

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: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/19/2021 10:05 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/19/2021	Time: 10:05 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 CENTRAL DUPAGE HOSPITAL (14-0242) 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	1,182,372	118,622	0	0	1.00
2.00	Subprovider - IPF	0	46,105	-26		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	1,228,477	118,596	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: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 10:05 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 25 NORTH WINFIELD ROAD			PO Box: 11092012				1.00		
2.00	City: WINFIELD			State: IL		Zip Code: 60190		County: DUPAGE 2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		CENTRAL DUPAGE HOSPITAL	140242	16974	1	07/01/1966	N	P	0
4.00	Subprovider - IPF		CENTRAL DUAPGE HOSPITAL PSYCH	14S242	16974	4	07/01/1985	N	P	0
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2019	08/31/2020		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N			23.00	

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Part I
Date/Time Prepared:
3/19/2021 10:05 am

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 10:05 am	
		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
		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)				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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/19/2021 10:05 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		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 10:05 am
			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			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.			N 86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N 87.00
			V	XIX
			1.00	2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N N 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N N 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			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
			1.00	2.00
			Speech	Respiratory
			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.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N 110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
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.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	992,482	6,918,236	-3,087,759118.01
		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

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1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00131				141.00	
142.00	Street: 251 E HURON STREET	PO Box:						142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60611				143.00	
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y		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			155.00	
156.00	Subprovider - IPF	N	N	N	N			156.00	
157.00	Subprovider - IRF	N	N	N	N			157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00	
161.00	CMHC		N	N	N			161.00	
161.10	CORF		N	N	N			161.10	
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N			161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N			161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N			161.40	
								1.00	
Multicampus									
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								N	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 10:05 am
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/19/2021 10:05 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/18/2021	Y	02/18/2021
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/19/2021 10:05 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 REIMBURSEMENT			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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/19/2021 10:05 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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 10:05 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	272	99,552	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)		272	99,552	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,856	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	23	8,418	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		347	127,002	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,568		0	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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		395				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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 10:05 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)	21,473	4,370	60,913			1.00
2.00	HMO and other (see instructions)	7,808	9,436				2.00
3.00	HMO IPF Subprovider	0	1,154				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)	21,473	4,370	60,913			7.00
8.00	INTENSIVE CARE UNIT	3,435	52	7,273			8.00
9.00	CORONARY CARE UNIT	0	47	2,813			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	858	6,925			12.00
13.00	NURSERY		527	5,130			13.00
14.00	Total (see instructions)	24,908	5,854	83,054	0.00	3,062.30	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,527	599	13,654	0.00	59.70	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)			321			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	3,122.00	27.00
28.00	Observation Bed Days		0	20,064			28.00
29.00	Ambulance Trips	136					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	167	913			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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 10:05 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	5,748	876	17,879	1.00
2.00 HMO and other (see instructions)			1,644	0		2.00
3.00 HMO IPF Subprovider				195		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,748	876	17,879	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	157	91	1,912	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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 10:05 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	238,446,496	0	238,446,496	6,504,736.20	36.66 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		866,198	0	866,198	14,002.34	61.86 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		6,244,158	81,699	6,325,857	169,399.54	37.34 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,003,573	0	4,003,573	46,463.93	86.17 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		198,090	0	198,090	2,448.34	80.91 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		61,352,645	0	61,352,645	1,420,419.00	43.19 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,524,252	0	7,524,252		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,058,271	0	2,058,271		
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		281,839	0	281,839		
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)		5,348,492	0	5,348,492		
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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 10:05 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	23,005,392	-2,853,557	20,151,835	424,685.62	47.45	27.00
28.00	Administrative & General under contract (see inst.)		228,642	0	228,642	7,668.43	29.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,212,265	97,398	2,309,663	66,148.60	34.92	30.00
31.00	Laundry & Linen Service	8.00	273,694	6,547	280,241	15,369.85	18.23	31.00
32.00	Housekeeping	9.00	5,084,160	164,533	5,248,693	262,013.67	20.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,959,495	-1,078,075	1,881,420	102,104.75	18.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,174,185	1,174,185	67,029.33	17.52	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,452,783	99,426	1,552,209	40,356.16	38.46	38.00
39.00	Central Services and Supply	14.00	3,238,237	94,661	3,332,898	150,374.84	22.16	39.00
40.00	Pharmacy	15.00	6,364,399	245,503	6,609,902	126,959.97	52.06	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	4,248,840	160,249	4,409,089	98,574.10	44.73	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part III
Date/Time Prepared:
3/19/2021 10:05 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)	237,808,940	0	237,808,940	6,498,402.29	36.59	1.00
2.00	Excluded area salaries (see instructions)	6,244,158	81,699	6,325,857	169,399.54	37.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	231,564,782	-81,699	231,483,083	6,329,002.75	36.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	65,554,308	0	65,554,308	1,469,331.27	44.62	4.00
5.00	Subtotal wage-related costs (see inst.)	12,872,744	0	12,872,744	0.00	5.56	5.00
6.00	Total (sum of lines 3 thru 5)	309,991,834	-81,699	309,910,135	7,798,334.02	39.74	6.00
7.00	Total overhead cost (see instructions)	49,067,907	-1,889,130	47,178,777	1,361,285.32	34.66	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/19/2021 10:05 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	17,899,185	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)	28,126,757	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	9,777,597	9.00
10.00	Dental, Hearing and Vision Plan	662,039	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,965,934	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)	923,487	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	16,705,796	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	320,422	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	1,203,144	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	77,584,361	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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part V
Date/Time Prepared:
3/19/2021 10:05 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	4,003,573	77,584,361	1.00
2.00	Hospital	4,003,573	75,924,045	2.00
3.00	Subprovider - IPF	0	1,306,669	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	353,647	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet S-10 Date/Time Prepared: 3/19/2021 10:05 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)		0.160115	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		58,772,599	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		10,921,248	5.00
6.00	Medicaid charges		550,892,399	6.00
7.00	Medicaid cost (line 1 times line 6)		88,206,136	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)		18,512,289	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)		18,512,289	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	119,865,042	20,954,019	140,819,061
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	19,192,191	20,954,019	40,146,210
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)	19,192,191	20,954,019	40,146,210
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		32,986,007	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,182,426	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,819,117	27.01
28.00	Non-Medicare bad debt expense (see instructions)		31,166,890	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,626,978	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		45,773,188	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		64,285,477	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
3/19/2021 10:05 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		25,549,887	25,549,887	714,633	26,264,520	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,987,104	15,987,104	0	15,987,104	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	0	0	0	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0	5.30
5.40	00570	ADMITTING	0	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	23,005,392	289,059,100	312,064,492	-1,641,135	310,423,357	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,212,265	26,769,609	28,981,874	118,667	29,100,541	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	273,694	207,353	481,047	9,236	490,283	8.00
9.00	00900	HOUSEKEEPING	5,084,160	4,070,676	9,154,836	212,905	9,367,741	9.00
10.00	01000	DIETARY	2,959,495	4,930,025	7,889,520	-3,323,499	4,566,021	10.00
11.00	01100	CAFETERIA	0	0	0	3,419,609	3,419,609	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,452,783	469,127	1,921,910	896,297	2,818,207	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,238,237	4,892,607	8,130,844	116,900	8,247,744	14.00
15.00	01500	PHARMACY	6,364,399	75,297,777	81,662,176	-74,411,244	7,250,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29	29	0	29	16.00
17.00	01700	SOCIAL SERVICE	4,248,840	1,485,529	5,734,369	160,249	5,894,618	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-PARAMED EDU	226,299	350,264	576,563	0	576,563	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,006,916	32,259,755	76,266,671	-2,781,204	73,485,467	30.00
31.00	03100	INTENSIVE CARE UNIT	8,890,954	4,587,857	13,478,811	-272,632	13,206,179	31.00
32.00	03200	CORONARY CARE UNIT	2,430,752	1,287,131	3,717,883	-26,020	3,691,863	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,800,656	1,790,300	7,590,956	153,649	7,744,605	35.00
40.00	04000	SUBPROVIDER - IPF	4,940,576	2,262,086	7,202,662	-23,562	7,179,100	40.00
43.00	04300	NURSERY	0	0	0	1,964,013	1,964,013	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,975,239	38,808,715	51,783,954	-31,023,594	20,760,360	50.00
51.00	05100	RECOVERY ROOM	4,771,272	1,797,928	6,569,200	177,423	6,746,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,175,424	3,079,286	10,254,710	236,024	10,490,734	52.00
53.00	05300	ANESTHESIOLOGY	574,265	2,621,071	3,195,336	-300,228	2,895,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,496,465	1,907,700	7,404,165	395,453	7,799,618	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,813,839	3,413,171	9,227,010	-336,584	8,890,426	55.00
56.00	05600	RADIOISOTOPE	538,381	1,605,371	2,143,752	-96,319	2,047,433	56.00
57.00	05700	CT SCAN	1,477,241	1,008,813	2,486,054	65,758	2,551,812	57.00
58.00	05800	MRI	1,855,235	944,780	2,800,015	122,808	2,922,823	58.00
60.00	06000	LABORATORY	39,477,211	79,566,367	119,043,578	-6,541,693	112,501,885	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,241,047	3,221,724	4,462,771	37,547	4,500,318	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	702,026	435,240	1,137,266	-111,552	1,025,714	64.00
65.00	06500	RESPIRATORY THERAPY	3,394,940	1,476,662	4,871,602	117,673	4,989,275	65.00
66.00	06600	PHYSICAL THERAPY	9,071,659	2,652,188	11,723,847	110,363	11,834,210	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,275,915	380,639	1,656,554	37,999	1,694,553	67.00
68.00	06800	SPEECH PATHOLOGY	938,083	226,953	1,165,036	35,244	1,200,280	68.00
69.00	06900	ELECTROCARDIOLOGY	8,338,957	19,079,568	27,418,525	-15,972,496	11,446,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,479,895	904,215	2,384,110	128,021	2,512,131	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,324,469	22,324,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,318,879	26,318,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,652,289	74,652,289	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,247,447	1,247,447	74.00
75.01	07501	CARDIAC REHAB	270,439	87,648	358,087	16,007	374,094	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	262,486	224,290	486,776	-11,250	475,526	75.04
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								
90.00	09000	CLINIC	2,366,632	-293,320	2,073,312	1,522,516	3,595,828	90.00
90.01	09001	PATIENT TREATMENT CENTER	1,791,813	751,142	2,542,955	4,556	2,547,511	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	1,453,406	453,866	1,907,272	1,218,510	3,125,782	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
3/19/2021 10:05 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	
90.06	09006	WOUND CARE	0	3,813	3,813	-89	3,724	90.06
91.00	09100	EMERGENCY	9,491,925	5,003,319	14,495,244	304,514	14,799,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	237,369,213	660,617,365	897,986,578	-33,443	897,953,135	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	52,795	498,979	551,774	1,844	553,618	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	888,261	509,502	1,397,763	27,531	1,425,294	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	136,227	9,049,720	9,185,947	4,068	9,190,015	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	238,446,496	670,675,566	909,122,062	0	909,122,062	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
3/19/2021 10:05 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	26,264,520	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	721,871	16,708,975	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	5.30
5.40	00570	ADMITTING	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	-77,425,795	232,997,562	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-41,706	29,058,835	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,484	488,799	8.00
9.00	00900	HOUSEKEEPING	-64,238	9,303,503	9.00
10.00	01000	DIETARY	312,395	4,878,416	10.00
11.00	01100	CAFETERIA	-2,064,407	1,355,202	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-71,799	2,746,408	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-119,983	8,127,761	14.00
15.00	01500	PHARMACY	-1,571	7,249,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29	16.00
17.00	01700	SOCIAL SERVICE	-970	5,893,648	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	576,563	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-12,735,656	60,749,811	30.00
31.00	03100	INTENSIVE CARE UNIT	-30,324	13,175,855	31.00
32.00	03200	CORONARY CARE UNIT	-11,012	3,680,851	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-4,252	7,740,353	35.00
40.00	04000	SUBPROVIDER - IPF	-709,333	6,469,767	40.00
43.00	04300	NURSERY	0	1,964,013	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,334	20,755,026	50.00
51.00	05100	RECOVERY ROOM	-2,885	6,743,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-779,677	9,711,057	52.00
53.00	05300	ANESTHESIOLOGY	-126,000	2,769,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,925	7,777,693	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-148,753	8,741,673	55.00
56.00	05600	RADIOISOTOPE	-43,224	2,004,209	56.00
57.00	05700	CT SCAN	-240	2,551,572	57.00
58.00	05800	MRI	-63	2,922,760	58.00
60.00	06000	LABORATORY	-2,717,217	109,784,668	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-16,999	4,483,319	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,025,714	64.00
65.00	06500	RESPIRATORY THERAPY	-2,200	4,987,075	65.00
66.00	06600	PHYSICAL THERAPY	-4,552	11,829,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	-145	1,694,408	67.00
68.00	06800	SPEECH PATHOLOGY	-73	1,200,207	68.00
69.00	06900	ELECTROCARDIOLOGY	-398,956	11,047,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,947	2,503,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,324,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,318,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,652,289	73.00
74.00	07400	RENAL DIALYSIS	0	1,247,447	74.00
75.01	07501	CARDIAC REHAB	-338	373,756	75.01
75.02	07502	SLEEP LAB	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	75.03
75.04	07504	PAIN MANAGEMENT	-140	475,386	75.04
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					
90.00	09000	CLINIC	-2,790,725	805,103	90.00
90.01	09001	PATIENT TREATMENT CENTER	-34,002	2,513,509	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	90.02
90.03	09003	CANTERA	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	-168,912	2,956,870	90.04
90.05	09005	WOMENS CLINIC	0	0	90.05
90.06	09006	WOUND CARE	0	3,724	90.06
91.00	09100	EMERGENCY	-522,849	14,276,909	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-100,042,420	797,910,715	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	553,618	190.00
190.01	19001	KOFEE KORNER	0	0	190.01
191.00	19100	RESEARCH	0	1,425,294	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	9,190,015	192.00
192.01	19201	WSKF	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	193.01
193.02	19302	MARKETING	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-100,042,420	809,079,642	200.00

