vision Plan	214,611	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	637,289	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)	299,363	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,861,757	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	103,870	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	390,019	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,491,143	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0211

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 3/19/2021 11:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,231,993	25,491,143	1.00
2.00	Hospital	1,231,993	25,482,180	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			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	8,963	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0211

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

Worksheet S-10

Date/Time Prepared:
3/19/2021 11:20 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.170243	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		16,676,997	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		875,491	5.00
6.00	Medicaid charges		130,936,283	6.00
7.00	Medicaid cost (line 1 times line 6)		22,290,986	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,738,498	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,738,498	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	18,635,431	1,186,001	19,821,432
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,172,552	1,186,001	4,358,553
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,172,552	1,186,001	4,358,553
			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)		16,351,333	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		621,868	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		956,719	27.01
28.00	Non-Medicare bad debt expense (see instructions)		15,394,614	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,955,676	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,314,229	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,052,727	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

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

Worksheet A

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		13,373,117	13,373,117	0	13,373,117	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,528,744	7,528,744	0	7,528,744	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,316,578	162,160	2,478,738	-2,316,578	162,160	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	IS	0	0	0	0	0	5.02
5.03	00560	PURCHASING	619,877	1,153,349	1,773,226	20,550	1,793,776	5.03
5.04	00570	PT REG	0	0	0	0	0	5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,321,807	108,936,620	114,258,427	-1,496,786	112,761,641	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,266,096	9,257,763	10,523,859	50,180	10,574,039	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,889	984,473	1,026,362	891	1,027,253	8.00
9.00	00900	HOUSEKEEPING	1,908,322	1,575,875	3,484,197	129,539	3,613,736	9.00
10.00	01000	DIETARY	1,471,152	2,193,568	3,664,720	-1,952,521	1,712,199	10.00
11.00	01100	CAFETERIA	0	0	0	2,002,346	2,002,346	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,560,775	689,924	3,250,699	205,677	3,456,376	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,563,709	47,280,682	50,844,391	-46,937,880	3,906,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	450,579	1,076,601	1,527,180	-243,811	1,283,369	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,031,544	7,661,351	25,692,895	-514,385	25,178,510	30.00
31.00	03100	INTENSIVE CARE UNIT	3,800,228	1,496,119	5,296,347	-31,979	5,264,368	31.00
43.00	04300	NURSERY	1,008,185	278,789	1,286,974	732,483	2,019,457	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,815,206	18,005,268	22,820,474	-12,444,172	10,376,302	50.00
51.00	05100	RECOVERY ROOM	769,488	259,459	1,028,947	56,523	1,085,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,663,139	1,656,692	4,319,831	63,713	4,383,544	52.00
53.00	05300	ANESTHESIOLOGY	124,186	376,995	501,181	856	502,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,890,579	1,001,816	3,892,395	-641,615	3,250,780	54.00
54.01	03630	ULTRA SOUND	840,437	217,646	1,058,083	128,062	1,186,145	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,451,549	1,078,131	2,529,680	42,903	2,572,583	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,635,797	1,322,520	2,958,317	33,462	2,991,779	55.00
56.00	05600	RADIOISOTOPE	489,285	949,471	1,438,756	158,316	1,597,072	56.00
57.00	05700	CT SCAN	1,000,354	658,232	1,658,586	190,692	1,849,278	57.00
58.00	05800	MRI	944,413	414,706	1,359,119	162,371	1,521,490	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,872,407	2,508,223	4,380,630	-2,435,894	1,944,736	59.00
60.00	06000	LABORATORY	3,341,867	8,701,618	12,043,485	380,875	12,424,360	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,339,921	672,446	2,012,367	-60,099	1,952,268	64.00
65.00	06500	RESPIRATORY THERAPY	1,467,141	551,752	2,018,893	-11,558	2,007,335	65.00
66.00	06600	PHYSICAL THERAPY	4,753,393	1,310,514	6,063,907	118,032	6,181,939	66.00
69.00	06900	ELECTROCARDIOLOGY	983,462	1,389,561	2,373,023	30,823	2,403,846	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,093,700	8,093,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,442,883	9,442,883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,060,941	47,060,941	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	336,048	336,048	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,164,946	1,157,354	3,322,300	-776,542	2,545,758	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	498,937	158,600	657,537	12,508	670,045	75.02
75.03	07503	NEURODIAGNOSTICS	145,221	80,722	225,943	3,632	229,575	75.03
76.97	07697	CARDIAC REHABILITATION	373,645	113,555	487,200	10,306	497,506	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	342,107	107,202	449,309	7,778	457,087	90.03
90.04	09004	CHRONIC PAIN CLINIC	217,199	163,519	380,718	158	380,876	90.04
90.05	09005	DIABETES EDUCATION	454,404	139,591	593,995	14,376	608,371	90.05
90.06	09006	WOUND CARE	1,010,321	613,339	1,623,660	10,290	1,633,950	90.06
90.07	09007	SLEEP LAB	2,217	4,596	6,813	1,458	8,271	90.07
91.00	09100	EMERGENCY	5,718,868	2,947,902	8,666,770	114,723	8,781,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,671,230	250,210,565	334,881,795	-246,725	334,635,070	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

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

Worksheet A

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	52,505	1,352,835	1,405,340	1,389	1,406,729	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8,150,595	8,150,595	245,336	8,395,931	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	84,723,735	259,713,995	344,437,730	0	344,437,730	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

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

Worksheet A

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	13,373,117	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,528,744	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,029,151	2,191,311	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	IS	0	0	5.02
5.03	00560	PURCHASING	-36,463	1,757,313	5.03
5.04	00570	PT REG	0	0	5.04
5.05	00580	PT ACCTS	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-24,937,299	87,824,342	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-31,749	10,542,290	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-206	1,027,047	8.00
9.00	00900	HOUSEKEEPING	-4,666	3,609,070	9.00
10.00	01000	DIETARY	68,464	1,780,663	10.00
11.00	01100	CAFETERIA	-929,406	1,072,940	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-29,740	3,426,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-49,053	3,857,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-16,047	1,267,322	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-365,946	24,812,564	30.00
31.00	03100	INTENSIVE CARE UNIT	-32,411	5,231,957	31.00
43.00	04300	NURSERY	-6,049	2,013,408	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-279,520	10,096,782	50.00
51.00	05100	RECOVERY ROOM	-8,104	1,077,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-660,289	3,723,255	52.00
53.00	05300	ANESTHESIOLOGY	-9,920	492,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,102	3,235,678	54.00
54.01	03630	ULTRA SOUND	0	1,186,145	54.01
54.02	03480	NUCLEAR ONCOLOGY	-3,566	2,569,017	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-220,678	2,771,101	55.00
56.00	05600	RADIOISOTOPE	-30,461	1,566,611	56.00
57.00	05700	CT SCAN	-76,218	1,773,060	57.00
58.00	05800	MRI	0	1,521,490	58.00
59.00	05900	CARDIAC CATHETERIZATION	-33,422	1,911,314	59.00
60.00	06000	LABORATORY	-302,618	12,121,742	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-25	1,952,243	64.00
65.00	06500	RESPIRATORY THERAPY	-27,220	1,980,115	65.00
66.00	06600	PHYSICAL THERAPY	-886	6,181,053	66.00
69.00	06900	ELECTROCARDIOLOGY	-16,124	2,387,722	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,093,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,442,883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,060,941	73.00
74.00	07400	RENAL DIALYSIS	0	336,048	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-1,919	2,543,839	75.00
75.01	07501	LITHOTRIPSY	0	0	75.01
75.02	07502	PSYCH	-29	670,016	75.02
75.03	07503	NEURODIAGNOSTICS	-32	229,543	75.03
76.97	07697	CARDIAC REHABILITATION	-245	497,261	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.03	09003	GENETIC TESTING	-564,000	-106,913	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	380,876	90.04
90.05	09005	DIABETES EDUCATION	-1,479	606,892	90.05
90.06	09006	WOUND CARE	-965	1,632,985	90.06
90.07	09007	SLEEP LAB	-1,100	7,171	90.07
91.00	09100	EMERGENCY	-734,532	8,046,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,329,874	307,305,196	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,406,729	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

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

Worksheet A

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8,395,931	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,329,874	317,107,856	200.00

RECLASSIFICATIONS

Provider CCN: 14-0211

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 11:20 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SHARED DIETARY COSTS					
1.00	CAFETERIA	11.00	790,420	1,211,926		1.00
	TOTALS		790,420	1,211,926		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	47,060,941		1.00
	TOTALS		0	47,060,941		
	C - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,881,372		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
23.00		0.00	0	0		23.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	6,881,372		
	D - COST OF IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,442,883		1.00
2.00	WOUND CARE	90.06	0	479		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	9,443,362		
	E - RENAL RECLASS					
1.00	RENAL DIALYSIS	74.00	0	336,048		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	336,048		
	F - RADIOLOGY ADMIN					
1.00	ULTRA SOUND	54.01	77,532	29,023		1.00
2.00	RADIOISOTOPE	56.00	105,430	39,466		2.00
3.00	CT SCAN	57.00	121,508	45,485		3.00
4.00	MRI	58.00	99,582	37,277		4.00
5.00	CARDIAC CATHETERIZATION	59.00	126,333	47,291		5.00
	TOTALS		530,385	198,542		
	G - LABOR AND DELIVERY RECLASS					
1.00	NURSERY	43.00	505,948	190,052		1.00
	TOTALS		505,948	190,052		
	H - PRE ADMISSION TESTING					
1.00	OPERATING ROOM	50.00	347,126	100,847		1.00
2.00	RECOVERY ROOM	51.00	25,858	7,512		2.00
3.00	ANESTHESIOLOGY	53.00	12,162	3,533		3.00
	TOTALS		385,146	111,892		
	J - FM RESIDENCY BUILDING					
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	245,336		1.00
	TOTALS		0	245,336		
	L - MANAGEMENT INCENTIVE					
1.00	PURCHASING	5.03	20,550	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	103,310	0		2.00
3.00	OPERATION OF PLANT	7.00	42,509	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	891	0		4.00
5.00	HOUSEKEEPING	9.00	47,334	0		5.00
6.00	DIETARY	10.00	49,825	0		6.00
7.00	NURSING ADMINISTRATION	13.00	201,404	0		7.00
8.00	PHARMACY	15.00	123,238	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,525	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0211

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 11:20 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	ADULTS & PEDIATRICS	30.00	436,124	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	72,505	0	11.00
12.00	NURSERY	43.00	37,639	0	12.00
13.00	OPERATING ROOM	50.00	149,190	0	13.00
14.00	RECOVERY ROOM	51.00	23,316	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	87,108	0	15.00
16.00	ANESTHESIOLOGY	53.00	2,456	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	86,727	0	17.00
18.00	ULTRA SOUND	54.01	21,544	0	18.00
19.00	NUCLEAR ONCOLOGY	54.02	43,027	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	43,152	0	20.00
21.00	RADIOISOTOPE	56.00	13,420	0	21.00
22.00	CT SCAN	57.00	24,125	0	22.00
23.00	MRI	58.00	25,679	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	47,107	0	24.00
25.00	LABORATORY	60.00	91,408	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	35,672	0	26.00
27.00	RESPIRATORY THERAPY	65.00	56,608	0	27.00
28.00	PHYSICAL THERAPY	66.00	118,079	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	30,833	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.00	62,787	0	30.00
31.00	PSYCH	75.02	12,508	0	31.00
32.00	NEURODIAGNOSTICS	75.03	3,729	0	32.00
33.00	CARDIAC REHABILITATION	76.97	10,306	0	33.00
34.00	GENETIC TESTING	90.03	7,778	0	34.00
35.00	CHRONIC PAIN CLINIC	90.04	6,635	0	35.00
36.00	DIABETES EDUCATION	90.05	14,376	0	36.00
37.00	WOUND CARE	90.06	36,892	0	37.00
38.00	SLEEP LAB	90.07	1,458	0	38.00
39.00	EMERGENCY	91.00	122,415	0	39.00
40.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	1,389	0	40.00
	TOTALS		2,316,578	0	
M - EMERGENCY INCIDENT					
1.00	OPERATION OF PLANT	7.00	0	7,671	1.00
2.00	HOUSEKEEPING	9.00	0	82,205	2.00
3.00	NURSING ADMINISTRATION	13.00	4,273	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,152	4.00
5.00	LABORATORY	60.00	0	289,467	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,212,328	6.00
	TOTALS		4,273	1,595,823	
500.00	Grand Total: Increases		4,532,750	67,275,294	500.00