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 10:05 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	26,318,879		1.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	26,318,879		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,196,176		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
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	21,196,176		
	C - CAFETERIA					
1.00	CAFETERIA	11.00	1,174,185	2,245,424		1.00
	TOTALS		1,174,185	2,245,424		
	D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	74,652,289		1.00
	TOTALS		0	74,652,289		
	E - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	714,633		1.00
	TOTALS		0	714,633		
	F - PSYCH ANCILLARY					
1.00	MENTAL HEALTH O/P	90.04	763,401	400,658		1.00
	TOTALS		763,401	400,658		
	G - BILLING AND REGISTRATION					
1.00	ADMINISTRATION & GENERAL	5.60	5,776,478	1,032,393		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
7.00		0.00	0	0		7.00
9.00		0.00	0	0		9.00
	TOTALS		5,776,478	1,032,393		
	H - PEDIATRIC BUILDING RENT					
1.00	CLINIC	90.00	0	1,428,300		1.00
	TOTALS		0	1,428,300		
	I - NURSERY					
1.00	NURSERY	43.00	1,466,885	497,128		1.00
	TOTALS		1,466,885	497,128		
	J - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	1,247,176		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
	TOTALS		0	1,247,176		
	L - PATIENT TRANSPORTATION					
1.00	ADULTS & PEDIATRICS	30.00	852,918	417,357		1.00
2.00	INTENSIVE CARE UNIT	31.00	36,918	18,065		2.00
3.00	CORONARY CARE UNIT	32.00	13,375	6,545		3.00

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 10:05 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	1,755	859	4.00
5.00	OPERATING ROOM	50.00	57,253	28,015	5.00
6.00	RECOVERY ROOM	51.00	1,452	711	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	8,897	4,353	7.00
8.00	ANESTHESIOLOGY	53.00	1,392	681	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	110,329	53,987	9.00
10.00	CT SCAN	57.00	6,718	3,287	10.00
11.00	MRI	58.00	32,863	16,081	11.00
12.00	LABORATORY	60.00	1,150	563	12.00
13.00	PHYSICAL THERAPY	66.00	605	296	13.00
14.00	ELECTROCARDIOLOGY	69.00	38,915	19,042	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	46,238	22,625	15.00
16.00	RENAL DIALYSIS	74.00	182	89	16.00
17.00	CLINIC	90.00	10,228	5,005	17.00
18.00	WOUND CARE	90.06	61	30	18.00
19.00	EMERGENCY	91.00	91,265	44,659	19.00
	TOTALS		1,312,514	642,250	
M - INTERCOMPANY					
1.00	ADMINISTRATION & GENERAL	5.00	0	1,361,696	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
5.00		0.00	0	0	5.00
	TOTALS		0	1,361,696	
N - NON PATIENT TRANSPORTATION					
1.00	ADMINISTRATION & GENERAL	5.00	0	6,959,189	1.00
2.00	OPERATING ROOM	50.00	0	2,815	2.00
	TOTALS		0	6,962,004	
O - ORGANIZATIONAL INCENTIVE					
1.00	OPERATION OF PLANT	7.00	97,398	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	6,547	0	2.00
3.00	HOUSEKEEPING	9.00	164,533	0	3.00
4.00	DIETARY	10.00	96,110	0	4.00
5.00	NURSING ADMINISTRATION	13.00	99,426	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	94,661	0	6.00
7.00	PHARMACY	15.00	245,503	0	7.00
8.00	SOCIAL SERVICE	17.00	160,249	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	1,406,930	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	243,516	0	10.00
11.00	CORONARY CARE UNIT	32.00	59,066	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	173,459	0	12.00
13.00	SUBPROVIDER - IPF	40.00	237,714	0	13.00
14.00	OPERATING ROOM	50.00	541,570	0	14.00
15.00	RECOVERY ROOM	51.00	200,094	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	257,586	0	16.00
17.00	ANESTHESIOLOGY	53.00	19,005	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	246,064	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	142,238	0	19.00
20.00	RADIOISOTOPE	56.00	17,473	0	20.00
21.00	CT SCAN	57.00	55,753	0	21.00
22.00	MRI	58.00	74,599	0	22.00
23.00	LABORATORY	60.00	1,180,239	0	23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	41,547	0	24.00
25.00	INTRAVENOUS THERAPY	64.00	25,304	0	25.00
26.00	RESPIRATORY THERAPY	65.00	127,492	0	26.00
27.00	PHYSICAL THERAPY	66.00	379,730	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	44,952	0	28.00
29.00	SPEECH PATHOLOGY	68.00	35,244	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	233,425	0	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	60,147	0	31.00
32.00	CARDIAC REHAB	75.01	16,007	0	32.00
33.00	PAIN MANAGEMENT	75.04	7,829	0	33.00
34.00	CLINIC	90.00	83,672	0	34.00
35.00	PATIENT TREATMENT CENTER	90.01	63,385	0	35.00
36.00	MENTAL HEALTH O/P	90.04	54,451	0	36.00
37.00	EMERGENCY	91.00	291,160	0	37.00
38.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	1,844	0	38.00
39.00	RESEARCH	191.00	27,531	0	39.00
40.00	PHYSICIANS PRIVATE OFFICES	192.00	4,068	0	40.00
	TOTALS		7,317,521	0	

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 10:05 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
P - EMERGENCY INCENTIVE					
1.00	OPERATION OF PLANT	7.00	0	21,269	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	2,689	2.00
3.00	HOUSEKEEPING	9.00	0	48,372	3.00
4.00	NURSING ADMINISTRATION	13.00	0	796,871	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,431	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	691	6.00
7.00	LABORATORY	60.00	0	4,759,369	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	3,988	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,128,293	9.00
	TOTALS		0	6,783,973	
500.00	Grand Total: Increases		17,810,984	145,482,979	500.00

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 10:05 am

	Decreases					3/19/2021 10:05 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	17,625,827	0	1.00
4.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	4,000	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	8,689,052	0	5.00
	TOTALS		0	26,318,879		
B - CHARGEABLE MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	192	0	1.00
2.00	PHARMACY	15.00	0	4,458	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	41,662	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	161,429	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	117,909	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	22,424	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	28	0	7.00
8.00	OPERATING ROOM	50.00	0	13,806,882	0	8.00
9.00	RECOVERY ROOM	51.00	0	24,834	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	34,812	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	321,306	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,618	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	21,583	0	13.00
14.00	RADIOISOTOPE	56.00	0	28	0	14.00
16.00	MRI	58.00	0	735	0	16.00
17.00	LABORATORY	60.00	0	4,369	0	17.00
19.00	INTRAVENOUS THERAPY	64.00	0	136,856	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	9,819	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	311	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	6,953	0	22.00
24.00	ELECTROCARDIOLOGY	69.00	0	6,418,756	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	989	0	25.00
27.00	PAIN MANAGEMENT	75.00	0	19,079	0	27.00
28.00	CLINIC	90.00	0	2,053	0	28.00
29.00	PATIENT TREATMENT CENTER	90.01	0	5,212	0	29.00
31.00	WOUND CARE	90.06	0	180	0	31.00
32.00	EMERGENCY	91.00	0	17,699	0	32.00
	TOTALS		0	21,196,176		
C - CAFETERIA						
1.00	DIETARY	10.00	1,174,185	2,245,424	0	1.00
	TOTALS		1,174,185	2,245,424		
D - DRUGS						
1.00	PHARMACY	15.00	0	74,652,289	0	1.00
	TOTALS		0	74,652,289		
E - INSURANCE						
1.00	ADMINISTRATION & GENERAL	5.60	0	714,633	12	1.00
	TOTALS		0	714,633		
F - PSYCH ANCILLARY						
1.00	ADULTS & PEDIATRICS	30.00	763,401	400,658	0	1.00
	TOTALS		763,401	400,658		
G - BILLING AND REGISTRATION						
1.00	SUBPROVIDER - IPF	40.00	189,458	47,451	0	1.00
2.00	OPERATING ROOM	50.00	162,651	57,887	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	349,425	107,814	0	3.00
4.00	LABORATORY	60.00	4,782,362	734,359	0	4.00
5.00	PHYSICAL THERAPY	66.00	207,752	62,205	0	5.00
7.00	CLINIC	90.00	2,031	605	0	7.00
9.00	EMERGENCY	91.00	82,799	22,072	0	9.00
	TOTALS		5,776,478	1,032,393		
H - PEDIATRIC BUILDING RENT						
1.00	ADULTS & PEDIATRICS	30.00	0	1,428,300	0	1.00
	TOTALS		0	1,428,300		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,466,885	497,128	0	1.00
	TOTALS		1,466,885	497,128		
J - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	0	670,595	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	453,222	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	63,344	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	6,398	0	4.00
5.00	PATIENT TREATMENT CENTER	90.01	0	53,617	0	5.00
	TOTALS		0	1,247,176		
L - PATIENT TRANSPORTATION						
1.00	ADMINISTRATION & GENERAL	5.60	1,312,514	642,250	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

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 10:05 am

	Decreases					3/19/2021 10:05 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
	TOTALS		1,312,514	642,250		
M - INTERCOMPANY						
1.00	ADULTS & PEDIATRICS	30.00	0	70,013	0	1.00
2.00	SUBPROVIDER - IPF	40.00	0	17,861	0	2.00
3.00	RADIOISOTOPE	56.00	0	113,764	0	3.00
5.00	ELECTROCARDIOLOGY	69.00		1,160,058	0	5.00
	TOTALS		0	1,361,696		
N - NON PATIENT TRANSPORTATION						
1.00	SUBPROVIDER - IPF	40.00	0	80	0	1.00
2.00	LABORATORY	60.00		6,961,924	0	2.00
	TOTALS		0	6,962,004		
O - ORGANIZATIONAL INCENTIVE						
1.00	ADMINISTRATION & GENERAL	5.60	7,317,521	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
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		7,317,521	0		
P - EMERGENCY INCENTIVE						
1.00	ADMINISTRATION & GENERAL	5.60	0	6,783,973	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

RECLASSIFICATIONS

Provider CCN: 14-0242

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 10:05 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
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
	TOTALS		0	6,783,973		
500.00	Grand Total: Decreases		17,810,984	145,482,979		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
3/19/2021 10:05 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,528,301	17,904,961	0	17,904,961	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	595,036,006	3,341,054	0	3,341,054	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	146,905,348	15,374,564	0	15,374,564	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	758,469,655	36,620,579	0	36,620,579	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	758,469,655	36,620,579	0	36,620,579	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	34,433,262	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	598,377,060	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	162,279,912	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	795,090,234	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	795,090,234	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
3/19/2021 10:05 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	25,549,887	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,987,104	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	41,536,991	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	25,549,887				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,987,104				2.00
3.00	Total (sum of lines 1-2)	0	41,536,991				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
3/19/2021 10:05 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	34,433,262	0	34,433,262	0.043307	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	760,656,972	0	760,656,972	0.956693	0	2.00
3.00	Total (sum of lines 1-2)	795,090,234	0	795,090,234	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	25,549,887	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,708,975	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	42,258,862	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	714,633	0	0	26,264,520	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,708,975	2.00
3.00	Total (sum of lines 1-2)	0	714,633	0	0	42,973,495	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 10:05 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)	A	-29,111	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-16,351,889			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	-17,076,818			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,064,407	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	B	-5,178	DELIVERY ROOM & LABOR ROOM	52.00	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PHYSICIAN SUBSIDY	A	-16,146,082	ADMINISTRATION & GENERAL	5.60	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 10:05 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
34.02	NON PT MED SUPP	B	-7,716	PATIENT TREATMENT CENTER		90.01	0 34.02
35.04	MEALS REVENUE	B	549	DIETARY		10.00	0 35.04
36.00	OTHER INCOME	B	814	NEONATAL INTENSIVE CARE UNIT		35.00	0 36.00
36.01	OTHER INCOME	B	-592,795	ADMINISTRATION & GENERAL		5.00	0 36.01
36.02	OTHER INCOME	B	0	LAUNDRY & LINEN SERVICE		8.00	0 36.02
36.03	OTHER INCOME	B	0	DIETARY		10.00	0 36.03
36.04	OTHER INCOME	B	0	DELIVERY ROOM & LABOR ROOM		52.00	0 36.04
36.05	OTHER INCOME	B	0	RADIOLOGY-THERAPEUTIC		55.00	0 36.05
36.06	OTHER INCOME	B	0	LABORATORY		60.00	0 36.06
36.07	OTHER INCOME	B	-64,825	SUBPROVIDER - IPF		40.00	0 36.07
36.08	OTHER INCOME	B	-150	MENTAL HEALTH O/P		90.04	0 36.08
36.09	OTHER INCOME	B	-45,261	CLINIC		90.00	0 36.09
36.10	OTHER INCOME	B	188	OPERATING ROOM		50.00	0 36.10
36.11	OTHER INCOME	B	-5,812	PATIENT TREATMENT CENTER		90.01	0 36.11
36.14	OTHER INCOME	B	0	CENTRAL SERVICES & SUPPLY		14.00	0 36.14
36.15	OTHER INCOME	B	0	PHYSICAL THERAPY		66.00	0 36.15
36.16	OTHER INCOME	B	0	ELECTROENCEPHALOGRAPHY		70.00	0 36.16
36.17	OTHER INCOME	B	0	ADULTS & PEDIATRICS		30.00	0 36.17
36.18	OTHER INCOME	B	-82,735	DELIVERY ROOM & LABOR ROOM		52.00	0 36.18
38.00	TUITION INCOME	B	-75	NURSING ADMINISTRATION		13.00	0 38.00
38.01	TUITION INCOME	B	0	LABORATORY		60.00	0 38.01
38.02	TUITION INCOME	B	-48,844	EMERGENCY		91.00	0 38.02
38.03	TUITION INCOME	B	0	SUBPROVIDER - IPF		40.00	0 38.03
39.00	RENTAL INCOME	B	-2,714,942	CLINIC		90.00	0 39.00
39.01	RENTAL INCOME	B	-52,713	SUBPROVIDER - IPF		40.00	0 39.01
39.04	INTERCOMPANY RENTAL INCOME	B	0	OPERATION OF PLANT		7.00	0 39.04
39.05	INTERCOMPANY RENTAL INCOME	B	-3,430,129	ADMINISTRATION & GENERAL		5.00	0 39.05
40.00	OTHER SERVICE REVENUE	B	0	PATIENT TREATMENT CENTER		90.01	0 40.00
40.01	OTHER SERVICE REVENUE	B	-195,978	SUBPROVIDER - IPF		40.00	0 40.01
40.02	OTHER SERVICE REVENUE	B	-27,264	ADULTS & PEDIATRICS		30.00	0 40.02
40.03	OTHER SERVICE REVENUE	B	-152,372	MENTAL HEALTH O/P		90.04	0 40.03
40.06	OTHER SERVICE REVENUE	B	-11,373	RADIOLOGY-DIAGNOSTIC		54.00	0 40.06
40.07	OTHER SERVICE INCOME	B	-126,333	EMERGENCY		91.00	0 40.07
41.00	INSTYMED REV	B	0	CLINIC		90.00	0 41.00
41.01	INSTYMED REV	B	0	PHARMACY		15.00	0 41.01
41.03	RECOVERY LIVING REV	B	-3,060	ADULTS & PEDIATRICS		30.00	0 41.03
42.00	REAL ESTATE TAXES	A	-2,991	CLINIC		90.00	0 42.00
42.04	LOBBYING DUES	A	-80,575	ADMINISTRATION & GENERAL		5.00	0 42.04
42.05	PHYSICIAN BILLING SVC	A	-213,750	LABORATORY		60.00	0 42.05
42.06	PHYSICIAN BILLING SVC	A	0	ELECTROCARDIOLOGY		69.00	0 42.06
42.07	REAL ESTATE TAXES	A	-161,352	ADMINISTRATION & GENERAL		5.00	0 42.07
44.00	CHARITABLE CONTRIBUTIONS	A	0	ADMINISTRATION & GENERAL		5.00	0 44.00
44.01	CHARITABLE CONTRIBUTIONS	A	0	HOUSEKEEPING		9.00	0 44.01
44.02	CHARITABLE CONTRIBUTIONS	A	0	NURSING ADMINISTRATION		13.00	0 44.02
44.03	CHARITABLE CONTRIBUTIONS	A	-49	ADULTS & PEDIATRICS		30.00	0 44.03
44.04	CHARITABLE CONTRIBUTIONS	A	0	INTENSIVE CARE UNIT		31.00	0 44.04
44.05	CHARITABLE CONTRIBUTIONS	A	0	SUBPROVIDER - IPF		40.00	0 44.05
44.06	CHARITABLE CONTRIBUTIONS	A	-12	OPERATING ROOM		50.00	0 44.06
44.07	CHARITABLE CONTRIBUTIONS	A	-39	DELIVERY ROOM & LABOR ROOM		52.00	0 44.07
44.08	CHARITABLE CONTRIBUTIONS	A	0	CLINIC		90.00	0 44.08
44.09	CHARITABLE CONTRIBUTIONS	A	0	PATIENT TREATMENT CENTER		90.01	0 44.09
44.10	CHARITABLE CONTRIBUTIONS	A	0	EMERGENCY		91.00	0 44.10
44.11	CHARITABLE CONTRIBUTIONS	A	0	MRI		58.00	0 44.11
45.00	EQPT DISPOSALS	A	0	CAP REL COSTS-BLDG & FIXT		1.00	9 45.00
45.01	EQPT DISPOSALS	A	-25,186	HOUSEKEEPING		9.00	0 45.01
45.02	EQPT DISPOSALS	A	0	NURSING ADMINISTRATION		13.00	0 45.02
45.03	EQPT DISPOSALS	A	-3,163	CENTRAL SERVICES & SUPPLY		14.00	0 45.03
45.04	EQPT DISPOSALS	A	0	MEDICAL RECORDS & LIBRARY		16.00	0 45.04
45.05	EQPT DISPOSALS	A	0	ADULTS & PEDIATRICS		30.00	0 45.05
45.06	EQPT DISPOSALS	A	-5,900	INTENSIVE CARE UNIT		31.00	0 45.06
45.07	EQPT DISPOSALS	A	0	NEONATAL INTENSIVE CARE UNIT		35.00	0 45.07
45.08	EQPT DISPOSALS	A	0	SUBPROVIDER - IPF		40.00	0 45.08
45.09	EQPT DISPOSALS	A	-1,971	OPERATING ROOM		50.00	0 45.09
45.10	EQPT DISPOSALS	A	-193	DELIVERY ROOM & LABOR ROOM		52.00	0 45.10
45.11	EQPT DISPOSALS	A	-493	RADIOLOGY-DIAGNOSTIC		54.00	0 45.11
45.12	EQPT DISPOSALS	A	0	RADIOLOGY-THERAPEUTIC		55.00	0 45.12
45.13	EQPT DISPOSALS	A	0	CT SCAN		57.00	0 45.13
45.14	EQPT DISPOSALS	A	-986	LABORATORY		60.00	0 45.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 10:05 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	
45.15	EQPT DISPOSALS	A	-13,748	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	45.15
45.16	EQPT DISPOSALS	A	-493	ELECTROCARDIOLOGY		69.00	0	45.16
45.17	EQPT DISPOSALS	A	0	CLINIC		90.00	0	45.17
45.18	EQPT DISPOSALS	A	0	PATIENT TREATMENT CENTER		90.01	0	45.18
45.19	EQPT DISPOSALS	A	0	WOUND CARE		90.06	0	45.19
45.20	EQPT DISPOSALS	A	0	EMERGENCY		91.00	0	45.20
45.21	EQPT DISPOSALS	A	721,871	CAP REL COSTS-MVBLE EQUIP		2.00	9	45.21
45.22	EQPT DISPOSALS	A	0	OPERATION OF PLANT		7.00	0	45.22
45.23	EQPT DISPOSALS	A	-2,670	RECOVERY ROOM		51.00	0	45.23
45.24	EQPT DISPOSALS	A	0	INTRAVENOUS THERAPY		64.00	0	45.24
48.00	CAPITALIZED INTEREST	A	0	CAP REL COSTS-BLDG & FIXT		1.00	9	48.00
49.00	MEDICAID TAX OFFSET	A	-38,644,358	ADMINISTRATION & GENERAL		5.60	0	49.00
49.01	NON ALLOWABLE EXPENSE	A	0	ADMINISTRATION & GENERAL		5.60	0	49.01
49.02	APN PART B	A	-1,029,087	ADULTS & PEDIATRICS		30.00	0	49.02
49.03	APN PART B	A	-38,789	ADMINISTRATION & GENERAL		5.60	0	49.03
49.04	APN PART B	A	-22,081	INTENSIVE CARE UNIT		31.00	0	49.04
49.05	APN PART B	A	-9,624	CORONARY CARE UNIT		32.00	0	49.05
49.06	MISC COST	A	0	CAP REL COSTS-BLDG & FIXT		1.00	9	49.06
49.07	MISC COST	A	-844,062	ADMINISTRATION & GENERAL		5.60	0	49.07
49.08	MISC COST	A	-12,595	OPERATION OF PLANT		7.00	0	49.08
49.09	MISC COST	A	-1,484	LAUNDRY & LINEN SERVICE		8.00	0	49.09
49.10	MISC COST	A	-39,052	HOUSEKEEPING		9.00	0	49.10
49.11	MISC COST	A	311,846	DIETARY		10.00	0	49.11
49.12	MISC COST	A	-71,349	NURSING ADMINISTRATION		13.00	0	49.12
49.13	MISC COST	A	-116,820	CENTRAL SERVICES & SUPPLY		14.00	0	49.13
49.14	MISC COST	A	-1,571	PHARMACY		15.00	0	49.14
49.15	MISC COST	A	-970	SOCIAL SERVICE		17.00	0	49.15
49.16	MISC COST	A	-30,326	ADULTS & PEDIATRICS		30.00	0	49.16
49.17	MISC COST	A	-2,343	INTENSIVE CARE UNIT		31.00	0	49.17
49.18	MISC COST	A	-1,388	CORONARY CARE UNIT		32.00	0	49.18
49.19	MISC COST	A	-5,066	NEONATAL INTENSIVE CARE UNIT		35.00	0	49.19
49.20	MISC COST	A	-24,873	SUBPROVIDER - IPF		40.00	0	49.20
49.21	MISC COST	A	-3,539	OPERATING ROOM		50.00	0	49.21
49.22	MISC COST	A	-215	RECOVERY ROOM		51.00	0	49.22
49.23	MISC COST	A	-3,490	DELIVERY ROOM & LABOR ROOM		52.00	0	49.23
49.24	MISC COST	A	-10,059	RADIOLOGY-DIAGNOSTIC		54.00	0	49.24
49.25	MISC COST	A	-28,753	RADIOLOGY-THERAPEUTIC		55.00	0	49.25
49.26	MISC COST	A	-90	CT SCAN		57.00	0	49.26
49.27	MISC COST	A	-63	MRI		58.00	0	49.27
49.28	MISC COST	A	-319,737	LABORATORY		60.00	0	49.28
49.29	MISC COST	A	-3,251	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	49.29
49.30	MISC COST	A	-2,200	RESPIRATORY THERAPY		65.00	0	49.30
49.31	MISC COST	A	-4,552	PHYSICAL THERAPY		66.00	0	49.31
49.32	MISC COST	A	-145	OCCUPATIONAL THERAPY		67.00	0	49.32
49.33	MISC COST	A	-73	SPEECH PATHOLOGY		68.00	0	49.33
49.34	MISC COST	A	-20,457	ELECTROCARDIOLOGY		69.00	0	49.34
49.35	MISC COST	A	-930	ELECTROENCEPHALOGRAPHY		70.00	0	49.35
49.36	MISC COST	A	-338	CARDIAC REHAB		75.01	0	49.36
49.37	MISC COST	A	-140	PAIN MANAGEMENT		75.04	0	49.37
49.38	MISC COST	A	-7,311	CLINIC		90.00	0	49.38
49.39	MISC COST	A	-9,257	PATIENT TREATMENT CENTER		90.01	0	49.39
49.40	MISC COST	A	-709	MENTAL HEALTH O/P		90.04	0	49.40
49.41	MISC COST	A	0	WOUND CARE		90.06	0	49.41
49.42	MISC COST	A	-17,108	EMERGENCY		91.00	0	49.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-100,042,420					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: 14-0242