RECLASSIFICATIONS

Provider CCN: 14-0211

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 11:20 am

	Decreases					3/19/2021 11:20 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SHARED DIETARY COSTS						
1.00	DIETARY	10.00	790,420	1,211,926	0	1.00	
	TOTALS		790,420	1,211,926			
	B - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	47,060,941	0	1.00	
	TOTALS		0	47,060,941			
	C - CHARGEABLE MEDICAL SUPPLIES						
1.00	PHARMACY	15.00	0	177	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	43,359	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	20,671	0	3.00	
4.00	NURSERY	43.00	0	1,156	0	4.00	
5.00	OPERATING ROOM	50.00	0	4,978,667	0	5.00	
6.00	RECOVERY ROOM	51.00	0	163	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,395	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	17,295	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,567	0	9.00	
10.00	ULTRA SOUND	54.01	0	37	0	10.00	
11.00	NUCLEAR ONCOLOGY	54.02	0	124	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,690	0	12.00	
13.00	CT SCAN	57.00	0	426	0	13.00	
14.00	MRI	58.00	0	167	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	1,309,926	0	15.00	
16.00	INTRAVENOUS THERAPY	64.00	0	54,686	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	68,166	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	47	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	10	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.00	0	308,296	0	20.00	
21.00	NEURODIAGNOSTICS	75.03	0	97	0	21.00	
23.00	CHRONIC PAIN CLINIC	90.04	0	6,477	0	23.00	
25.00	WOUND CARE	90.06	0	27,081	0	25.00	
26.00	EMERGENCY	91.00	0	7,692	0	26.00	
	TOTALS		0	6,881,372			
	D - COST OF IMPLANTS						
1.00	OPERATING ROOM	50.00	0	8,062,668	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	1,346,699	0	2.00	
3.00	ASC (NON-DISTINCT PART)	75.00	0	33,995	0	3.00	
	TOTALS		0	9,443,362			
	E - RENAL RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	211,150	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	83,813	0	2.00	
3.00	INTRAVENOUS THERAPY	64.00	0	41,085	0	3.00	
	TOTALS		0	336,048			
	F - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	530,385	198,542	10	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	TOTALS		530,385	198,542			
	G - LABOR AND DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	505,948	190,052	0	1.00	
	TOTALS		505,948	190,052			
	H - PRE ADMISSION TESTING						
1.00	ASC (NON-DISTINCT PART)	75.00	347,126	100,847	0	1.00	
2.00	ASC (NON-DISTINCT PART)	75.00	25,858	7,512	0	2.00	
3.00	ASC (NON-DISTINCT PART)	75.00	12,162	3,533	0	3.00	
	TOTALS		385,146	111,892			
	J - FM RESIDENCY BUILDING						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	245,336	0	1.00	
	COSTS APPRV						
	TOTALS		0	245,336			
	L - MANAGEMENT INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,316,578	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	

RECLASSIFICATIONS

Provider CCN: 14-0211

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 11:20 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
	TOTALS		2,316,578	0			
	M - EMERGENCY INCIDENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	4,273	1,595,823	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		4,273	1,595,823			
500.00	Grand Total: Decreases		4,532,750	67,275,294			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
3/19/2021 11:20 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	27,578,300	2,415,920	0	2,415,920	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	267,752,150	30,319,810	0	30,319,810	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	66,007,518	8,353,092	0	8,353,092	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	361,337,968	41,088,822	0	41,088,822	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	361,337,968	41,088,822	0	41,088,822	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	29,994,220	0					1.00
2.00	Land Improvements	0	0					
3.00	Buildings and Fixtures	298,071,960	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	74,360,610	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	402,426,790	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	402,426,790	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	13,373,117	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,528,744	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,901,861	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	13,373,117				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,528,744				2.00
3.00	Total (sum of lines 1-2)	0	20,901,861				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	328,066,180	0	328,066,180	0.815220	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	74,360,610	0	74,360,610	0.184780	0	2.00
3.00	Total (sum of lines 1-2)	402,426,790	0	402,426,790	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	13,373,117	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,528,744	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,901,861	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	0	0	0	0	13,373,117	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,528,744	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	20,901,861	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,027,861			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	-8,456,319			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-929,406	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
33.01	OTHER INCOME	B	18,379	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.01
33.02	OTHER INCOME	B	25,000	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.02
33.03	OTHER INCOME	B	0	OPERATION OF PLANT		7.00	0	33.03
33.04	OTHER INCOME	B	-86,049	OPERATING ROOM		50.00	0	33.04
33.05	OTHER INCOME	B	0	DIETARY		10.00	0	33.05
33.06	OTHER INCOME	B	-9,920	ANESTHESIOLOGY		53.00	0	33.06
33.07	OTHER INCOME	B	-21,201	RADIOISOTOPE		56.00	0	33.07
33.08	OTHER INCOME	B	-33,422	CARDIAC CATHETERIZATION		59.00	0	33.08
33.09	OTHER INCOME	B	-95,482	EMERGENCY		91.00	0	33.09
33.10	OTHER INCOME	B	-31,856	INTENSIVE CARE UNIT		31.00	0	33.10
33.15	WORK ORDER REVENUE	B	0	OPERATION OF PLANT		7.00	0	33.15
33.17	BARATRIC REVENUE	B	-177,856	ADULTS & PEDIATRICS		30.00	0	33.17
33.19	OTHER INCOME	B	-26,055	PHARMACY		15.00	0	33.19
33.20	OTHER INCOME	B	-7,440	RADIOLOGY-DIAGNOSTIC		54.00	0	33.20
33.21	RENTAL INCOME	B	-197,138	RADIOLOGY-THERAPEUTIC		55.00	0	33.21
33.22	FEE	B	-80	DIABETES EDUCATION		90.05	0	33.22
33.23	NUTRITIONAL SUPPLEMENTS	B	142	OPERATING ROOM		50.00	0	33.23
33.24	NUTRITIONAL SUPPLEMENTS	B	13	NURSERY		43.00	0	33.24
33.25	NUTRITIONAL SUPPLEMENTS	B	1,753	ADULTS & PEDIATRICS		30.00	0	33.25
33.26	NUTRITIONAL SUPPLEMENTS	B	6,361	DIETARY		10.00	0	33.26
33.27	OTHER INCOME	B	0	ULTRA SOUND		54.01	0	33.27
33.28	OTHER INCOME	B	-59,758	CT SCAN		57.00	0	33.28
33.29	OTHER INCOME	B	0	MRI		58.00	0	33.29
33.30	OTHER INCOME	B	-100,351	LABORATORY		60.00	0	33.30
33.31	OTHER INCOME	B	-27,220	RESPIRATORY THERAPY		65.00	0	33.31
33.32	OTHER INCOME	B	-15,863	ELECTROCARDIOLOGY		69.00	0	33.32
34.00	MEDICAID IHA TAX	A	-12,137,889	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	34.00
34.01	NON-REIMBURSABLE COST	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	34.01
34.02	NON-REIMBURSABLE COST	A	-36,463	PURCHASING		5.03	0	34.02
34.03	NON-REIMBURSABLE COST	A	-177,285	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	34.03
34.04	NON-REIMBURSABLE COST	A	-5,638	OPERATION OF PLANT		7.00	0	34.04
34.05	NON-REIMBURSABLE COST	A	-206	LAUNDRY & LINEN SERVICE		8.00	0	34.05
34.06	NON-REIMBURSABLE COST	A	-4,666	HOUSEKEEPING		9.00	0	34.06
34.07	NON-REIMBURSABLE COST	A	62,103	DIETARY		10.00	0	34.07
34.08	NON-REIMBURSABLE COST	A	-29,740	NURSING ADMINISTRATION		13.00	0	34.08
34.09	NON-REIMBURSABLE COST	A	-22,998	PHARMACY		15.00	0	34.09
34.10	NON-REIMBURSABLE COST	A	-16,047	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0	34.10
34.11	NON-REIMBURSABLE COST	A	-10,943	ADULTS & PEDIATRICS		30.00	0	34.11
34.12	NON-REIMBURSABLE COST	A	-555	INTENSIVE CARE UNIT		31.00	0	34.12
34.13	NON-REIMBURSABLE COST	A	-6,062	NURSERY		43.00	0	34.13
34.14	NON-REIMBURSABLE COST	A	-1,763	OPERATING ROOM		50.00	0	34.14
34.15	NON-REIMBURSABLE COST	A	-893	DELIVERY ROOM & LABOR ROOM		52.00	0	34.15
34.16	NON-REIMBURSABLE COST	A	-4,062	RADIOLOGY-DIAGNOSTIC		54.00	0	34.16
34.17	NON-REIMBURSABLE COST	A	0	ULTRA SOUND		54.01	0	34.17
34.18	NON-REIMBURSABLE COST	A	-3,566	NUCLEAR ONCOLOGY		54.02	0	34.18
34.19	NON-REIMBURSABLE COST	A	-23,540	RADIOLOGY-THERAPEUTIC		55.00	0	34.19
34.20	NON-REIMBURSABLE COST	A	0	CARDIAC CATHETERIZATION		59.00	0	34.20
34.21	NON-REIMBURSABLE COST	A	-2,467	LABORATORY		60.00	0	34.21
34.22	NON-REIMBURSABLE COST	A	-25	INTRAVENOUS THERAPY		64.00	0	34.22
34.23	NON-REIMBURSABLE COST	A	-886	PHYSICAL THERAPY		66.00	0	34.23
34.24	NON-REIMBURSABLE COST	A	-261	ELECTROCARDIOLOGY		69.00	0	34.24
34.25	NON-REIMBURSABLE COST	A	-1,919	ASC (NON-DISTINCT PART)		75.00	0	34.25
34.26	NON-REIMBURSABLE COST	A	-29	PSYCH		75.02	0	34.26
34.27	NON-REIMBURSABLE COST	A	-245	CARDIAC REHABILITATION		76.97	0	34.27
34.28	NON-REIMBURSABLE COST	A	0	CHRONIC PAIN CLINIC		90.04	0	34.28
34.29	NON-REIMBURSABLE COST	A	-1,399	DIABETES EDUCATION		90.05	0	34.29
34.30	NON-REIMBURSABLE COST	A	-965	WOUND CARE		90.06	0	34.30
34.31	NON-REIMBURSABLE COST	A	-1,100	SLEEP LAB		90.07	0	34.31
34.32	NON-REIMBURSABLE COST	A	-6,795	EMERGENCY		91.00	0	34.32
34.33	NON-REIMBURSABLE COST	A	-8,104	RECOVERY ROOM		51.00	0	34.33
34.34	NON-REIMBURSABLE COST	A	-32	NEURODIAGNOSTICS		75.03	0	34.34
37.00	OTHER RENTAL INCOME	B	-564,000	GENETIC TESTING		90.03	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
37.02	IC RENTAL INCOME	B		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.02
37.05	MEALS AND ENTERTAINMENT	A		0 LABORATORY	60.00	0	37.05
37.06	MEALS AND ENTERTAINMENT	A		0 NURSING ADMINISTRATION	13.00	0	37.06
37.10	MARKETING	A		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.10
40.00	LOBBYING DUES	A	-43,694	0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00	VALET SERVICES	A	-26,111	0 OPERATION OF PLANT	7.00	0	41.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,329,874				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: 14-0211

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 11:20 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	58,317,005	68,777,475	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	17,586,053	15,581,902	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			75,903,058	84,359,377	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	DELCOM	100.00	SYSTEM	100.00	6.00
7.00	B	CADENCE HEALTH	100.00	CADENCE HEALTH	100.00	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: 14-0211

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 11:20 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-10,460,470	0		1.00
2.00	2,004,151	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-8,456,319			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	SYSTEM		6.00
7.00	HOME OFFICE		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: 14-0211

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

Worksheet A-8-2

Date/Time Prepared:
3/19/2021 11:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-OTHER ADMINISTRATIVE AND G	2,136,340	2,136,340	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	178,900	178,900	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	191,850	191,850	0	0	0	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	659,396	659,396	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	3,600	3,600	0	0	0	5.00
6.00	56.00	AGGREGATE-RADIOISOTOPE	9,260	9,260	0	0	0	6.00
7.00	57.00	AGGREGATE-CT SCAN	16,460	16,460	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	199,800	199,800	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	632,255	632,255	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,027,861	4,027,861	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	6.00
7.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	2,136,340		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	178,900		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	191,850		3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	659,396		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	3,600		5.00
6.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	9,260		6.00
7.00	57.00	AGGREGATE-CT SCAN	0	0	0	16,460		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	199,800		8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	632,255		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,027,861		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,373,117	13,373,117			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,528,744	7,528,744			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,191,311	0	2,191,311		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0		5.01
5.02	00550	IS	0	0	0		5.02
5.03	00560	PURCHASING	1,757,313	243,662	4,305	16,564	5.03
5.04	00570	PT REG	0	161,191	0	0	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	87,824,342	599,954	254,403	140,205	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	10,542,290	274,750	241,283	33,846	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,027,047	89,868	0	1,106	8.00
9.00	00900	HOUSEKEEPING	3,609,070	118,990	171,383	50,581	9.00
10.00	01000	DIETARY	1,780,663	244,841	74,761	18,895	10.00
11.00	01100	CAFETERIA	1,072,940	284,290	86,806	20,443	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,426,636	32,052	430,087	71,552	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	3,857,458	126,458	166,421	95,359	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,267,322	0	4,871	11,693	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,812,564	3,965,347	452,925	464,579	30.00
31.00	03100	INTENSIVE CARE UNIT	5,231,957	594,237	244,508	100,164	31.00
43.00	04300	NURSERY	2,013,408	81,757	35,352	40,135	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,096,782	1,426,276	1,829,480	137,377	50.00
51.00	05100	RECOVERY ROOM	1,077,366	64,676	48,845	21,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,723,255	137,071	90,751	71,132	52.00
53.00	05300	ANESTHESIOLOGY	492,117	29,765	26,444	3,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,235,678	611,746	693,570	63,287	54.00
54.01	03630	ULTRA SOUND	1,186,145	11,041	77,820	24,300	54.01
54.02	03480	NUCLEAR ONCOLOGY	2,569,017	347,573	236,197	38,656	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,771,101	328,563	88,255	43,424	55.00
56.00	05600	RADIOISOTOPE	1,566,611	40,950	13,391	15,729	56.00
57.00	05700	CT SCAN	1,773,060	61,460	318,323	29,640	57.00
58.00	05800	MRI	1,521,490	123,064	359,164	27,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,911,314	488,146	337,114	52,914	59.00
60.00	06000	LABORATORY	12,121,742	497,329	181,241	88,798	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,952,243	96,586	55,087	35,578	64.00
65.00	06500	RESPIRATORY THERAPY	1,980,115	42,058	64,930	39,410	65.00
66.00	06600	PHYSICAL THERAPY	6,181,053	358,222	50,391	125,996	66.00
69.00	06900	ELECTROCARDIOLOGY	2,387,722	105,483	218,803	26,234	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,093,700	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,442,883	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,060,941	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	336,048	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,543,839	254,453	309,345	47,657	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	670,016	0	1,300	13,228	75.02
75.03	07503	NEURODIAGNOSTICS	229,543	59,352	147	3,852	75.03
76.97	07697	CARDIAC REHABILITATION	497,261	168,480	4,694	9,931	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	-106,913	119,383	13,052	9,049	90.03
90.04	09004	CHRONIC PAIN CLINIC	380,876	102,875	8,627	5,789	90.04
90.05	09005	DIABETES EDUCATION	606,892	31,195	2,450	12,125	90.05
90.06	09006	WOUND CARE	1,632,985	96,586	0	27,085	90.06
90.07	09007	SLEEP LAB	7,171	6,110	1,699	95	90.07
91.00	09100	EMERGENCY	8,046,961	887,532	300,607	151,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
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Part I
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,305,196	13,313,372	7,498,832	2,189,917	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,406,729	59,745	0	1,394	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,395,931	0	29,912	0	0
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	317,107,856	13,373,117	7,528,744	2,191,311	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
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Cost Center Description			IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS	0					5.02
5.03	00560	PURCHASING	0	2,021,844				5.03
5.04	00570	PT REG	0	0	161,191			5.04
5.05	00580	PT ACCTS	0	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	99,066	30	0	88,918,000	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	6,105	0	0	11,098,274	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	706	0	0	1,118,727	8.00
9.00	00900	HOUSEKEEPING	0	24,000	0	0	3,974,024	9.00
10.00	01000	DIETARY	0	2,516	0	0	2,121,676	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,464,479	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	895	0	0	3,961,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	14,534	0	0	4,260,230	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	326	0	0	1,284,212	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	87,262	11,891	0	29,794,568	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,531	2,573	0	6,203,970	31.00
43.00	04300	NURSERY	0	2,288	1,033	0	2,173,973	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,214,377	12,978	0	14,717,270	50.00
51.00	05100	RECOVERY ROOM	0	5,698	1,123	0	1,218,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,251	1,812	0	4,046,272	52.00
53.00	05300	ANESTHESIOLOGY	0	19,889	3,084	0	574,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,347	3,567	0	4,618,195	54.00
54.01	03630	ULTRA SOUND	0	1,230	2,301	0	1,302,837	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	4,425	4,213	0	3,200,081	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,003	1,858	0	3,251,204	55.00
56.00	05600	RADIOISOTOPE	0	40,512	2,102	0	1,679,295	56.00
57.00	05700	CT SCAN	0	27,602	11,019	0	2,221,104	57.00
58.00	05800	MRI	0	14,119	5,055	0	2,050,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	146,661	3,685	0	2,939,834	59.00
60.00	06000	LABORATORY	0	40,641	15,223	0	12,944,974	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	21,464	1,259	0	2,162,217	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,714	1,818	0	2,140,045	65.00
66.00	06600	PHYSICAL THERAPY	0	2,408	3,690	0	6,721,760	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,711	4,788	0	2,744,741	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,639	0	8,101,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,385	0	9,448,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	34,442	0	47,095,383	73.00
74.00	07400	RENAL DIALYSIS	0	0	332	0	336,380	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	39,973	2,510	0	3,197,777	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	385	321	0	685,250	75.02
75.03	07503	NEURODIAGNOSTICS	0	137	333	0	293,364	75.03
76.97	07697	CARDIAC REHABILITATION	0	306	191	0	680,863	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	141	27	0	34,739	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	4,756	569	0	503,492	90.04
90.05	09005	DIABETES EDUCATION	0	287	62	0	653,011	90.05
90.06	09006	WOUND CARE	0	24,456	835	0	1,781,947	90.06
90.07	09007	SLEEP LAB	0	9	0	0	15,084	90.07
91.00	09100	EMERGENCY	0	51,988	13,443	0	9,451,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,993,719	161,191	0	307,186,020	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	8,350	0	0	1,476,218	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	19,775	0	0	8,445,618	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,021,844	161,191	0	317,107,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	88,918,000					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,324,631	0	15,422,905			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	435,931	0	114,609	1,669,267		8.00
9.00	00900	HOUSEKEEPING	1,548,546	0	151,748	0	5,674,318	9.00
10.00	01000	DIETARY	826,747	0	312,246	0	116,899	10.00
11.00	01100	CAFETERIA	570,659	0	362,555	0	135,734	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,543,557	0	40,876	0	15,303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,660,071	0	161,272	0	60,377	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	500,415	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,609,960	0	5,056,998	666,621	1,893,242	30.00
31.00	03100	INTENSIVE CARE UNIT	2,417,482	0	757,830	108,086	283,717	31.00
43.00	04300	NURSERY	847,126	0	104,264	18,788	39,035	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,734,834	0	1,818,928	5,345	680,971	50.00
51.00	05100	RECOVERY ROOM	474,958	0	82,482	76,712	30,880	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,576,699	0	174,807	194,626	65,444	52.00
53.00	05300	ANESTHESIOLOGY	224,015	0	37,960	0	14,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,799,558	0	780,159	101,067	292,076	54.00
54.01	03630	ULTRA SOUND	507,673	0	14,081	44,989	5,272	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,246,966	0	443,260	0	165,948	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,266,887	0	419,016	0	156,872	55.00
56.00	05600	RADIOISOTOPE	654,366	0	52,223	9,340	19,551	56.00
57.00	05700	CT SCAN	865,491	0	78,380	53,028	29,344	57.00
58.00	05800	MRI	799,035	0	156,943	21,026	58,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,145,556	0	622,532	0	233,064	59.00
60.00	06000	LABORATORY	5,044,229	0	634,244	0	237,449	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	842,545	0	123,176	0	46,115	64.00
65.00	06500	RESPIRATORY THERAPY	833,905	0	53,636	0	20,080	65.00
66.00	06600	PHYSICAL THERAPY	2,619,248	0	456,840	0	171,032	66.00
69.00	06900	ELECTROCARDIOLOGY	1,069,535	0	134,523	47,060	50,363	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,156,824	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,681,678	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,351,461	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	131,076	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,246,068	0	324,504	135,884	121,488	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	267,019	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	114,314	0	75,692	0	28,338	75.03
76.97	07697	CARDIAC REHABILITATION	265,310	0	214,863	0	80,440	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	13,537	0	152,249	0	56,999	90.03
90.04	09004	CHRONIC PAIN CLINIC	196,194	0	131,196	0	49,117	90.04
90.05	09005	DIABETES EDUCATION	254,457	0	39,783	0	14,894	90.05
90.06	09006	WOUND CARE	694,366	0	123,176	0	46,115	90.06
90.07	09007	SLEEP LAB	5,878	0	7,792	0	2,917	90.07
91.00	09100	EMERGENCY	3,682,981	0	1,131,869	186,695	423,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,051,788	0	15,346,712	1,669,267	5,645,793	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	575,233	0	76,193	0	28,525	190.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,290,979	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	88,918,000	0	15,422,905	1,669,267	5,674,318	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,377,568					10.00
11.00	01100	CAFETERIA	0	2,533,427				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	88,185	0	5,649,143		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	97,446	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,863,701	657,918	0	2,174,900	0	30.00
31.00	03100	INTENSIVE CARE UNIT	513,867	113,360	0	489,986	0	31.00
43.00	04300	NURSERY	0	48,914	0	233,472	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	196,856	0	515,065	0	50.00
51.00	05100	RECOVERY ROOM	0	21,892	0	120,342	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	87,863	0	350,026	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,558	0	2,353	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,973	0	4,505	0	54.00
54.01	03630	ULTRA SOUND	0	29,893	0	1,659	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	39,272	0	28,142	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	84,463	0	163,773	0	55.00
56.00	05600	RADIOISOTOPE	0	19,753	0	2,260	0	56.00
57.00	05700	CT SCAN	0	39,506	0	2,600	0	57.00
58.00	05800	MRI	0	33,615	0	2,129	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,068	0	162,331	0	59.00
60.00	06000	LABORATORY	0	160,046	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	42,935	0	216,284	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	51,170	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	170,626	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	33,146	0	73,478	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	59,523	0	216,346	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	20,075	0	4,443	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	5,275	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	14,214	0	34,568	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	15,445	0	38,533	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	8,177	0	28,489	0	90.04
90.05	09005	DIABETES EDUCATION	0	17,848	0	19,324	0	90.05
90.06	09006	WOUND CARE	0	33,029	0	80,120	0	90.06
90.07	09007	SLEEP LAB	0	410	0	0	0	90.07
91.00	09100	EMERGENCY	0	186,042	0	684,015	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,377,568	2,530,496	0	5,649,143	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,931	0	0	0	190.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	3,377,568	2,533,427	0	5,649,143	0	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,239,396					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,239,396	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,239,396	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	6,239,396	0	0	0	0	202.00