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 10:05 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	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	213,200,693	230,277,511	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			213,200,693	230,277,511	5.00

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

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

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

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

6.00	B	NMHC	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0242

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 10:05 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	-17,076,818	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-17,076,818			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

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

Worksheet A-8-2

Date/Time Prepared:
3/19/2021 10:05 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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	509,889	410,835	99,054	211,500	1,723	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	375	375	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	11,648,086	11,645,870	2,216	211,500	177	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	571,333	92,600	478,733	181,300	2,299	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	-2,000	0	-2,000	246,400	-10	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	688,042	688,042	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	126,000	126,000	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	120,000	120,000	0	0	0	8.00
9.00	56.00	AGGREGATE-RADIOISOTOPE	43,224	43,224	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	150	150	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	2,182,744	2,182,744	0	0	0	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	378,006	378,006	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	21,350	3,500	17,850	271,900	102	13.00
14.00	90.00	AGGREGATE-CLINIC	20,220	20,220	0	0	0	14.00
15.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	18,360	0	18,360	179,000	83	15.00
16.00	90.04	AGGREGATE-MENTAL HEALTH O/P	28,762	2,535	26,227	179,000	152	16.00
17.00	91.00	AGGREGATE-EMERGENCY	349,583	313,200	36,383	179,000	221	17.00
200.00			16,704,124	16,027,301	676,823		4,747	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	175,199	8,760	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	17,998	900	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	200,389	10,019	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	-1,185	-59	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	13,333	667	0	0	0	13.00
14.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	14.00
15.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	7,143	357	0	0	0	15.00
16.00	90.04	AGGREGATE-MENTAL HEALTH O/P	13,081	654	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	19,019	951	0	0	0	17.00
200.00			444,977	22,249	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	175,199	0	410,835		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	375		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	17,998	0	11,645,870		3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	200,389	278,344	370,944		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	-1,244	0	0		5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	688,042		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	126,000		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	120,000		8.00
9.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	43,224		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