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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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,784,627				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,068,991	0	55,786,899	-1,068,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	158,832	0	11,047,130	-158,832	31.00
43.00	04300	NURSERY	0	0	0	3,465,572	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	23,669,269	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,026,148	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,495,737	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	861,986	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,685,533	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	1,906,404	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	5,123,669	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	5,342,215	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,436,788	0	56.00
57.00	05700	CT SCAN	0	0	0	3,289,453	0	57.00
58.00	05800	MRI	0	0	0	3,122,062	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,158,385	0	59.00
60.00	06000	LABORATORY	0	0	0	19,020,942	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,433,272	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	151,693	0	3,250,529	-151,693	65.00
66.00	06600	PHYSICAL THERAPY	0	121,355	0	10,260,861	-121,355	66.00
69.00	06900	ELECTROCARDIOLOGY	0	192,740	0	4,345,586	-192,740	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,258,163	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,129,946	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,686,240	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	467,456	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	5,301,590	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	976,787	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	30,339	0	547,322	-30,339	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,290,258	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	311,502	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	916,665	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	999,317	0	90.05
90.06	09006	WOUND CARE	0	41,046	0	2,799,799	-41,046	90.06
90.07	09007	SLEEP LAB	0	19,631	0	51,712	-19,631	90.07
91.00	09100	EMERGENCY	0	0	0	15,746,962	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,784,627	0	303,212,159	-1,784,627	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	2,159,100	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	11,736,597	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,784,627	0	317,107,856	-1,784,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	IS	5.02
5.03	00560	PURCHASING	5.03
5.04	00570	PT REG	5.04
5.05	00580	PT ACCTS	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
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
54.01	03630	ULTRA SOUND	54.01
54.02	03480	NUCLEAR ONCOLOGY	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	LITHOTRIPSY	75.01
75.02	07502	PSYCH	75.02
75.03	07503	NEURODIAGNOSTICS	75.03
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.03	09003	GENETIC TESTING	90.03
90.04	09004	CHRONIC PAIN CLINIC	90.04
90.05	09005	DIABETES EDUCATION	90.05
90.06	09006	WOUND CARE	90.06
90.07	09007	SLEEP LAB	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
192.01	19201	HOME HEALTH AGENCY	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	315,323,229	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	IS	0	0	0	0	5.02
5.03	00560	PURCHASING	0	243,662	4,305	247,967	5.03
5.04	00570	PT REG	0	161,191	0	161,191	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,033,285	599,954	254,403	9,887,642	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	274,750	241,283	516,033	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	89,868	0	89,868	8.00
9.00	00900	HOUSEKEEPING	0	118,990	171,383	290,373	9.00
10.00	01000	DIETARY	6,101	244,841	74,761	325,703	10.00
11.00	01100	CAFETERIA	7,084	284,290	86,806	378,180	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	32,052	430,087	462,139	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	126,458	166,421	292,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,871	4,871	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,708	3,965,347	452,925	4,525,980	30.00
31.00	03100	INTENSIVE CARE UNIT	21,830	594,237	244,508	860,575	31.00
43.00	04300	NURSERY	1,615	81,757	35,352	118,724	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,426,276	1,829,480	3,255,756	50.00
51.00	05100	RECOVERY ROOM	0	64,676	48,845	113,521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	137,071	90,751	227,822	52.00
53.00	05300	ANESTHESIOLOGY	0	29,765	26,444	56,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	203	611,746	693,570	1,305,519	54.00
54.01	03630	ULTRA SOUND	0	11,041	77,820	88,861	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	347,573	236,197	583,770	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	328,563	88,255	416,818	55.00
56.00	05600	RADIOISOTOPE	0	40,950	13,391	54,341	56.00
57.00	05700	CT SCAN	0	61,460	318,323	379,783	57.00
58.00	05800	MRI	0	123,064	359,164	482,228	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	488,146	337,114	825,260	59.00
60.00	06000	LABORATORY	0	497,329	181,241	678,570	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	113	96,586	55,087	151,786	64.00
65.00	06500	RESPIRATORY THERAPY	0	42,058	64,930	106,988	65.00
66.00	06600	PHYSICAL THERAPY	230	358,222	50,391	408,843	66.00
69.00	06900	ELECTROCARDIOLOGY	0	105,483	218,803	324,286	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	254,453	309,345	563,798	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	676	0	1,300	1,976	75.02
75.03	07503	NEURODIAGNOSTICS	0	59,352	147	59,499	75.03
76.97	07697	CARDIAC REHABILITATION	43	168,480	4,694	173,217	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	0	119,383	13,052	132,435	90.03
90.04	09004	CHRONIC PAIN CLINIC	113	102,875	8,627	111,615	90.04
90.05	09005	DIABETES EDUCATION	281	31,195	2,450	33,926	90.05
90.06	09006	WOUND CARE	0	96,586	0	96,586	90.06
90.07	09007	SLEEP LAB	0	6,110	1,699	7,809	90.07
91.00	09100	EMERGENCY	0	887,532	300,607	1,188,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,179,282	13,313,372	7,498,832	29,991,486	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	59,745	0	59,745	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	29,912	29,912	0
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0
200.00		Cross Foot Adjustments			0	0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	9,179,282	13,373,117	7,528,744	30,081,143	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	IS	0	0				5.02
5.03	00560	PURCHASING	0	0	247,967			5.03
5.04	00570	PT REG	0	0	0	161,191		5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	12,150	30	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	749	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	87	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,943	0	0	9.00
10.00	01000	DIETARY	0	0	309	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	110	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	1,782	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	40	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	10,702	11,891	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,744	2,573	0	31.00
43.00	04300	NURSERY	0	0	281	1,033	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	148,938	12,978	0	50.00
51.00	05100	RECOVERY ROOM	0	0	699	1,123	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,729	1,812	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,439	3,084	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,269	3,567	0	54.00
54.01	03630	ULTRA SOUND	0	0	151	2,301	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	543	4,213	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,208	1,858	0	55.00
56.00	05600	RADIOISOTOPE	0	0	4,969	2,102	0	56.00
57.00	05700	CT SCAN	0	0	3,385	11,019	0	57.00
58.00	05800	MRI	0	0	1,732	5,055	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	17,987	3,685	0	59.00
60.00	06000	LABORATORY	0	0	4,984	15,223	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	2,632	1,259	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,437	1,818	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	295	3,690	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	210	4,788	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,639	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,385	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,442	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	332	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	4,902	2,510	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	47	321	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	17	333	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	37	191	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	17	27	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	583	569	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	35	62	0	90.05
90.06	09006	WOUND CARE	0	0	2,999	835	0	90.06
90.07	09007	SLEEP LAB	0	0	1	0	0	90.07
91.00	09100	EMERGENCY	0	0	6,376	13,443	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	244,518	161,191	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	1,024	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	2,425	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
			5.01	5.02	5.03	5.04	5.05	
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	247,967	161,191	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,899,822					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	481,488	0	998,270			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,535	0	7,418	145,908		8.00
9.00	00900	HOUSEKEEPING	172,409	0	9,822	0	475,547	9.00
10.00	01000	DIETARY	92,047	0	20,211	0	9,797	10.00
11.00	01100	CAFETERIA	63,535	0	23,467	0	11,375	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	171,854	0	2,646	0	1,283	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	184,826	0	10,439	0	5,060	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	55,714	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,292,608	0	327,320	58,270	158,666	30.00
31.00	03100	INTENSIVE CARE UNIT	269,153	0	49,052	9,448	23,777	31.00
43.00	04300	NURSERY	94,316	0	6,749	1,642	3,271	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	638,494	0	117,733	467	57,070	50.00
51.00	05100	RECOVERY ROOM	52,880	0	5,339	6,705	2,588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,543	0	11,315	17,012	5,485	52.00
53.00	05300	ANESTHESIOLOGY	24,941	0	2,457	0	1,191	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	200,356	0	50,497	8,834	24,478	54.00
54.01	03630	ULTRA SOUND	56,522	0	911	3,932	442	54.01
54.02	03480	NUCLEAR ONCOLOGY	138,832	0	28,691	0	13,908	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	141,050	0	27,121	0	13,147	55.00
56.00	05600	RADIOISOTOPE	72,855	0	3,380	816	1,639	56.00
57.00	05700	CT SCAN	96,360	0	5,073	4,635	2,459	57.00
58.00	05800	MRI	88,961	0	10,158	1,838	4,924	58.00
59.00	05900	CARDIAC CATHETERIZATION	127,542	0	40,294	0	19,532	59.00
60.00	06000	LABORATORY	561,605	0	41,052	0	19,900	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	93,806	0	7,973	0	3,865	64.00
65.00	06500	RESPIRATORY THERAPY	92,844	0	3,472	0	1,683	65.00
66.00	06600	PHYSICAL THERAPY	291,617	0	29,570	0	14,334	66.00
69.00	06900	ELECTROCARDIOLOGY	119,078	0	8,707	4,113	4,221	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	351,468	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	409,904	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,043,218	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,594	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	138,732	0	21,004	11,877	10,182	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	29,729	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	12,727	0	4,899	0	2,375	75.03
76.97	07697	CARDIAC REHABILITATION	29,539	0	13,907	0	6,741	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	1,507	0	9,855	0	4,777	90.03
90.04	09004	CHRONIC PAIN CLINIC	21,843	0	8,492	0	4,116	90.04
90.05	09005	DIABETES EDUCATION	28,330	0	2,575	0	1,248	90.05
90.06	09006	WOUND CARE	77,308	0	7,973	0	3,865	90.06
90.07	09007	SLEEP LAB	654	0	504	0	244	90.07
91.00	09100	EMERGENCY	410,049	0	73,262	16,319	35,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,469,373	0	993,338	145,908	473,156	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	64,044	0	4,932	0	2,391	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	366,405	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	9,899,822	0	998,270	145,908	475,547	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	448,067					10.00
11.00	01100	CAFETERIA	0	476,557				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	16,588	0	654,620		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	18,330	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	379,898	123,761	0	252,027	0	30.00
31.00	03100	INTENSIVE CARE UNIT	68,169	21,324	0	56,779	0	31.00
43.00	04300	NURSERY	0	9,201	0	27,055	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,030	0	59,685	0	50.00
51.00	05100	RECOVERY ROOM	0	4,118	0	13,945	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,528	0	40,561	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,610	0	273	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,925	0	522	0	54.00
54.01	03630	ULTRA SOUND	0	5,623	0	192	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	7,387	0	3,261	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,888	0	18,978	0	55.00
56.00	05600	RADIOISOTOPE	0	3,716	0	262	0	56.00
57.00	05700	CT SCAN	0	7,431	0	301	0	57.00
58.00	05800	MRI	0	6,323	0	247	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,359	0	18,811	0	59.00
60.00	06000	LABORATORY	0	30,106	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	8,076	0	25,063	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,626	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	32,096	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,235	0	8,515	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	11,197	0	25,070	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	3,776	0	515	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	992	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	2,674	0	4,006	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	2,905	0	4,465	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	1,538	0	3,301	0	90.04
90.05	09005	DIABETES EDUCATION	0	3,357	0	2,239	0	90.05
90.06	09006	WOUND CARE	0	6,213	0	9,284	0	90.06
90.07	09007	SLEEP LAB	0	77	0	0	0	90.07
91.00	09100	EMERGENCY	0	34,996	0	79,263	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	448,067	476,006	0	654,620	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	551	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	448,067	476,557	0	654,620	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	513,316					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
43.00	04300	NURSERY	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
54.01	03630	ULTRA SOUND	0	0	0			54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	513,316	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	07501	LITHOTRIPSY	0	0	0			75.01
75.02	07502	PSYCH	0	0	0			75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0			75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0			90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0			90.04
90.05	09005	DIABETES EDUCATION	0	0	0			90.05
90.06	09006	WOUND CARE	0	0	0			90.06
90.07	09007	SLEEP LAB	0	0	0			90.07
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	513,316	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0			192.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	513,316	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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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	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		60,625				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				7,141,123	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,364,594	0	31.00
43.00	04300	NURSERY				262,272	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,328,151	0	50.00
51.00	05100	RECOVERY ROOM				200,918	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				498,807	0	52.00
53.00	05300	ANESTHESIOLOGY				92,204	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,611,967	0	54.00
54.01	03630	ULTRA SOUND				158,935	0	54.01
54.02	03480	NUCLEAR ONCOLOGY				780,605	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC				637,068	0	55.00
56.00	05600	RADIOISOTOPE				144,080	0	56.00
57.00	05700	CT SCAN				510,446	0	57.00
58.00	05800	MRI				601,466	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,063,470	0	59.00
60.00	06000	LABORATORY				1,351,440	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
64.00	06400	INTRAVENOUS THERAPY				294,460	0	64.00
65.00	06500	RESPIRATORY THERAPY				217,868	0	65.00
66.00	06600	PHYSICAL THERAPY				780,445	0	66.00
69.00	06900	ELECTROCARDIOLOGY				480,153	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				359,107	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				415,289	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,590,976	0	73.00
74.00	07400	RENAL DIALYSIS				14,926	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				789,272	0	75.00
75.01	07501	LITHOTRIPSY				0	0	75.01
75.02	07502	PSYCH				36,364	0	75.02
75.03	07503	NEURODIAGNOSTICS				80,842	0	75.03
76.97	07697	CARDIAC REHABILITATION				230,312	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING				155,988	0	90.03
90.04	09004	CHRONIC PAIN CLINIC				152,057	0	90.04
90.05	09005	DIABETES EDUCATION				71,772	0	90.05
90.06	09006	WOUND CARE				205,063	0	90.06
90.07	09007	SLEEP LAB				9,289	0	90.07
91.00	09100	EMERGENCY				1,857,360	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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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	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	29,489,089	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				132,687	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				398,742	0	192.00
192.01	19201	HOME HEALTH AGENCY				0	0	192.01
200.00		Cross Foot Adjustments	0	60,625	0	60,625	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	60,625	0	30,081,143	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	IS		5.02
5.03	00560	PURCHASING		5.03
5.04	00570	PT REG		5.04
5.05	00580	PT ACCTS		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	7,141,123	30.00
31.00	03100	INTENSIVE CARE UNIT	1,364,594	31.00
43.00	04300	NURSERY	262,272	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,328,151	50.00
51.00	05100	RECOVERY ROOM	200,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	498,807	52.00
53.00	05300	ANESTHESIOLOGY	92,204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,611,967	54.00
54.01	03630	ULTRA SOUND	158,935	54.01
54.02	03480	NUCLEAR ONCOLOGY	780,605	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	637,068	55.00
56.00	05600	RADIOISOTOPE	144,080	56.00
57.00	05700	CT SCAN	510,446	57.00
58.00	05800	MRI	601,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,470	59.00
60.00	06000	LABORATORY	1,351,440	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	294,460	64.00
65.00	06500	RESPIRATORY THERAPY	217,868	65.00
66.00	06600	PHYSICAL THERAPY	780,445	66.00
69.00	06900	ELECTROCARDIOLOGY	480,153	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	359,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	415,289	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,590,976	73.00
74.00	07400	RENAL DIALYSIS	14,926	74.00
75.00	07500	ASC (NON-DISTINCT PART)	789,272	75.00
75.01	07501	LITHOTRIPSY	0	75.01
75.02	07502	PSYCH	36,364	75.02
75.03	07503	NEURODIAGNOSTICS	80,842	75.03
76.97	07697	CARDIAC REHABILITATION	230,312	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.03	09003	GENETIC TESTING	155,988	90.03
90.04	09004	CHRONIC PAIN CLINIC	152,057	90.04
90.05	09005	DIABETES EDUCATION	71,772	90.05
90.06	09006	WOUND CARE	205,063	90.06
90.07	09007	SLEEP LAB	9,289	90.07
91.00	09100	EMERGENCY	1,857,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,489,089	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	132,687	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	398,742	192.00
192.01	19201	HOME HEALTH AGENCY	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
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Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	60,625	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	30,081,143	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT)	IS (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NEW MME DE PT)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	374,253				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,032,207			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	84,723,735		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	1,749	5.01
5.02	00550	IS	0	0	0	82	5.02
5.03	00560	PURCHASING	6,819	4,021	640,427	20	5.03
5.04	00570	PT REG	4,511	0	0	49	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	16,790	237,625	5,420,844	123	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,689	225,370	1,308,605	66	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,515	0	42,780	1	8.00
9.00	00900	HOUSEKEEPING	3,330	160,080	1,955,656	14	9.00
10.00	01000	DIETARY	6,852	69,830	730,557	12	10.00
11.00	01100	CAFETERIA	7,956	81,081	790,420	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	897	401,722	2,766,452	2	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	3,539	155,445	3,686,947	30	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,550	452,104	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,972	423,054	17,961,720	332	30.00
31.00	03100	INTENSIVE CARE UNIT	16,630	228,382	3,872,733	47	31.00
43.00	04300	NURSERY	2,288	33,020	1,551,772	39	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,915	1,708,822	5,311,522	70	50.00
51.00	05100	RECOVERY ROOM	1,810	45,624	818,662	10	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,836	84,766	2,750,247	61	52.00
53.00	05300	ANESTHESIOLOGY	833	24,700	138,804	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,120	647,828	2,446,921	92	54.00
54.01	03630	ULTRA SOUND	309	72,688	939,513	7	54.01
54.02	03480	NUCLEAR ONCOLOGY	9,727	220,619	1,494,576	20	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	9,195	82,434	1,678,949	23	55.00
56.00	05600	RADIOISOTOPE	1,146	12,508	608,135	11	56.00
57.00	05700	CT SCAN	1,720	297,329	1,145,987	13	57.00
58.00	05800	MRI	3,444	335,476	1,069,674	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,661	314,881	2,045,847	45	59.00
60.00	06000	LABORATORY	13,918	169,288	3,433,275	84	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,703	51,454	1,375,593	32	64.00
65.00	06500	RESPIRATORY THERAPY	1,177	60,648	1,523,749	24	65.00
66.00	06600	PHYSICAL THERAPY	10,025	47,068	4,871,472	64	66.00
69.00	06900	ELECTROCARDIOLOGY	2,952	204,372	1,014,295	46	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,121	288,943	1,842,587	74	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	1,214	511,445	0	75.02
75.03	07503	NEURODIAGNOSTICS	1,661	137	148,950	1	75.03
76.97	07697	CARDIAC REHABILITATION	4,715	4,384	383,951	29	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	3,341	12,191	349,885	2	90.03
90.04	09004	CHRONIC PAIN CLINIC	2,879	8,058	223,834	30	90.04
90.05	09005	DIABETES EDUCATION	873	2,288	468,780	7	90.05
90.06	09006	WOUND CARE	2,703	0	1,047,213	10	90.06
90.07	09007	SLEEP LAB	171	1,587	3,675	2	90.07
91.00	09100	EMERGENCY	24,838	280,781	5,841,283	136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIEN T)	IS (GROSS REVE NUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NEW MME DE PT)				
			1.00	2.00				
	SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		372,581	7,004,268	84,669,841	1,744	1,770,904,655	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,672	0	53,894	5	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	27,939	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	13,373,117	7,528,744	2,191,311	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.732825	1.070609	0.025864	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING (PURCHASING)	PT REG (GROSS REVE NUE)	PT ACCTS (GROSS REVE NUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	IS					5.02
5.03	00560	PURCHASING	25,621,438				5.03
5.04	00570	PT REG	0	1,770,904,655			5.04
5.05	00580	PT ACCTS	0	0	1,770,904,655		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,255,401	333,675	333,675	-88,918,000	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	77,365	0	0	11,098,274	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,948	0	0	1,118,727	8.00
9.00	00900	HOUSEKEEPING	304,133	0	0	3,974,024	9.00
10.00	01000	DIETARY	31,889	0	0	2,121,676	10.00
11.00	01100	CAFETERIA	0	0	0	1,464,479	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,339	0	0	3,961,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	184,179	0	0	4,260,230	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,127	0	0	1,284,212	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,105,813	130,668,223	130,668,223	0	30.00
31.00	03100	INTENSIVE CARE UNIT	386,901	28,274,681	28,274,681	0	31.00
43.00	04300	NURSERY	28,991	11,354,966	11,354,966	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,388,928	142,610,459	142,610,459	0	50.00
51.00	05100	RECOVERY ROOM	72,208	12,346,049	12,346,049	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	281,973	19,917,490	19,917,490	0	52.00
53.00	05300	ANESTHESIOLOGY	252,036	33,891,181	33,891,181	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	131,123	39,200,758	39,200,758	0	54.00
54.01	03630	ULTRA SOUND	15,589	25,288,378	25,288,378	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	56,073	46,295,594	46,295,594	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	228,134	20,417,955	20,417,955	0	55.00
56.00	05600	RADIOISOTOPE	513,386	23,104,145	23,104,145	0	56.00
57.00	05700	CT SCAN	349,781	121,083,227	121,083,227	0	57.00
58.00	05800	MRI	178,924	55,550,902	55,550,902	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,858,535	40,498,080	40,498,080	0	59.00
60.00	06000	LABORATORY	515,020	167,286,598	167,286,598	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	272,003	13,837,339	13,837,339	0	64.00
65.00	06500	RESPIRATORY THERAPY	148,450	19,979,387	19,979,387	0	65.00
66.00	06600	PHYSICAL THERAPY	30,512	40,546,523	40,546,523	0	66.00
69.00	06900	ELECTROCARDIOLOGY	21,678	52,614,615	52,614,615	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	83,943,692	83,943,692	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,172,309	59,172,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	378,042,466	378,042,466	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,649,752	3,649,752	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	506,546	27,582,414	27,582,414	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	4,885	3,522,213	3,522,213	0	75.02
75.03	07503	NEURODIAGNOSTICS	1,736	3,654,205	3,654,205	0	75.03
76.97	07697	CARDIAC REHABILITATION	3,873	2,103,680	2,103,680	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	1,789	299,657	299,657	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	60,275	6,255,852	6,255,852	0	90.04
90.05	09005	DIABETES EDUCATION	3,638	677,010	677,010	0	90.05
90.06	09006	WOUND CARE	309,919	9,180,216	9,180,216	0	90.06
90.07	09007	SLEEP LAB	120	0	0	0	90.07
91.00	09100	EMERGENCY	658,809	147,720,964	147,720,964	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,265,029	1,770,904,655	1,770,904,655	-88,918,000	118.00
						218,268,020	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			PURCHASING (PURCHASING)	PT REG (GROSS REVE NUE)	PT ACCTS (GROSS REVE NUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	105,814	0	0	0	1,476,218	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	250,595	0	0	0	8,445,618	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,021,844	161,191	0		88,918,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.078912	0.000091	0.000000		0.389667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	247,967	161,191	0		9,899,822	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009678	0.000091	0.000000		0.043384	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: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	338,444				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,515	728,641			8.00
9.00	00900	HOUSEKEEPING	0	3,330	0	332,599		9.00
10.00	01000	DIETARY	0	6,852	0	6,852	85,815	10.00
11.00	01100	CAFETERIA	0	7,956	0	7,956	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	897	0	897	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	3,539	0	3,539	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	110,972	290,982	110,972	72,759	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,630	47,180	16,630	13,056	31.00
43.00	04300	NURSERY	0	2,288	8,201	2,288	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	39,915	2,333	39,915	0	50.00
51.00	05100	RECOVERY ROOM	0	1,810	33,485	1,810	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,836	84,955	3,836	0	52.00
53.00	05300	ANESTHESIOLOGY	0	833	0	833	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,120	44,116	17,120	0	54.00
54.01	03630	ULTRA SOUND	0	309	19,638	309	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	9,727	0	9,727	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,195	0	9,195	0	55.00
56.00	05600	RADIOISOTOPE	0	1,146	4,077	1,146	0	56.00
57.00	05700	CT SCAN	0	1,720	23,147	1,720	0	57.00
58.00	05800	MRI	0	3,444	9,178	3,444	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,661	0	13,661	0	59.00
60.00	06000	LABORATORY	0	13,918	0	13,918	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	2,703	0	2,703	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,177	0	1,177	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,025	0	10,025	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,952	20,542	2,952	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,121	59,314	7,121	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	1,661	0	1,661	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	4,715	0	4,715	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	3,341	0	3,341	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	2,879	0	2,879	0	90.04
90.05	09005	DIABETES EDUCATION	0	873	0	873	0	90.05
90.06	09006	WOUND CARE	0	2,703	0	2,703	0	90.06
90.07	09007	SLEEP LAB	0	171	0	171	0	90.07
91.00	09100	EMERGENCY	0	24,838	81,493	24,838	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	336,772	728,641	330,927	85,815	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,672	0	1,672	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	15,422,905	1,669,267	5,674,318	3,377,568	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	45.570035	2.290932	17.060538	39.358714	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	998,270	145,908	475,547	448,067	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.949587	0.200247	1.429791	5.221313	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: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			CAFETERIA (NUMBER OF FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF S ERV)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY S TAT)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	86,444					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	3,009	0	732,300			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	3,325	0	0	0	47,060,941	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,449	0	281,933	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,868	0	63,517	0	0	31.00
43.00	04300	NURSERY	1,669	0	30,265	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,717	0	66,768	0	0	50.00
51.00	05100	RECOVERY ROOM	747	0	15,600	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,998	0	45,374	0	0	52.00
53.00	05300	ANESTHESIOLOGY	292	0	305	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,070	0	584	0	0	54.00
54.01	03630	ULTRA SOUND	1,020	0	215	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,340	0	3,648	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,882	0	21,230	0	0	55.00
56.00	05600	RADIOISOTOPE	674	0	293	0	0	56.00
57.00	05700	CT SCAN	1,348	0	337	0	0	57.00
58.00	05800	MRI	1,147	0	276	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,879	0	21,043	0	0	59.00
60.00	06000	LABORATORY	5,461	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,465	0	28,037	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,746	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,822	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,131	0	9,525	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	47,060,941	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,031	0	28,045	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	685	0	576	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	180	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	485	0	4,481	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	527	0	4,995	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	279	0	3,693	0	0	90.04
90.05	09005	DIABETES EDUCATION	609	0	2,505	0	0	90.05
90.06	09006	WOUND CARE	1,127	0	10,386	0	0	90.06
90.07	09007	SLEEP LAB	14	0	0	0	0	90.07
91.00	09100	EMERGENCY	6,348	0	88,669	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,344	0	732,300	0	47,060,941	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			CAFETERIA (NUMBER OF FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF S ERV)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY S TAT)	
			11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	100	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,533,427	0	5,649,143	0	6,239,396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	29.307147	0.000000	7.714247	0.000000	0.132581	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	476,557	0	654,620	0	513,316	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.512899	0.000000	0.893923	0.000000	0.010907	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: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,770,570,980					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			1,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,668,223	0	0	0	599	30.00
31.00	03100	INTENSIVE CARE UNIT	28,274,681	0	0	0	89	31.00
43.00	04300	NURSERY	11,354,966	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	142,610,459	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	12,346,049	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,917,490	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	33,891,181	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,200,758	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	25,288,378	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	46,295,594	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	20,417,955	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	23,104,145	0	0	0	0	56.00
57.00	05700	CT SCAN	121,083,227	0	0	0	0	57.00
58.00	05800	MRI	55,550,902	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,498,080	0	0	0	0	59.00
60.00	06000	LABORATORY	167,286,598	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	13,837,339	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,979,387	0	0	0	85	65.00
66.00	06600	PHYSICAL THERAPY	40,546,523	0	0	0	68	66.00
69.00	06900	ELECTROCARDIOLOGY	52,614,615	0	0	0	108	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,943,692	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,172,309	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	378,042,466	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,649,752	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	27,582,414	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	3,522,213	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	3,654,205	0	0	0	17	75.03
76.97	07697	CARDIAC REHABILITATION	2,103,680	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	299,657	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	6,255,852	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	677,010	0	0	0	0	90.05
90.06	09006	WOUND CARE	9,180,216	0	0	0	23	90.06
90.07	09007	SLEEP LAB	0	0	0	0	11	90.07
91.00	09100	EMERGENCY	147,720,964	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,770,570,980	0	0	0	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 11:20 am