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

Worksheet A-8-2

Date/Time Prepared:
3/19/2021 10:05 am

	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		
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	150		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	2,182,744		11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	378,006		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	13,333	4,517	8,017		13.00
14.00	90.00	AGGREGATE-CLINIC	0	0	0	20,220		14.00
15.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	0	7,143	11,217	11,217		15.00
16.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	13,081	13,146	15,681		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	19,019	17,364	330,564		17.00
200.00			0	444,918	324,588	16,351,889		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.10
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	26,264,520	26,264,520			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,708,975		16,708,975		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	401,148	255,203	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	5.30
5.40	00570	ADMITTING	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	232,997,562	808,543	514,379	0	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	29,058,835	13,606,896	8,656,442	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	488,799	69,518	44,226	0	8.00
9.00	00900	HOUSEKEEPING	9,303,503	228,875	145,606	0	9.00
10.00	01000	DIETARY	4,878,416	227,014	144,422	0	10.00
11.00	01100	CAFETERIA	1,355,202	208,922	132,912	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,746,408	90,021	57,270	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,127,761	143,324	91,180	0	14.00
15.00	01500	PHARMACY	7,249,361	85,269	54,247	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,893,648	21,180	13,474	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	576,563	14,284	9,087	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,749,811	2,747,458	1,747,879	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,175,855	485,712	309,001	0	31.00
32.00	03200	CORONARY CARE UNIT	3,680,851	118,407	75,328	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,740,353	155,592	98,984	0	35.00
40.00	04000	SUBPROVIDER - IPF	6,469,767	851,509	541,713	0	40.00
43.00	04300	NURSERY	1,964,013	133,608	84,999	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,755,026	1,322,302	841,223	0	50.00
51.00	05100	RECOVERY ROOM	6,743,738	168,677	107,309	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,711,057	344,123	218,924	0	52.00
53.00	05300	ANESTHESIOLOGY	2,769,108	24,226	15,412	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,777,693	491,155	312,463	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,741,673	554,413	352,707	0	55.00
56.00	05600	RADIOISOTOPE	2,004,209	46,280	29,442	0	56.00
57.00	05700	CT SCAN	2,551,572	72,085	45,859	0	57.00
58.00	05800	MRI	2,922,760	83,211	52,937	0	58.00
60.00	06000	LABORATORY	109,784,668	650,173	413,628	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,483,319	53,175	33,829	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,025,714	8,729	5,553	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,987,075	71,450	45,455	0	65.00
66.00	06600	PHYSICAL THERAPY	11,829,658	185,401	117,949	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,694,408	16,837	10,711	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,200,207	6,472	4,118	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,047,073	462,770	294,405	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,503,184	61,988	39,436	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,324,469	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,318,879	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,652,289	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,247,447	0	0	0	74.00
75.01	07501	CARDIAC REHAB	373,756	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	475,386	44,940	28,590	0	75.04
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							
90.00	09000	CLINIC	805,103	382,464	243,316	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	2,513,509	93,843	59,701	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.10	
90.04	09004	MENTAL HEALTH O/P	2,956,870	76,654	48,766	0	2,774	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	3,724	24,649	15,681	0	1,734	90.06
91.00	09100	EMERGENCY	14,276,909	579,245	368,504	0	29,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	797,910,715	26,222,542	16,682,270	0	655,137	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	553,618	28,780	18,309	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,425,294	2,693	1,713	0	1,214	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,190,015	10,505	6,683	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	809,079,642	26,264,520	16,708,975	0	656,351	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES	0					5.30
5.40	00570	ADMITTING	0	0				5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0			5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	0	234,353,076	234,353,076	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	51,344,017	20,936,242	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	603,063	245,907	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,684,398	3,948,949	9.00
10.00	01000	DIETARY	0	0	0	5,254,880	2,142,751	10.00
11.00	01100	CAFETERIA	0	0	0	1,699,636	693,050	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,906,528	1,185,177	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	8,371,106	3,413,436	14.00
15.00	01500	PHARMACY	0	0	0	7,398,932	3,017,018	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	29	12	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,928,302	2,417,348	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-PARAMED EDU	0	0	0	599,934	244,631	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	65,345,874	26,645,695	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	13,996,746	5,707,369	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	3,874,586	1,579,917	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,000,650	3,262,377	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,877,551	3,212,182	40.00
43.00	04300	NURSERY	0	0	0	2,189,555	892,822	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	22,996,391	9,377,100	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,021,631	2,863,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,304,442	4,201,780	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,817,067	1,148,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8,623,958	3,516,540	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,686,759	3,949,912	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,080,104	848,192	56.00
57.00	05700	CT SCAN	0	0	0	2,670,209	1,088,815	57.00
58.00	05800	MRI	0	0	0	3,060,122	1,247,808	58.00
60.00	06000	LABORATORY	0	0	0	110,874,993	45,211,103	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	4,571,537	1,864,108	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,040,516	424,285	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,107,967	2,082,845	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,146,184	4,952,777	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,722,823	702,505	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,211,317	493,931	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,827,652	4,822,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,607,555	1,063,267	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,324,469	9,103,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,318,879	10,731,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,652,289	30,440,516	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,247,447	508,664	74.00
75.01	07501	CARDIAC REHAB	0	0	0	373,756	152,404	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	548,916	223,828	75.04
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	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,509,936	615,698	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	2,679,708	1,092,688	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	3,085,064	1,257,978	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	45,788	18,671	90.06
91.00	09100	EMERGENCY	0	0	0	15,254,476	6,220,226	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	797,840,818	229,770,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	600,707	244,947	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,430,914	583,475	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	9,207,203	3,754,366	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	0	0	809,079,642	234,353,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	72,280,259				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	438,927	1,287,897			8.00
9.00	00900	HOUSEKEEPING	0	1,445,076	0	15,078,423		9.00
10.00	01000	DIETARY	0	1,433,324	0	308,169	9,139,124	10.00
11.00	01100	CAFETERIA	0	1,319,096	0	283,610	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	568,379	0	122,203	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	904,920	0	194,561	0	14.00
15.00	01500	PHARMACY	0	538,376	0	115,752	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	133,726	0	28,751	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-PARAMED EDU	0	90,189	0	19,391	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	17,346,969	457,575	3,729,653	7,177,267	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,066,703	65,183	659,350	762,798	31.00
32.00	03200	CORONARY CARE UNIT	0	747,601	0	160,736	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	982,378	0	211,214	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	5,376,279	0	1,155,916	1,199,059	40.00
43.00	04300	NURSERY	0	843,577	16,551	181,372	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,348,786	138,857	1,795,014	0	50.00
51.00	05100	RECOVERY ROOM	0	1,064,999	29,612	228,978	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,172,734	76,038	467,144	0	52.00
53.00	05300	ANESTHESIOLOGY	0	152,957	0	32,886	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,101,069	87,552	666,739	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,500,466	0	752,611	0	55.00
56.00	05600	RADIOISOTOPE	0	292,203	0	62,824	0	56.00
57.00	05700	CT SCAN	0	455,131	32,959	97,855	0	57.00
58.00	05800	MRI	0	525,377	0	112,958	0	58.00
60.00	06000	LABORATORY	0	4,105,082	2,187	882,605	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	335,739	0	72,185	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	55,111	0	11,849	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	451,125	0	96,993	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,170,591	9,170	251,681	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	106,304	0	22,856	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	40,866	0	8,786	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,921,848	64,505	628,206	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	391,384	0	84,149	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	283,745	0	61,006	0	75.04
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								
90.00	09000	CLINIC	0	2,414,811	119,582	519,192	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	592,507	0	127,391	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	483,977	0	104,057	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	155,628	0	33,460	0	90.06
91.00	09100	EMERGENCY	0	3,657,251	188,126	786,320	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	72,015,211	1,287,897	15,078,423	9,139,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	181,714	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	17,005	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	66,329	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	72,280,259	1,287,897	15,078,423	9,139,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	3,995,392					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	28,890	0	4,811,177			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	107,650	0	0	12,991,673		14.00
15.00	01500	PHARMACY	90,887	0	0	55,575	11,216,540	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4	16.00
17.00	01700	SOCIAL SERVICE	70,567	0	146,642	17	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-PARAMED EDU	4,476	0	36	27,444	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	798,878	0	1,830,429	406,385	1,542	30.00
31.00	03100	INTENSIVE CARE UNIT	133,771	0	364,101	134,550	51	31.00
32.00	03200	CORONARY CARE UNIT	42,331	0	116,810	51,223	42	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	86,696	0	264,436	57,258	0	35.00
40.00	04000	SUBPROVIDER - IPF	89,237	0	0	4,905	0	40.00
43.00	04300	NURSERY	24,468	0	78,530	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	237,676	0	538,671	1,504,359	1,379	50.00
51.00	05100	RECOVERY ROOM	86,752	0	235,320	70,921	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,738	0	331,059	73,105	90	52.00
53.00	05300	ANESTHESIOLOGY	15,312	0	5,274	294,237	29,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,929	0	32,275	37,255	1,048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	90,029	0	137,894	77,024	19,786	55.00
56.00	05600	RADIOISOTOPE	8,317	0	0	22,886	52,965	56.00
57.00	05700	CT SCAN	30,533	0	0	56,710	0	57.00
58.00	05800	MRI	32,051	0	9	27,256	55	58.00
60.00	06000	LABORATORY	1,023,402	0	7,473	1,175,871	1,248	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,824	0	0	93,302	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	10,357	0	42,383	25,237	0	64.00
65.00	06500	RESPIRATORY THERAPY	63,968	0	0	76,042	0	65.00
66.00	06600	PHYSICAL THERAPY	162,834	0	36	13,402	125	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,657	0	0	5,695	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,277	0	0	366	0	68.00
69.00	06900	ELECTROCARDIOLOGY	114,703	0	45,269	99,841	36	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,370	0	0	34,247	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,697,863	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,591,532	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,105,577	73.00
74.00	07400	RENAL DIALYSIS	6	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	5,635	0	10,265	614	12	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	5,392	0	12,988	18,900	0	75.04
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								
90.00	09000	CLINIC	55,040	0	88,416	13,088	80	90.00
90.01	09001	PATIENT TREATMENT CENTER	34,160	0	73,344	25,105	583	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	28,007	0	5,430	180	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	2	0	0	0	0	90.06
91.00	09100	EMERGENCY	171,014	0	431,214	218,581	2,576	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,967,836	0	4,798,304	12,990,976	11,216,540	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,491	0	0	2	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	20,009	0	12,873	107	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	6,056	0	0	588	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	3,995,392	0	4,811,177	12,991,673	11,216,540	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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3/19/2021 10:05 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	45					16.00
17.00	01700	SOCIAL SERVICE	45	8,725,398				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		0			22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,480,819	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	674,803	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	304,904	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	724,332	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,000,053	0	0	0	40.00
43.00	04300	NURSERY	0	540,487	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
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00		
90.06	09006	WOUND CARE	0	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45	8,725,398	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments			0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	45	8,725,398	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	0					22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU		986,101				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	87,376	129,308,462	0	129,308,462	30.00
31.00	03100	INTENSIVE CARE UNIT	0	49,929	25,615,354	0	25,615,354	31.00
32.00	03200	CORONARY CARE UNIT	0	0	6,878,150	0	6,878,150	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	13,589,341	0	13,589,341	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	19,915,182	0	19,915,182	40.00
43.00	04300	NURSERY	0	0	4,767,362	0	4,767,362	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	62,411	45,000,644	0	45,000,644	50.00
51.00	05100	RECOVERY ROOM	0	24,965	11,626,346	0	11,626,346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,929	17,795,059	0	17,795,059	52.00
53.00	05300	ANESTHESIOLOGY	0	37,447	4,533,220	0	4,533,220	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	16,169,365	0	16,169,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	18,214,481	0	18,214,481	55.00
56.00	05600	RADIOISOTOPE	0	0	3,367,491	0	3,367,491	56.00
57.00	05700	CT SCAN	0	0	4,432,212	0	4,432,212	57.00
58.00	05800	MRI	0	0	5,005,636	0	5,005,636	58.00
60.00	06000	LABORATORY	0	24,965	163,308,929	0	163,308,929	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	6,961,695	0	6,961,695	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	1,609,738	0	1,609,738	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,878,940	0	7,878,940	65.00
66.00	06600	PHYSICAL THERAPY	0	0	18,706,800	0	18,706,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,582,840	0	2,582,840	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,770,543	0	1,770,543	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20,524,951	0	20,524,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,210,972	0	4,210,972	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	35,125,447	0	35,125,447	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	41,642,302	0	41,642,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	116,198,382	0	116,198,382	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,756,117	0	1,756,117	74.00
75.01	07501	CARDIAC REHAB	0	0	542,686	0	542,686	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	1,154,775	0	1,154,775	75.04
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								
90.00	09000	CLINIC	0	0	5,335,843	0	5,335,843	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	4,625,486	0	4,625,486	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P	0	0	4,964,693	0	4,964,693	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	253,549	0	253,549	90.06
91.00	09100	EMERGENCY	0	649,079	27,578,863	0	27,578,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	986,101	792,951,856	0	792,951,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	1,028,861	0	1,028,861	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	2,064,383	0	2,064,383	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	13,034,542	0	13,034,542	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	986,101	809,079,642	0	809,079,642	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