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
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	IS			5.02
5.03	00560	PURCHASING			5.03
5.04	00570	PT REG			5.04
5.05	00580	PT ACCTS			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,000		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	599	0	30.00
31.00	03100	INTENSIVE CARE UNIT	89	0	31.00
43.00	04300	NURSERY	0	0	43.00
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
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85	0	65.00
66.00	06600	PHYSICAL THERAPY	68	0	66.00
69.00	06900	ELECTROCARDIOLOGY	108	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	75.01
75.02	07502	PSYCH	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	17	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.03	09003	GENETIC TESTING	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	90.05
90.06	09006	WOUND CARE	23	0	90.06
90.07	09007	SLEEP LAB	11	0	90.07
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet B-1
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
			23.00		
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	192.01
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		1,784,627	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		1,784.627000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		60,625	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		60.625000	0.000000	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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 11:20 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	54,717,908		54,717,908	0	54,717,908	30.00	
31.00	03100	INTENSIVE CARE UNIT	10,888,298		10,888,298	0	10,888,298	31.00	
43.00	04300	NURSERY	3,465,572		3,465,572	0	3,465,572	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	23,669,269		23,669,269	0	23,669,269	50.00	
51.00	05100	RECOVERY ROOM	2,026,148		2,026,148	0	2,026,148	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,495,737		6,495,737	0	6,495,737	52.00	
53.00	05300	ANESTHESIOLOGY	861,986		861,986	0	861,986	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,685,533		7,685,533	0	7,685,533	54.00	
54.01	03630	ULTRA SOUND	1,906,404		1,906,404	0	1,906,404	54.01	
54.02	03480	NUCLEAR ONCOLOGY	5,123,669		5,123,669	0	5,123,669	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	5,342,215		5,342,215	0	5,342,215	55.00	
56.00	05600	RADIOISOTOPE	2,436,788		2,436,788	0	2,436,788	56.00	
57.00	05700	CT SCAN	3,289,453		3,289,453	0	3,289,453	57.00	
58.00	05800	MRI	3,122,062		3,122,062	0	3,122,062	58.00	
59.00	05900	CARDIAC CATHETERIZATION	5,158,385		5,158,385	0	5,158,385	59.00	
60.00	06000	LABORATORY	19,020,942		19,020,942	0	19,020,942	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	3,433,272		3,433,272	0	3,433,272	64.00	
65.00	06500	RESPIRATORY THERAPY	3,098,836	0	3,098,836	0	3,098,836	65.00	
66.00	06600	PHYSICAL THERAPY	10,139,506	0	10,139,506	0	10,139,506	66.00	
69.00	06900	ELECTROCARDIOLOGY	4,152,846		4,152,846	0	4,152,846	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,258,163		11,258,163	0	11,258,163	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,129,946		13,129,946	0	13,129,946	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	71,686,240		71,686,240	0	71,686,240	73.00	
74.00	07400	RENAL DIALYSIS	467,456		467,456	0	467,456	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	5,301,590		5,301,590	0	5,301,590	75.00	
75.01	07501	LITHOTRIPSY	0		0	0	0	75.01	
75.02	07502	PSYCH	976,787		976,787	0	976,787	75.02	
75.03	07503	NEURODIAGNOSTICS	516,983		516,983	0	516,983	75.03	
76.97	07697	CARDIAC REHABILITATION	1,290,258		1,290,258	0	1,290,258	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.03	09003	GENETIC TESTING	311,502		311,502	0	311,502	90.03	
90.04	09004	CHRONIC PAIN CLINIC	916,665		916,665	0	916,665	90.04	
90.05	09005	DIABETES EDUCATION	999,317		999,317	0	999,317	90.05	
90.06	09006	WOUND CARE	2,758,753		2,758,753	0	2,758,753	90.06	
90.07	09007	SLEEP LAB	32,081		32,081	0	32,081	90.07	
91.00	09100	EMERGENCY	15,746,962		15,746,962	0	15,746,962	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,427,310		5,427,310	0	5,427,310	92.00	
200.00		Subtotal (see instructions)	306,854,842	0	306,854,842	0	306,854,842	200.00	
201.00		Less Observation Beds	5,427,310		5,427,310	0	5,427,310	201.00	
202.00		Total (see instructions)	301,427,532	0	301,427,532	0	301,427,532	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 11:20 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						10.00		
30.00	03000	ADULTS & PEDIATRICS	104,582,084		104,582,084		30.00	
31.00	03100	INTENSIVE CARE UNIT	27,552,851		27,552,851		31.00	
43.00	04300	NURSERY	11,354,966		11,354,966		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,791,570	101,818,889	142,610,459	0.165971	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,109,939	6,236,110	12,346,049	0.164113	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,615,450	1,922,701	19,538,151	0.332464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,472,373	22,418,808	33,891,181	0.025434	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,306,103	32,894,655	39,200,758	0.196056	0.000000	54.00
54.01	03630	ULTRA SOUND	4,114,544	21,173,834	25,288,378	0.075387	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	872,893	45,422,701	46,295,594	0.110673	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	94,169	20,323,786	20,417,955	0.261643	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,742,895	20,361,250	23,104,145	0.105470	0.000000	56.00
57.00	05700	CT SCAN	27,259,646	93,823,581	121,083,227	0.027167	0.000000	57.00
58.00	05800	MRI	6,991,640	48,559,262	55,550,902	0.056202	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,264,904	22,233,176	40,498,080	0.127374	0.000000	59.00
60.00	06000	LABORATORY	58,370,966	108,915,632	167,286,598	0.113703	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	1,606,016	12,231,324	13,837,340	0.248116	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	17,175,686	2,803,701	19,979,387	0.155102	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,588,434	30,958,089	40,546,523	0.250071	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	14,072,542	38,542,073	52,614,615	0.078930	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,596,941	44,346,751	83,943,692	0.134116	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,895,990	32,276,319	59,172,309	0.221893	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,931,532	332,110,933	378,042,465	0.189625	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,397,824	251,928	3,649,752	0.128079	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,148,219	22,434,195	27,582,414	0.192209	0.000000	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	0.000000	75.01
75.02	07502	PSYCH	0	3,522,213	3,522,213	0.277322	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS	1,390,989	2,263,216	3,654,205	0.141476	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION	59,018	2,044,662	2,103,680	0.613334	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	299,657	299,657	1.039529	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC	14,175	6,241,677	6,255,852	0.146529	0.000000	90.04
90.05	09005	DIABETES EDUCATION	32,320	644,690	677,010	1.476074	0.000000	90.05
90.06	09006	WOUND CARE	39,558	9,140,658	9,180,216	0.300511	0.000000	90.06
90.07	09007	SLEEP LAB	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	35,155,889	112,565,074	147,720,963	0.106599	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,912,316	17,274,992	27,187,308	0.199627	0.000000	92.00
200.00		Subtotal (see instructions)	554,514,442	1,216,056,537	1,770,570,979			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	554,514,442	1,216,056,537	1,770,570,979			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
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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
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.165971			50.00
51.00	05100	RECOVERY ROOM	0.164113			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332464			52.00
53.00	05300	ANESTHESIOLOGY	0.025434			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196056			54.00
54.01	03630	ULTRA SOUND	0.075387			54.01
54.02	03480	NUCLEAR ONCOLOGY	0.110673			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.261643			55.00
56.00	05600	RADIOISOTOPE	0.105470			56.00
57.00	05700	CT SCAN	0.027167			57.00
58.00	05800	MRI	0.056202			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127374			59.00
60.00	06000	LABORATORY	0.113703			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.248116			64.00
65.00	06500	RESPIRATORY THERAPY	0.155102			65.00
66.00	06600	PHYSICAL THERAPY	0.250071			66.00
69.00	06900	ELECTROCARDIOLOGY	0.078930			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134116			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221893			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189625			73.00
74.00	07400	RENAL DIALYSIS	0.128079			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.192209			75.00
75.01	07501	LITHOTRIPSY	0.000000			75.01
75.02	07502	PSYCH	0.277322			75.02
75.03	07503	NEURODIAGNOSTICS	0.141476			75.03
76.97	07697	CARDIAC REHABILITATION	0.613334			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	1.039529			90.03
90.04	09004	CHRONIC PAIN CLINIC	0.146529			90.04
90.05	09005	DIABETES EDUCATION	1.476074			90.05
90.06	09006	WOUND CARE	0.300511			90.06
90.07	09007	SLEEP LAB	0.000000			90.07
91.00	09100	EMERGENCY	0.106599			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.199627			92.00
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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 11:20 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,786,899		55,786,899	0
31.00	03100	INTENSIVE CARE UNIT	11,047,130		11,047,130	0
43.00	04300	NURSERY	3,465,572		3,465,572	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,669,269		23,669,269	0
51.00	05100	RECOVERY ROOM	2,026,148		2,026,148	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,495,737		6,495,737	0
53.00	05300	ANESTHESIOLOGY	861,986		861,986	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,685,533		7,685,533	0
54.01	03630	ULTRA SOUND	1,906,404		1,906,404	0
54.02	03480	NUCLEAR ONCOLOGY	5,123,669		5,123,669	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,342,215		5,342,215	0
56.00	05600	RADIOISOTOPE	2,436,788		2,436,788	0
57.00	05700	CT SCAN	3,289,453		3,289,453	0
58.00	05800	MRI	3,122,062		3,122,062	0
59.00	05900	CARDIAC CATHETERIZATION	5,158,385		5,158,385	0
60.00	06000	LABORATORY	19,020,942		19,020,942	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
64.00	06400	INTRAVENOUS THERAPY	3,433,272		3,433,272	0
65.00	06500	RESPIRATORY THERAPY	3,250,529	0	3,250,529	0
66.00	06600	PHYSICAL THERAPY	10,260,861	0	10,260,861	0
69.00	06900	ELECTROCARDIOLOGY	4,345,586		4,345,586	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,258,163		11,258,163	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,129,946		13,129,946	0
73.00	07300	DRUGS CHARGED TO PATIENTS	71,686,240		71,686,240	0
74.00	07400	RENAL DIALYSIS	467,456		467,456	0
75.00	07500	ASC (NON-DISTINCT PART)	5,301,590		5,301,590	0
75.01	07501	LITHOTRIPSY	0		0	0
75.02	07502	PSYCH	976,787		976,787	0
75.03	07503	NEURODIAGNOSTICS	547,322		547,322	0
76.97	07697	CARDIAC REHABILITATION	1,290,258		1,290,258	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	311,502		311,502	0
90.04	09004	CHRONIC PAIN CLINIC	916,665		916,665	0
90.05	09005	DIABETES EDUCATION	999,317		999,317	0
90.06	09006	WOUND CARE	2,799,799		2,799,799	0
90.07	09007	SLEEP LAB	51,712		51,712	0
91.00	09100	EMERGENCY	15,746,962		15,746,962	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,533,342		5,533,342	0
200.00		Subtotal (see instructions)	308,745,501	0	308,745,501	0
201.00		Less Observation Beds	5,533,342		5,533,342	0
202.00		Total (see instructions)	303,212,159	0	303,212,159	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 11:20 am