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
5.10	00540	NON PATIENT TELEPHONES	0	401,148	255,203	656,351	0 5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0 5.30
5.40	00570	ADMITTING	0	0	0	0	0 5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0 5.50
5.60	00590	ADMINISTRATION & GENERAL	28,557,757	808,543	514,379	29,880,679	0 5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	0	13,606,896	8,656,442	22,263,338	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	69,518	44,226	113,744	0 8.00
9.00	00900	HOUSEKEEPING	0	228,875	145,606	374,481	0 9.00
10.00	01000	DIETARY	38,830	227,014	144,422	410,266	0 10.00
11.00	01100	CAFETERIA	35,736	208,922	132,912	377,570	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	90,021	57,270	147,291	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	143,324	91,180	234,504	0 14.00
15.00	01500	PHARMACY	0	85,269	54,247	139,516	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	21,180	13,474	34,654	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-PARAMED EDU	0	14,284	9,087	23,371	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,517,450	2,747,458	1,747,879	6,012,787	0 30.00
31.00	03100	INTENSIVE CARE UNIT	22,497	485,712	309,001	817,210	0 31.00
32.00	03200	CORONARY CARE UNIT	7,090	118,407	75,328	200,825	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	155,592	98,984	254,576	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	851,509	541,713	1,393,222	0 40.00
43.00	04300	NURSERY	0	133,608	84,999	218,607	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,195	1,322,302	841,223	2,165,720	0 50.00
51.00	05100	RECOVERY ROOM	0	168,677	107,309	275,986	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,735	344,123	218,924	593,782	0 52.00
53.00	05300	ANESTHESIOLOGY	0	24,226	15,412	39,638	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238	491,155	312,463	803,856	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	639	554,413	352,707	907,759	0 55.00
56.00	05600	RADIOISOTOPE	0	46,280	29,442	75,722	0 56.00
57.00	05700	CT SCAN	0	72,085	45,859	117,944	0 57.00
58.00	05800	MRI	438	83,211	52,937	136,586	0 58.00
60.00	06000	LABORATORY	30,917	650,173	413,628	1,094,718	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	53,175	33,829	87,004	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	8,729	5,553	14,282	0 64.00
65.00	06500	RESPIRATORY THERAPY	22,061	71,450	45,455	138,966	0 65.00
66.00	06600	PHYSICAL THERAPY	859	185,401	117,949	304,209	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	55	16,837	10,711	27,603	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	6,472	4,118	10,590	0 68.00
69.00	06900	ELECTROCARDIOLOGY	34	462,770	294,405	757,209	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	345	61,988	39,436	101,769	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.01	07501	CARDIAC REHAB	59	0	0	59	0 75.01
75.02	07502	SLEEP LAB	0	0	0	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0 75.03
75.04	07504	PAIN MANAGEMENT	0	44,940	28,590	73,530	0 75.04
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							
90.00	09000	CLINIC	0	382,464	243,316	625,780	0 90.00
90.01	09001	PATIENT TREATMENT CENTER	0	93,843	59,701	153,544	0 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0 90.02
90.03	09003	CANTERA	0	0	0	0	0 90.03
90.04	09004	MENTAL HEALTH O/P	0	76,654	48,766	125,420	0 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	24,649	15,681	40,330	0	90.06
91.00	09100	EMERGENCY	0	579,245	368,504	947,749	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0			0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,267,935	26,222,542	16,682,270	73,172,747	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	28,780	18,309	47,089	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	2,693	1,713	4,406	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	17,000	10,505	6,683	34,188	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	30,284,935	26,264,520	16,708,975	73,258,430	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES	656,351					5.10
5.30	00560	PURCHASING AND STORES	0	0				5.30
5.40	00570	ADMITTING	0	0	0			5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0		5.50
5.60	00590	ADMINISTRATION & GENERAL	32,592	0	0		29,913,271	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	21,844	0	0	0	2,672,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	520	0	0	0	31,388	8.00
9.00	00900	HOUSEKEEPING	6,414	0	0	0	504,054	9.00
10.00	01000	DIETARY	5,028	0	0	0	273,506	10.00
11.00	01100	CAFETERIA	2,600	0	0	0	88,463	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,829	0	0	0	151,279	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,841	0	0	0	435,699	14.00
15.00	01500	PHARMACY	10,055	0	0	0	385,100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	308,556	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-PARAMED EDU	0	0	0	0	31,225	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,726	0	0	0	3,401,122	30.00
31.00	03100	INTENSIVE CARE UNIT	26,178	0	0	0	728,503	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	201,664	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,721	0	0	0	416,418	35.00
40.00	04000	SUBPROVIDER - IPF	14,562	0	0	0	410,011	40.00
43.00	04300	NURSERY	6,935	0	0	0	113,962	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,840	0	0	0	1,196,916	50.00
51.00	05100	RECOVERY ROOM	1,907	0	0	0	365,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,338	0	0	0	536,326	52.00
53.00	05300	ANESTHESIOLOGY	8,321	0	0	0	146,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,647	0	0	0	448,860	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	37,966	0	0	0	504,176	55.00
56.00	05600	RADIOISOTOPE	173	0	0	0	108,265	56.00
57.00	05700	CT SCAN	693	0	0	0	138,979	57.00
58.00	05800	MRI	1,214	0	0	0	159,273	58.00
60.00	06000	LABORATORY	26,524	0	0	0	5,770,725	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,214	0	0	0	237,939	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	520	0	0	0	54,157	64.00
65.00	06500	RESPIRATORY THERAPY	3,987	0	0	0	265,859	65.00
66.00	06600	PHYSICAL THERAPY	13,176	0	0	0	632,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	0	0	0	89,669	67.00
68.00	06800	SPEECH PATHOLOGY	520	0	0	0	63,047	68.00
69.00	06900	ELECTROCARDIOLOGY	23,404	0	0	0	615,606	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,947	0	0	0	135,718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,161,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,369,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,885,502	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	64,927	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	19,453	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	28,570	75.04
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								
90.00	09000	CLINIC	79,053	0	0	0	78,589	90.00
90.01	09001	PATIENT TREATMENT CENTER	12,655	0	0	0	139,473	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	2,774	0	0	0	160,571	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,734	0	0	0	2,383	90.06
91.00	09100	EMERGENCY	29,818	0	0	0	793,965	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	655,137	0	0	0	29,328,312	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	31,266	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,214	0	0	0	74,476	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	479,217	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	656,351	0	0	0	29,913,271	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	24,957,535				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	151,556	297,208			8.00
9.00	00900	HOUSEKEEPING	0	498,968	0	1,383,917		9.00
10.00	01000	DIETARY	0	494,910	0	28,284	1,211,994	10.00
11.00	01100	CAFETERIA	0	455,469	0	26,030	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	196,255	0	11,216	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	312,458	0	17,857	0	14.00
15.00	01500	PHARMACY	0	185,895	0	10,624	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	46,174	0	2,639	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-PARAMED EDU	0	31,141	0	1,780	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,989,708	105,595	342,312	951,821	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,058,897	15,042	60,516	101,159	31.00
32.00	03200	CORONARY CARE UNIT	0	258,138	0	14,753	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	339,204	0	19,386	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,856,367	0	106,091	159,014	40.00
43.00	04300	NURSERY	0	291,277	3,819	16,647	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,882,739	32,044	164,749	0	50.00
51.00	05100	RECOVERY ROOM	0	367,732	6,834	21,016	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	750,220	17,547	42,875	0	52.00
53.00	05300	ANESTHESIOLOGY	0	52,814	0	3,018	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,070,763	20,204	61,194	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,208,670	0	69,076	0	55.00
56.00	05600	RADIOISOTOPE	0	100,894	0	5,766	0	56.00
57.00	05700	CT SCAN	0	157,151	7,606	8,981	0	57.00
58.00	05800	MRI	0	181,407	0	10,367	0	58.00
60.00	06000	LABORATORY	0	1,417,437	505	81,007	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	115,927	0	6,625	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	19,029	0	1,088	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	155,768	0	8,902	0	65.00
66.00	06600	PHYSICAL THERAPY	0	404,192	2,116	23,100	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	36,706	0	2,098	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,110	0	806	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,008,880	14,886	57,658	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	135,140	0	7,723	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	97,974	0	5,599	0	75.04
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								
90.00	09000	CLINIC	0	833,806	27,596	47,652	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	204,586	0	11,692	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	167,112	0	9,550	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	53,736	0	3,071	0	90.06
91.00	09100	EMERGENCY	0	1,262,806	43,414	72,169	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,866,016	297,208	1,383,917	1,211,994	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	62,744	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	5,872	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	22,903	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	24,957,535	297,208	1,383,917	1,211,994	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	950,132					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	6,870	0	525,740			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,600	0	0	1,034,959		14.00
15.00	01500	PHARMACY	21,614	0	0	4,427	757,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,781	0	16,024	1	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-PARAMED EDU	1,064	0	4	2,186	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	189,979	0	200,020	32,374	104	30.00
31.00	03100	INTENSIVE CARE UNIT	31,812	0	39,787	10,719	3	31.00
32.00	03200	CORONARY CARE UNIT	10,067	0	12,764	4,081	3	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,617	0	28,896	4,561	0	35.00
40.00	04000	SUBPROVIDER - IPF	21,221	0	0	391	0	40.00
43.00	04300	NURSERY	5,819	0	8,581	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,521	0	58,863	119,842	93	50.00
51.00	05100	RECOVERY ROOM	20,630	0	25,715	5,650	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,237	0	36,176	5,824	6	52.00