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0.000000	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	0.000000	75.01
75.02	07502	PSYCH	0	0	0	0.000000	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0.000000	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	0.000000	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0.000000	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	0.000000	0.000000	90.06
90.07	09007	SLEEP LAB	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000			54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	LITHOTRIPSY	0.000000			75.01
75.02	07502	PSYCH	0.000000			75.02
75.03	07503	NEURODIAGNOSTICS	0.000000			75.03
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	0.000000			90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000			90.04
90.05	09005	DIABETES EDUCATION	0.000000			90.05
90.06	09006	WOUND CARE	0.000000			90.06
90.07	09007	SLEEP LAB	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/19/2021 11:20 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,141,123	0	7,141,123	26,566	268.81	30.00
31.00	INTENSIVE CARE UNIT	1,364,594		1,364,594	4,352	313.56	31.00
43.00	NURSERY	262,272		262,272	3,446	76.11	43.00
200.00	Total (lines 30 through 199)	8,767,989		8,767,989	34,364		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	10,518	2,827,344				30.00
31.00	INTENSIVE CARE UNIT	1,745	547,162				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	12,263	3,374,506				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/19/2021 11:20 am

			Title XVIII		Hospital	PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,328,151	142,610,459	0.030349	15,485,832	469,980	50.00	
51.00	05100	RECOVERY ROOM	200,918	12,346,049	0.016274	1,532,446	24,939	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	498,807	19,538,151	0.025530	64,141	1,638	52.00	
53.00	05300	ANESTHESIOLOGY	92,204	33,891,181	0.002721	3,835,857	10,437	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,611,967	39,200,758	0.041121	3,059,627	125,815	54.00	
54.01	03630	ULTRA SOUND	158,935	25,288,378	0.006285	1,785,456	11,222	54.01	
54.02	03480	NUCLEAR ONCOLOGY	780,605	46,295,594	0.016861	470,637	7,935	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	637,068	20,417,955	0.031201	57,057	1,780	55.00	
56.00	05600	RADIOISOTOPE	144,080	23,104,145	0.006236	1,489,153	9,286	56.00	
57.00	05700	CT SCAN	510,446	121,083,227	0.004216	11,491,810	48,449	57.00	
58.00	05800	MRI	601,466	55,550,902	0.010827	3,352,394	36,296	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,063,470	40,498,080	0.026260	7,151,665	187,803	59.00	
60.00	06000	LABORATORY	1,351,440	167,286,598	0.008079	24,910,801	201,254	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	294,460	13,837,340	0.021280	609,849	12,978	64.00	
65.00	06500	RESPIRATORY THERAPY	217,868	19,979,387	0.010905	7,758,540	84,607	65.00	
66.00	06600	PHYSICAL THERAPY	780,445	40,546,523	0.019248	5,515,356	106,160	66.00	
69.00	06900	ELECTROCARDIOLOGY	480,153	52,614,615	0.009126	6,598,020	60,214	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	359,107	83,943,692	0.004278	16,736,005	71,597	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	415,289	59,172,309	0.007018	13,243,672	92,944	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,590,976	378,042,465	0.006854	17,977,155	123,215	73.00	
74.00	07400	RENAL DIALYSIS	14,926	3,649,752	0.004090	2,037,570	8,334	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	789,272	27,582,414	0.028615	2,257,907	64,610	75.00	
75.01	07501	LITHOTRIPSY	0	0	0.000000	0	0	75.01	
75.02	07502	PSYCH	36,364	3,522,213	0.010324	0	0	75.02	
75.03	07503	NEURODIAGNOSTICS	80,842	3,654,205	0.022123	494,187	10,933	75.03	
76.97	07697	CARDIAC REHABILITATION	230,312	2,103,680	0.109481	25,683	2,812	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	155,988	299,657	0.520555	0	0	90.03	
90.04	09004	CHRONIC PAIN CLINIC	152,057	6,255,852	0.024306	600	15	90.04	
90.05	09005	DIABETES EDUCATION	71,772	677,010	0.106013	10,160	1,077	90.05	
90.06	09006	WOUND CARE	205,063	9,180,216	0.022337	26,353	589	90.06	
90.07	09007	SLEEP LAB	9,289	0	0.000000	0	0	90.07	
91.00	09100	EMERGENCY	1,857,360	147,720,963	0.012573	16,075,951	202,123	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	708,307	27,187,308	0.026053	4,872,934	126,955	92.00	
200.00		Total (lines 50 through 199)	21,429,407	1,627,081,078		168,926,818	2,105,997	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/19/2021 11:20 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	26,566	0.00	10,518		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	4,352	0.00	1,745		31.00	
43.00	04300	NURSERY			0	3,446	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	34,364		12,263		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet D Part IV Date/Time Prepared: 3/19/2021 11:20 am
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Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 11:20 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	142,610,459	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,346,049	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	19,538,151	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	33,891,181	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	39,200,758	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	25,288,378	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	46,295,594	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,417,955	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	23,104,145	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	121,083,227	0.000000	57.00
58.00	05800	MRI	0	0	0	55,550,902	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,498,080	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	167,286,598	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	13,837,340	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,979,387	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,546,523	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	52,614,615	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,943,692	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	59,172,309	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	378,042,465	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,649,752	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	27,582,414	0.000000	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0.000000	75.01
75.02	07502	PSYCH	0	0	0	3,522,213	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	3,654,205	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,103,680	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	299,657	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	6,255,852	0.000000	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	677,010	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	9,180,216	0.000000	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	147,720,963	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	27,187,308	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,627,081,078		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	15,485,832	0	21,810,177	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,532,446	0	1,207,450	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	64,141	0	9,061	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,835,857	0	4,848,603	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,059,627	0	6,147,034	0	54.00
54.01	03630	ULTRA SOUND	0.000000	1,785,456	0	4,784,411	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000	470,637	0	20,912,259	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	57,057	0	8,286,924	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,489,153	0	8,841,828	0	56.00
57.00	05700	CT SCAN	0.000000	11,491,810	0	29,660,523	0	57.00
58.00	05800	MRI	0.000000	3,352,394	0	13,964,812	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,151,665	0	10,125,614	0	59.00
60.00	06000	LABORATORY	0.000000	24,910,801	0	18,599,120	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	609,849	0	4,798,358	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,758,540	0	790,700	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,515,356	0	340,473	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,598,020	0	13,087,385	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,736,005	0	12,786,953	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,243,672	0	10,722,169	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	17,977,155	0	136,280,192	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,037,570	0	77,841	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	2,257,907	0	5,526,414	0	75.00
75.01	07501	LITHOTRIPSY	0.000000	0	0	0	0	75.01
75.02	07502	PSYCH	0.000000	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0.000000	494,187	0	390,514	0	75.03
76.97	07697	CARDIAC REHABILITATION	0.000000	25,683	0	998,090	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0.000000	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000	600	0	2,599,505	0	90.04
90.05	09005	DIABETES EDUCATION	0.000000	10,160	0	5,760	0	90.05
90.06	09006	WOUND CARE	0.000000	26,353	0	3,681,973	0	90.06
90.07	09007	SLEEP LAB	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	16,075,951	0	22,324,306	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,872,934	0	7,427,363	0	92.00
200.00		Total (lines 50 through 199)		168,926,818	0	371,035,812	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part V Date/Time Prepared: 3/19/2021 11:20 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.165971	21,810,177	0	0	3,619,857	50.00
51.00	05100	RECOVERY ROOM		0.164113	1,207,450	0	0	198,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.332464	9,061	0	0	3,012	52.00
53.00	05300	ANESTHESIOLOGY		0.025434	4,848,603	0	0	123,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.196056	6,147,034	0	0	1,205,163	54.00
54.01	03630	ULTRA SOUND		0.075387	4,784,411	0	0	360,682	54.01
54.02	03480	NUCLEAR ONCOLOGY		0.110673	20,912,259	0	0	2,314,422	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.261643	8,286,924	0	0	2,168,216	55.00
56.00	05600	RADIOISOTOPE		0.105470	8,841,828	0	0	932,548	56.00
57.00	05700	CT SCAN		0.027167	29,660,523	0	0	805,787	57.00
58.00	05800	MRI		0.056202	13,964,812	0	0	784,850	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.127374	10,125,614	0	0	1,289,740	59.00
60.00	06000	LABORATORY		0.113703	18,599,120	0	0	2,114,776	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.248116	4,798,358	0	0	1,190,549	64.00
65.00	06500	RESPIRATORY THERAPY		0.155102	790,700	0	0	122,639	65.00
66.00	06600	PHYSICAL THERAPY		0.250071	340,473	0	0	85,142	66.00
69.00	06900	ELECTROCARDIOLOGY		0.078930	13,087,385	0	0	1,032,987	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.134116	12,786,953	0	0	1,714,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.221893	10,722,169	0	0	2,379,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.189625	136,280,192	0	37,432	25,842,131	73.00
74.00	07400	RENAL DIALYSIS		0.128079	77,841	0	0	9,970	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.192209	5,526,414	0	0	1,062,227	75.00
75.01	07501	LITHOTRIPSY		0.000000	0	0	0	0	75.01
75.02	07502	PSYCH		0.277322	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS		0.141476	390,514	0	0	55,248	75.03
76.97	07697	CARDIAC REHABILITATION		0.613334	998,090	0	0	612,163	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.03	09003	GENETIC TESTING		1.039529	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC		0.146529	2,599,505	0	0	380,903	90.04
90.05	09005	DIABETES EDUCATION		1.476074	5,760	0	0	8,502	90.05
90.06	09006	WOUND CARE		0.300511	3,681,973	0	0	1,106,473	90.06
90.07	09007	SLEEP LAB		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.106599	22,324,306	0	0	2,379,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.199627	7,427,363	0	0	1,482,702	92.00
200.00		Subtotal (see instructions)			371,035,812	0	37,432	55,386,024	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			371,035,812	0	37,432	55,386,024	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/19/2021 11:20 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0		54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,098		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	LITHOTRIPSY	0	0		75.01
75.02	07502	PSYCH	0	0		75.02
75.03	07503	NEURODIAGNOSTICS	0	0		75.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.03	09003	GENETIC TESTING	0	0		90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0		90.04
90.05	09005	DIABETES EDUCATION	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
90.07	09007	SLEEP LAB	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	7,098		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	7,098		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/19/2021 11:20 am

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,141,123	0	7,141,123	26,566	268.81	30.00
31.00	INTENSIVE CARE UNIT	1,364,594		1,364,594	4,352	313.56	31.00
43.00	NURSERY	262,272		262,272	3,446	76.11	43.00
200.00	Total (lines 30 through 199)	8,767,989		8,767,989	34,364		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	1,254	337,088				30.00
31.00	INTENSIVE CARE UNIT	72	22,576				31.00
43.00	NURSERY	287	21,844				43.00
200.00	Total (lines 30 through 199)	1,613	381,508				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,328,151	0	0.000000	0	0 50.00
51.00	05100	RECOVERY ROOM	200,918	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	498,807	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	92,204	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,611,967	0	0.000000	0	0 54.00
54.01	03630	ULTRA SOUND	158,935	0	0.000000	0	0 54.01
54.02	03480	NUCLEAR ONCOLOGY	780,605	0	0.000000	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	637,068	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	144,080	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	510,446	0	0.000000	0	0 57.00
58.00	05800	MRI	601,466	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,470	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	1,351,440	0	0.000000	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	294,460	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	217,868	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	780,445	0	0.000000	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	480,153	0	0.000000	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	359,107	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	415,289	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,590,976	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	14,926	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	789,272	0	0.000000	0	0 75.00
75.01	07501	LITHOTRIPSY	0	0	0.000000	0	0 75.01
75.02	07502	PSYCH	36,364	0	0.000000	0	0 75.02
75.03	07503	NEURODIAGNOSTICS	80,842	0	0.000000	0	0 75.03
76.97	07697	CARDIAC REHABILITATION	230,312	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	155,988	0	0.000000	0	0 90.03
90.04	09004	CHRONIC PAIN CLINIC	152,057	0	0.000000	0	0 90.04
90.05	09005	DIABETES EDUCATION	71,772	0	0.000000	0	0 90.05
90.06	09006	WOUND CARE	205,063	0	0.000000	0	0 90.06
90.07	09007	SLEEP LAB	9,289	0	0.000000	0	0 90.07
91.00	09100	EMERGENCY	1,857,360	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	708,307	0	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	21,429,407	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0211		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/19/2021 11:20 am		
					Title XIX		Hospital		Cost		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	26,566	0.00		1,254	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	4,352	0.00		72	31.00	
43.00	04300	NURSERY			0	3,446	0.00		287	43.00	
200.00		Total (lines 30 through 199)			0	34,364			1,613	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0211

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

Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.03	09003	GENETIC TESTING	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description			Title XIX		Hospital		Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0.000000	75.01
75.02	07502	PSYCH	0	0	0	0	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	0	0	0	0	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	0	0.000000	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0.000000	0	0	0	0	0	54.01
54.02	03480 NUCLEAR ONCOLOGY	0.000000	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
75.01	07501 LITHOTRIPSY	0.000000	0	0	0	0	0	75.01
75.02	07502 PSYCH	0.000000	0	0	0	0	0	75.02
75.03	07503 NEURODIAGNOSTICS	0.000000	0	0	0	0	0	75.03
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	09003 GENETIC TESTING	0.000000	0	0	0	0	0	90.03
90.04	09004 CHRONIC PAIN CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005 DIABETES EDUCATION	0.000000	0	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000000	0	0	0	0	0	90.06
90.07	09007 SLEEP LAB	0.000000	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 11:20 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,566	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)		23,931	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)		10,518	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)		54,717,908	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)		54,717,908	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)		54,717,908	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)		2,059.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,663,925	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)		21,663,925	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,888,298	4,352	2,501.91	1,745	4,365,833
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,480,026
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,509,784
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,374,506
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,105,997
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,480,503
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,029,281
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,635
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,059.70
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,427,310

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,141,123	54,717,908	0.130508	5,427,310	708,307
91.00	Nursing School cost	0	54,717,908	0.000000	5,427,310	0
92.00	Allied health cost	0	54,717,908	0.000000	5,427,310	0
93.00	All other Medical Education	0	54,717,908	0.000000	5,427,310	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 11:20 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			26,566 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			26,566 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)			23,931 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)			1,254 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)			3,446 15.00
16.00	Nursery days (title V or XIX only)			287 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)			55,786,899 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)			55,786,899 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)			55,786,899 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)			2,099.94 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,633,325 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)			2,633,325 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

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

Worksheet D-1

Date/Time Prepared:

3/19/2021 11:20 am

Cost Center Description		Title XIX		Hospital		Cost	
		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)	3,465,572	3,446	1,005.68	287	288,630	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,047,130	4,352	2,538.40	72	182,765	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,104,720	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					2,635	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,099.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,533,342	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Title XIX		Hospital		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	7,141,123	55,786,899	0.128007	5,533,342	708,307	90.00
91.00	Nursing School cost	0	55,786,899	0.000000	5,533,342	0	91.00
92.00	Allied health cost	0	55,786,899	0.000000	5,533,342	0	92.00
93.00	All other Medical Education	0	55,786,899	0.000000	5,533,342	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 11:20 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		37,688,566	30.00
31.00	03100	INTENSIVE CARE UNIT		11,582,632	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165971	15,485,832	50.00
51.00	05100	RECOVERY ROOM	0.164113	1,532,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332464	64,141	52.00
53.00	05300	ANESTHESIOLOGY	0.025434	3,835,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196056	3,059,627	54.00
54.01	03630	ULTRA SOUND	0.075387	1,785,456	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.110673	470,637	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.261643	57,057	55.00
56.00	05600	RADIOISOTOPE	0.105470	1,489,153	56.00
57.00	05700	CT SCAN	0.027167	11,491,810	57.00
58.00	05800	MRI	0.056202	3,352,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127374	7,151,665	59.00
60.00	06000	LABORATORY	0.113703	24,910,801	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.248116	609,849	64.00
65.00	06500	RESPIRATORY THERAPY	0.155102	7,758,540	65.00
66.00	06600	PHYSICAL THERAPY	0.250071	5,515,356	66.00
69.00	06900	ELECTROCARDIOLOGY	0.078930	6,598,020	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134116	16,736,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221893	13,243,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189625	17,977,155	73.00
74.00	07400	RENAL DIALYSIS	0.128079	2,037,570	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.192209	2,257,907	75.00
75.01	07501	LITHOTRIPSY	0.000000	0	75.01
75.02	07502	PSYCH	0.277322	0	75.02
75.03	07503	NEURODIAGNOSTICS	0.141476	494,187	75.03
76.97	07697	CARDIAC REHABILITATION	0.613334	25,683	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.03	09003	GENETIC TESTING	1.039529	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0.146529	600	90.04
90.05	09005	DIABETES EDUCATION	1.476074	10,160	90.05
90.06	09006	WOUND CARE	0.300511	26,353	90.06
90.07	09007	SLEEP LAB	0.000000	0	90.07
91.00	09100	EMERGENCY	0.106599	16,075,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.199627	4,872,934	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		168,926,818	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)		168,926,818	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A
Date/Time Prepared:
3/19/2021 11:20 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			2,131,210	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			26,500,881	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)			268,676	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			610,158	2.04
3.00	Managed Care Simulated Payments			8,213,379	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			135.92	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			9.53	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			9.53	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.070115	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.079324	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.070115	21.00
22.00	IME payment adjustment (see instructions)			1,075,536	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			308,527	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)			1,075,536	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			308,527	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			0.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)			12.55	31.00
32.00	Sum of lines 30 and 31			13.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)			13.27	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 11:20 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		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)	30,586,461			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)		30,894,988		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,607,876		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).		268,631		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		97,973		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,869,468		59.00
60.00	Primary payer payments		22,320		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,847,148		61.00
62.00	Deductibles billed to program beneficiaries		3,227,796		62.00
63.00	Coinsurance billed to program beneficiaries		24,145		63.00
64.00	Allowable bad debts (see instructions)		343,935		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		223,558		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		223,610		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		30,818,765		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		175,565		70.93
70.94	HRR adjustment amount (see instructions)		-1,279		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 11:20 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		30,993,051	71.00
71.01	Sequestration adjustment (see instructions)		412,208	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		28,633,096	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,947,747	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		913,289	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)		587,204	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		182,940	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: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/19/2021 11:20 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,098	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		55,386,024	2.00
3.00	OPPS payments		42,467,251	3.00
4.00	Outlier payment (see instructions)		373,253	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.765	5.00
6.00	Line 2 times line 5		42,370,308	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,098	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		37,432	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)		37,432	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)		37,432	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30,334	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)		7,098	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)		42,840,504	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,293,491	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)		35,554,111	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		300,670	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)		35,854,781	30.00
31.00	Primary payer payments		3,404	31.00
32.00	Subtotal (line 30 minus line 31)		35,851,377	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)		612,784	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		398,310	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		340,772	36.00
37.00	Subtotal (see instructions)		36,249,687	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-15	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)		36,249,702	40.00
40.01	Sequestration adjustment (see instructions)		482,121	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		35,071,846	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)		695,735	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)		275,492	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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/19/2021 11:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		28,633,096		35,071,846	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		28,633,096		35,071,846	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,947,747		695,735	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		30,580,843		35,767,581	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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part II
Date/Time Prepared:
3/19/2021 11:20 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
3/19/2021 11:20 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,104,720		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,104,720	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,104,720	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,104,720	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		3,104,720	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet E-4 Date/Time Prepared: 3/19/2021 11:20 am	
		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	9.53	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	9.53	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	9.53	0.00		17.00
18.00	Per resident amount	106,830.77	0.00		18.00
19.00	Approved amount for resident costs	1,018,097	0	1,018,097	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)			1,018,097	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)	12,263	278	3,772	26.00
27.00	Total Inpatient Days (see instructions)	28,666	28,666	28,666	27.00
28.00	Ratio of inpatient days to total inpatient days	0.427789	0.009698	0.131584	28.00
29.00	Program direct GME amount	435,531	9,874	133,965	29.00
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		691	9,378	30.00
31.00	Net Program direct GME amount			569,301	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0211	Period: From 09/01/2019 To 08/31/2020	Worksheet E-4 Date/Time Prepared: 3/19/2021 11:20 am
		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)		3,649,752	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)		49,509,784	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)		22,320	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,487,464	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		55,393,122	42.00
43.00	Primary payer payments (see instructions)		3,404	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		55,389,718	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		104,877,182	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.471861	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.528139	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		569,301	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		268,631	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		300,670	50.00

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

Provider CCN: 14-0211

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

Worksheet G

Date/Time Prepared:
3/19/2021 11:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	107,907,634	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	146,665,808	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-120,590,773	0	0	0	6.00
7.00	Inventory	6,610,533	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,760,568	0	0	0	9.00
10.00	Due from other funds	-4,219,454	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	138,134,316	0	0	0	11.00
FIXED ASSETS						
12.00	Land	29,994,215	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	298,071,964	0	0	0	15.00
16.00	Accumulated depreciation	-73,317,319	0	0	0	16.00
17.00	Leasehold improvements	11,885,873	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	74,360,606	0	0	0	19.00
20.00	Accumulated depreciation	-122,027,220	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	218,968,119	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	131,045,170	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	107,735,507	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	238,780,677	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	595,883,112	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,167,227	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,278,796	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,912,672	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,358,695	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	87,657,801	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	87,657,801	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,016,496	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	488,866,616				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	488,866,616	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	595,883,112	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0211

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

Worksheet G-1

Date/Time Prepared:
3/19/2021 11:20 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		449,891,727		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		38,643,879				2.00
3.00	Total (sum of line 1 and line 2)		488,535,606		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	FUND BALANCE TRANSFER	107,347,506		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)		107,347,506		0		10.00
11.00	Subtotal (line 3 plus line 10)		595,883,112		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)		595,883,112		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	FUND BALANCE TRANSFER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	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: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/19/2021 11:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	106,841,969		106,841,969	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	106,841,969		106,841,969	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,221,545		30,221,545	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)	30,221,545		30,221,545	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	137,063,514		137,063,514	17.00
18.00	Ancillary services	399,353,038	0	399,353,038	18.00
19.00	Outpatient services	0	1,234,491,031	1,234,491,031	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	536,416,552	1,234,491,031	1,770,907,583	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		344,437,730		29.00
30.00	BAD DEBTS	12,043,130			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)		12,043,130		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)		356,480,860		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0211

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

Worksheet G-3

Date/Time Prepared:
3/19/2021 11:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,770,907,583	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,407,296,863	2.00
3.00	Net patient revenues (line 1 minus line 2)	363,610,720	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	356,480,860	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,129,860	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	105,676	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	929,406	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	178,335	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	RENTAL INCOME	8,661,053	24.00
24.01	OTHER REVENUE	4,301,455	24.01
24.02	WORKSHOPS CONFERENCES ETC	0	24.02
24.03	GRANT REVENUE	0	24.03
24.04	DONATION INCOME	0	24.04
24.05	NRCC CAFETERIA	0	24.05
24.06	RENT INCOME	0	24.06
24.07	CORP BILLING ADJ	0	24.07
24.08	ESCROW INTEREST INCOME	0	24.08
24.09	INSTYMEDS REVENUE	0	24.09
24.10	OTHER SERVICE REVENUE	0	24.10
24.11	WORK ORDER REVENUE	0	24.11
24.12	NON-PATIENT MEDICAL SUPPLIES	0	24.12
24.13	GIFT SHOP SALES	0	24.13
24.14	COST OF CONSIGNMENT SALE	0	24.14
24.15	AP CASH DISCOUNT	0	24.15
24.16	OTHER OPERATING INCOME	0	24.16
24.17	NMFF OTHER OP INCOME - RENT	0	24.17
24.18	MISC	0	24.18
24.50	COVID-19 PHE Funding	17,382,569	24.50
25.00	Total other income (sum of lines 6-24)	31,558,494	25.00
26.00	Total (line 5 plus line 25)	38,688,354	26.00
27.00	NON OPERATING	44,475	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	44,475	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,643,879	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0211

Period:
From 09/01/2019
To 08/31/2020Worksheet L
Parts I-III
Date/Time Prepared:
3/19/2021 11:20 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,274,859	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	190,383	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)	78.32	3.00
4.00	Number of interns & residents (see instructions)	9.53	4.00
5.00	Indirect medical education percentage (see instructions)	3.49	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)	79,393	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	12.55	8.00
9.00	Sum of lines 7 and 8	13.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)	2.78	10.00
11.00	Disproportionate share adjustment (see instructions)	63,241	11.00
12.00	Total prospective capital payments (see instructions)	2,607,876	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