53.00	05300	ANESTHESIOLOGY	3,641	0	576	23,440	1,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,477	0	3,527	2,968	71	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,410	0	15,068	6,136	1,336	55.00
56.00	05600	RADIOISOTOPE	1,978	0	0	1,823	3,576	56.00
57.00	05700	CT SCAN	7,261	0	0	4,518	0	57.00
58.00	05800	MRI	7,622	0	1	2,171	4	58.00
60.00	06000	LABORATORY	243,371	0	817	93,674	84	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,903	0	0	7,433	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,463	0	4,631	2,010	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,212	0	0	6,058	0	65.00
66.00	06600	PHYSICAL THERAPY	38,723	0	4	1,068	8	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,388	0	0	454	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,633	0	0	29	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,277	0	4,947	7,954	2	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,222	0	0	2,728	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	294,584	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	365,774	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	749,741	73.00
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	1,340	0	1,122	49	1	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	1,282	0	1,419	1,506	0	75.04
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								
90.00	09000	CLINIC	13,089	0	9,662	1,043	5	90.00
90.01	09001	PATIENT TREATMENT CENTER	8,124	0	8,015	2,000	39	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	6,660	0	593	14	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1	0	0	0	0	90.06
91.00	09100	EMERGENCY	40,668	0	47,121	17,413	174	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	943,579	0	524,333	1,034,903	757,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	355	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	4,758	0	1,407	9	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,440	0	0	47	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	950,132	0	525,740	1,034,959	757,231	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	2					16.00
17.00	01700	SOCIAL SERVICE	2	424,831				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			0			19.00
20.00	02000	NURSING SCHOOL			0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	266,855				30.00
31.00	03100	INTENSIVE CARE UNIT	0	32,856				31.00
32.00	03200	CORONARY CARE UNIT	0	14,845				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35,267				35.00
40.00	04000	SUBPROVIDER - IPF	0	48,692				40.00
43.00	04300	NURSERY	0	26,316				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
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
60.00	06000	LABORATORY	0	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0				62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.01	07501	CARDIAC REHAB	0	0				75.01
75.02	07502	SLEEP LAB	0	0				75.02
75.03	07503	INPATIENT DIALYSIS	0	0				75.03
75.04	07504	PAIN MANAGEMENT	0	0				75.04
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								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0				90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0				90.02
90.03	09003	CANTERA	0	0				90.03
90.04	09004	MENTAL HEALTH O/P	0	0				90.04
90.05	09005	WOMENS CLINIC	0	0				90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0				90.06
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2	424,831	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	KOFEE KORNER	0	0				190.01
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0				192.00
192.01	19201	WSKF	0	0				192.01
193.01	19301	DEVELOPMENT	0	0				193.01
193.02	19302	MARKETING	0	0				193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0				193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0				193.05
193.07	19305	JOINT VENTURE	0	0				193.07
193.08	19306	PARKINSONS CENTER	0	0				193.08
200.00		Cross Foot Adjustments				0	0	0 200.00
201.00		Negative Cost Centers	0	0		0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	2	424,831		0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	0					22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU		90,771				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			17,593,403	0	17,593,403	30.00
31.00	03100	INTENSIVE CARE UNIT			2,922,682	0	2,922,682	31.00
32.00	03200	CORONARY CARE UNIT			717,140	0	717,140	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,124,646	0	1,124,646	35.00
40.00	04000	SUBPROVIDER - IPF			4,009,571	0	4,009,571	40.00
43.00	04300	NURSERY			691,963	0	691,963	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			6,755,327	0	6,755,327	50.00
51.00	05100	RECOVERY ROOM			1,090,932	0	1,090,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			2,041,331	0	2,041,331	52.00
53.00	05300	ANESTHESIOLOGY			280,052	0	280,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,478,567	0	2,478,567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			2,771,597	0	2,771,597	55.00
56.00	05600	RADIOISOTOPE			298,197	0	298,197	56.00
57.00	05700	CT SCAN			443,133	0	443,133	57.00
58.00	05800	MRI			498,645	0	498,645	58.00
60.00	06000	LABORATORY			8,728,862	0	8,728,862	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			462,045	0	462,045	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY			98,180	0	98,180	64.00
65.00	06500	RESPIRATORY THERAPY			594,752	0	594,752	65.00
66.00	06600	PHYSICAL THERAPY			1,418,781	0	1,418,781	66.00
67.00	06700	OCCUPATIONAL THERAPY			162,785	0	162,785	67.00
68.00	06800	SPEECH PATHOLOGY			92,735	0	92,735	68.00
69.00	06900	ELECTROCARDIOLOGY			2,517,823	0	2,517,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			393,247	0	393,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,456,528	0	1,456,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,735,619	0	1,735,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			4,635,243	0	4,635,243	73.00
74.00	07400	RENAL DIALYSIS			64,929	0	64,929	74.00
75.01	07501	CARDIAC REHAB			22,024	0	22,024	75.01
75.02	07502	SLEEP LAB			0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS			0	0	0	75.03
75.04	07504	PAIN MANAGEMENT			209,880	0	209,880	75.04
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								
90.00	09000	CLINIC			1,716,275	0	1,716,275	90.00
90.01	09001	PATIENT TREATMENT CENTER			540,128	0	540,128	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE			0	0	0	90.02
90.03	09003	CANTERA			0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P			472,694	0	472,694	90.04
90.05	09005	WOMENS CLINIC			0	0	0	90.05
90.06	09006	WOUND CARE			101,255	0	101,255	90.06
91.00	09100	EMERGENCY			3,255,297	0	3,255,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF			0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	72,396,268	0	72,396,268	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			141,454	0	141,454	190.00
190.01	19001	KOFEE KORNER			0	0	0	190.01
191.00	19100	RESEARCH			92,142	0	92,142	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			537,795	0	537,795	192.00
192.01	19201	WSKF			0	0	0	192.01
193.01	19301	DEVELOPMENT			0	0	0	193.01
193.02	19302	MARKETING			0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE			0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM			0	0	0	193.05
193.07	19305	JOINT VENTURE			0	0	0	193.07
193.08	19306	PARKINSONS CENTER			0	0	0	193.08
200.00		Cross Foot Adjustments	0	90,771	90,771	0	90,771	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	90,771	73,258,430	0	73,258,430	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,862,587					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,862,587				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	238,446,496			4.00
5.10	00540	NON PATIENT TELEPHONES	28,448	28,448	0	3,786		5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0	5.30
5.40	00570	ADMITTING	0	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	57,339	57,339	20,151,835	188	0	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	964,953	964,953	2,309,663	126	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,930	4,930	280,241	3	0	8.00
9.00	00900	HOUSEKEEPING	16,231	16,231	5,248,693	37	0	9.00
10.00	01000	DIETARY	16,099	16,099	1,881,420	29	0	10.00
11.00	01100	CAFETERIA	14,816	14,816	1,174,185	15	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,384	6,384	1,552,209	74	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	10,164	3,332,898	51	0	14.00
15.00	01500	PHARMACY	6,047	6,047	6,609,902	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	1,502	4,409,089	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-PARAMED EDU	1,013	1,013	226,299	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194,840	194,840	44,036,478	581	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	34,445	9,171,388	151	0	31.00
32.00	03200	CORONARY CARE UNIT	8,397	8,397	2,503,193	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	11,034	5,975,870	33	0	35.00
40.00	04000	SUBPROVIDER - IPF	60,386	60,386	4,988,832	84	0	40.00
43.00	04300	NURSERY	9,475	9,475	1,466,885	40	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,773	93,773	13,411,411	449	0	50.00
51.00	05100	RECOVERY ROOM	11,962	11,962	4,972,818	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,404	24,404	7,441,907	175	0	52.00
53.00	05300	ANESTHESIOLOGY	1,718	1,718	594,662	48	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,831	34,831	5,852,858	246	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,317	39,317	5,606,652	219	0	55.00
56.00	05600	RADIOISOTOPE	3,282	3,282	555,854	1	0	56.00
57.00	05700	CT SCAN	5,112	5,112	1,539,712	4	0	57.00
58.00	05800	MRI	5,901	5,901	1,962,697	7	0	58.00
60.00	06000	LABORATORY	46,108	46,108	35,876,238	153	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,771	3,771	1,282,594	7	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	619	727,330	3	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,067	5,067	3,522,432	23	0	65.00
66.00	06600	PHYSICAL THERAPY	13,148	13,148	9,244,242	76	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,194	1,194	1,320,867	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	459	459	973,327	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,818	32,818	8,611,297	135	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	4,396	1,586,280	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	182	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	286,446	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,187	3,187	270,315	0	0	75.04
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								
90.00	09000	CLINIC	27,123	27,123	2,458,501	456	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	6,655	6,655	1,855,198	73	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
90.04	09004	MENTAL HEALTH O/P	5,436	5,436	2,271,258	16	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,748	1,748	61	10	0	90.06
91.00	09100	EMERGENCY	41,078	41,078	9,791,551	172	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,859,610	1,859,610	237,335,770	3,779	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,041	2,041	54,639	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	191	915,792	7	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	745	745	140,295	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	26,264,520	16,708,975	0	656,351	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.101097	8.970843	0.000000	173.362652	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	656,351	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	173.362652	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:

3/19/2021 10:05 am

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING	0					5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0				5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	-234,353,076	574,726,566		5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0		0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0		51,344,017	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0		603,063	0	8.00
9.00	00900	HOUSEKEEPING	0	0		9,684,398	0	9.00
10.00	01000	DIETARY	0	0		5,254,880	0	10.00
11.00	01100	CAFETERIA	0	0		1,699,636	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0		2,906,528	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		8,371,106	0	14.00
15.00	01500	PHARMACY	0	0		7,398,932	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		29	0	16.00
17.00	01700	SOCIAL SERVICE	0	0		5,928,302	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0		599,934	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0		65,345,874	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		13,996,746	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0		3,874,586	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		8,000,650	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0		7,877,551	0	40.00
43.00	04300	NURSERY	0	0		2,189,555	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0		22,996,391	0	50.00
51.00	05100	RECOVERY ROOM	0	0		7,021,631	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		10,304,442	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		2,817,067	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		8,623,958	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		9,686,759	0	55.00
56.00	05600	RADIOISOTOPE	0	0		2,080,104	0	56.00
57.00	05700	CT SCAN	0	0		2,670,209	0	57.00
58.00	05800	MRI	0	0		3,060,122	0	58.00
60.00	06000	LABORATORY	0	0		110,874,993	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		4,571,537	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0		1,040,516	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		5,107,967	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		12,146,184	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		1,722,823	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		1,211,317	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		11,827,652	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		2,607,555	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		22,324,469	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		26,318,879	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		74,652,289	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		1,247,447	0	74.00
75.01	07501	CARDIAC REHAB	0	0		373,756	0	75.01
75.02	07502	SLEEP LAB	0	0		0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0		0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0		548,916	0	75.04
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								
90.00	09000	CLINIC	0	0		1,509,936	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		2,679,708	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		0	0	90.02
90.03	09003	CANTERA	0	0		0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0		3,085,064	0	90.04
90.05	09005	WOMENS CLINIC	0	0		0	0	90.05
90.06	09006	WOUND CARE	0	0		45,788	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
91.00	09100	EMERGENCY	0	0	0	15,254,476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	-234,353,076	563,487,742	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	600,707	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,430,914	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	9,207,203	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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		234,353,076	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		0.407764	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0		29,913,271	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.052048	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED))	CAFETERIA (FTES SERVED))	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	811,847					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,930	1,525,014				8.00
9.00	00900	HOUSEKEEPING	16,231	0	787,709			9.00
10.00	01000	DIETARY	16,099	0	16,099	239,130		10.00
11.00	01100	CAFETERIA	14,816	0	14,816	0	5,581,130	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,384	0	6,384	0	40,356	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	0	10,164	0	150,375	14.00
15.00	01500	PHARMACY	6,047	0	6,047	0	126,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	0	1,502	0	98,574	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-PARAMED EDU	1,013	0	1,013	0	6,252	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194,840	541,821	194,840	187,797	1,115,946	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	77,184	34,445	19,959	186,864	31.00
32.00	03200	CORONARY CARE UNIT	8,397	0	8,397	0	59,132	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	0	11,034	0	121,105	35.00
40.00	04000	SUBPROVIDER - IPF	60,386	0	60,386	31,374	124,654	40.00
43.00	04300	NURSERY	9,475	19,598	9,475	0	34,179	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,773	164,422	93,773	0	332,007	50.00
51.00	05100	RECOVERY ROOM	11,962	35,064	11,962	0	121,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,404	90,037	24,404	0	165,864	52.00
53.00	05300	ANESTHESIOLOGY	1,718	0	1,718	0	21,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,831	103,671	34,831	0	143,781	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,317	0	39,317	0	125,761	55.00
56.00	05600	RADIOISOTOPE	3,282	0	3,282	0	11,618	56.00
57.00	05700	CT SCAN	5,112	39,027	5,112	0	42,651	57.00
58.00	05800	MRI	5,901	0	5,901	0	44,772	58.00
60.00	06000	LABORATORY	46,108	2,590	46,108	0	1,429,580	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,771	0	3,771	0	34,676	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	0	619	0	14,467	64.00
65.00	06500	RESPIRATORY THERAPY	5,067	0	5,067	0	89,357	65.00
66.00	06600	PHYSICAL THERAPY	13,148	10,858	13,148	0	227,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,194	0	1,194	0	31,650	67.00
68.00	06800	SPEECH PATHOLOGY	459	0	459	0	21,341	68.00
69.00	06900	ELECTROCARDIOLOGY	32,818	76,381	32,818	0	160,228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	0	4,396	0	42,424	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	7,871	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,187	0	3,187	0	7,532	75.04
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								
90.00	09000	CLINIC	27,123	141,599	27,123	0	76,885	90.00
90.01	09001	PATIENT TREATMENT CENTER	6,655	0	6,655	0	47,718	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	5,436	0	5,436	0	39,123	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,748	0	1,748	0	3	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERV ED))	CAFETERIA (FTES SERVE D))	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	41,078	222,762	41,078	0	238,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	808,870	1,525,014	787,709	239,130	5,542,636	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,041	0	0	0	2,083	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	0	0	0	27,951	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	745	0	0	0	8,460	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	72,280,259	1,287,897	15,078,423	9,139,124	3,995,392	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	89.031873	0.844515	19.142124	38.218224	0.715875	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,957,535	297,208	1,383,917	1,211,994	950,132	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	30.741673	0.194889	1.756889	5.068348	0.170240	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,599,206				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	74,468,551			14.00
15.00	01500	PHARMACY	0	0	318,556	75,398,201		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	29	4,952,375,438	16.00
17.00	01700	SOCIAL SERVICE	0	48,743	96	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-PARAMED EDU	0	12	157,312	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	608,423	2,329,399	10,364	304,897,833	30.00
31.00	03100	INTENSIVE CARE UNIT	0	121,025	771,243	345	57,484,111	31.00
32.00	03200	CORONARY CARE UNIT	0	38,827	293,611	281	18,570,013	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	87,897	328,204	0	51,251,650	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	28,113	0	44,475,457	40.00
43.00	04300	NURSERY	0	26,103	0	0	10,109,925	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	179,051	8,622,996	9,272	362,197,113	50.00
51.00	05100	RECOVERY ROOM	0	78,219	406,520	0	76,904,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	110,042	419,039	605	52,210,541	52.00
53.00	05300	ANESTHESIOLOGY	0	1,753	1,686,571	197,231	91,410,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,728	213,545	7,047	100,845,374	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,835	441,502	133,000	130,850,826	55.00
56.00	05600	RADIOISOTOPE	0	0	131,182	356,035	30,079,140	56.00
57.00	05700	CT SCAN	0	0	325,063	0	181,940,788	57.00
58.00	05800	MRI	0	3	156,233	369	74,978,300	58.00
60.00	06000	LABORATORY	0	2,484	6,740,097	8,391	1,080,582,711	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	534,808	0	17,807,362	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	14,088	144,661	0	90,370,019	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	435,876	0	67,528,257	65.00
66.00	06600	PHYSICAL THERAPY	0	12	76,819	840	75,783,024	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	32,642	0	11,511,787	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,099	0	7,973,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,047	572,288	243	237,653,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	196,305	0	30,455,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	21,196,173	0	333,304,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	26,318,880	0	222,852,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,652,289	895,835,542	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	13,465,878	74.00
75.01	07501	CARDIAC REHAB	0	3,412	3,519	80	1,867,623	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	4,317	108,335	3	1,230,057	75.04
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								
90.00	09000	CLINIC	0	29,389	75,023	537	10,370,807	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	24,379	143,902	3,922	39,467,663	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	1,805	1,033	0	19,958,147	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	143,333	1,252,906	17,318	206,149,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,594,927	74,464,551	75,398,201	4,952,375,438	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	14	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	4,279	613	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,373	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	4,811,177	12,991,673	11,216,540	45	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3.008479	0.174459	0.148764	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	525,740	1,034,959	757,231	2	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.328751	0.013898	0.010043	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES		SERVICES-OTHER PRGM COSTS
			(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	APPRV (ASSIGNED TIME)		APPRV (ASSIGNED TIME)
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	94,779					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,535	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,330	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,312	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,868	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	10,863	0	0	0	0	40.00
43.00	04300	NURSERY	5,871	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
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES	SERVICES-OTHER	
						APPROV	PRGM COSTS	
						(ASSIGNED TIME)	APPROV (ASSIGNED TIME)	
			17.00	19.00	20.00	21.00	22.00	
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,779	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	8,725,398	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	92.060456	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	424,831	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.482333	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description		PARAMED ED PRGM-PARAMED EDU (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.10	00540	NON PATIENT TELEPHONES	5.10
5.30	00560	PURCHASING AND STORES	5.30
5.40	00570	ADMITTING	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	5.50
5.60	00590	ADMINISTRATION & GENERAL	5.60
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-PARAMED EDU	23.00
		158	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.01	07501	CARDIAC REHAB	75.01
75.02	07502	SLEEP LAB	75.02
75.03	07503	INPATIENT DIALYSIS	75.03
75.04	07504	PAIN MANAGEMENT	75.04
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			
90.00	09000	CLINIC	90.00
90.01	09001	PATIENT TREATMENT CENTER	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	90.02
90.03	09003	CANTERA	90.03
90.04	09004	MENTAL HEALTH O/P	90.04
90.05	09005	WOMENS CLINIC	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description			PARAMED ED PRGM-PARAMED EDU (ASSIGNED TIME)	
			23.00	
90.06	09006	WOUND CARE	0	90.06
91.00	09100	EMERGENCY	104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	158	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	KOFEE KORNER	0	190.01
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201	WSKF	0	192.01
193.01	19301	DEVELOPMENT	0	193.01
193.02	19302	MARKETING	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	193.05
193.07	19305	JOINT VENTURE	0	193.07
193.08	19306	PARKINSONS CENTER	0	193.08
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)	986,101	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6,241.145570	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	90,771	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	574.500000	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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 10:05 am

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	129,308,462		129,308,462	0
31.00	03100	INTENSIVE CARE UNIT	25,615,354		25,615,354	0
32.00	03200	CORONARY CARE UNIT	6,878,150		6,878,150	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,589,341		13,589,341	0
40.00	04000	SUBPROVIDER - IPF	19,915,182		19,915,182	278,344
43.00	04300	NURSERY	4,767,362		4,767,362	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,000,644		45,000,644	0
51.00	05100	RECOVERY ROOM	11,626,346		11,626,346	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,795,059		17,795,059	0
53.00	05300	ANESTHESIOLOGY	4,533,220		4,533,220	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,169,365		16,169,365	0
55.00	05500	RADIOLOGY-THERAPEUTIC	18,214,481		18,214,481	0
56.00	05600	RADIOISOTOPE	3,367,491		3,367,491	0
57.00	05700	CT SCAN	4,432,212		4,432,212	0
58.00	05800	MRI	5,005,636		5,005,636	0
60.00	06000	LABORATORY	163,308,929		163,308,929	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,961,695		6,961,695	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
64.00	06400	INTRAVENOUS THERAPY	1,609,738		1,609,738	0
65.00	06500	RESPIRATORY THERAPY	7,878,940	0	7,878,940	0
66.00	06600	PHYSICAL THERAPY	18,706,800	0	18,706,800	0
67.00	06700	OCCUPATIONAL THERAPY	2,582,840	0	2,582,840	0
68.00	06800	SPEECH PATHOLOGY	1,770,543	0	1,770,543	0
69.00	06900	ELECTROCARDIOLOGY	20,524,951		20,524,951	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,210,972		4,210,972	4,517
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,125,447		35,125,447	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,642,302		41,642,302	0
73.00	07300	DRUGS CHARGED TO PATIENTS	116,198,382		116,198,382	0
74.00	07400	RENAL DIALYSIS	1,756,117		1,756,117	0
75.01	07501	CARDIAC REHAB	542,686		542,686	0
75.02	07502	SLEEP LAB	0		0	0
75.03	07503	INPATIENT DIALYSIS	0		0	0
75.04	07504	PAIN MANAGEMENT	1,154,775		1,154,775	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,335,843		5,335,843	0
90.01	09001	PATIENT TREATMENT CENTER	4,625,486		4,625,486	11,217
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0
90.03	09003	CANTERA	0		0	0
90.04	09004	MENTAL HEALTH O/P	4,964,693		4,964,693	13,146
90.05	09005	WOMENS CLINIC	0		0	0
90.06	09006	WOUND CARE	253,549		253,549	0
91.00	09100	EMERGENCY	27,578,863		27,578,863	17,364
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	32,039,198		32,039,198	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0
200.00		Subtotal (see instructions)	824,991,054	0	824,991,054	324,588
201.00		Less Observation Beds	32,039,198		32,039,198	0
202.00		Total (see instructions)	792,951,856	0	792,951,856	324,588

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 10:05 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	260,957,906		260,957,906			30.00
31.00	03100	INTENSIVE CARE UNIT	56,586,929		56,586,929			31.00
32.00	03200	CORONARY CARE UNIT	18,465,879		18,465,879			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	51,249,648		51,249,648			35.00
40.00	04000	SUBPROVIDER - IPF	44,475,457		44,475,457			40.00
43.00	04300	NURSERY	10,109,925		10,109,925			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	152,359,444	209,837,669	362,197,113	0.124244	0.000000	50.00
51.00	05100	RECOVERY ROOM	15,507,912	61,396,267	76,904,179	0.151180	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,055,128	8,556,538	51,611,666	0.344788	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	40,866,752	50,544,018	91,410,770	0.049592	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,206,575	72,638,799	100,845,374	0.160338	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,450,749	127,400,077	130,850,826	0.139200	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,098,347	25,980,793	30,079,140	0.111954	0.000000	56.00
57.00	05700	CT SCAN	53,731,872	128,208,915	181,940,787	0.024361	0.000000	57.00
58.00	05800	MRI	17,678,062	57,300,238	74,978,300	0.066761	0.000000	58.00
60.00	06000	LABORATORY	145,769,439	934,813,272	1,080,582,711	0.151130	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,019,359	5,788,003	17,807,362	0.390945	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	15,990,931	74,379,088	90,370,019	0.017813	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	62,371,742	5,156,515	67,528,257	0.116676	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,692,229	68,090,795	75,783,024	0.246847	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,719,095	6,792,692	11,511,787	0.224365	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,998,317	2,975,285	7,973,602	0.222051	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	94,710,706	142,942,960	237,653,666	0.086365	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,541,467	17,914,451	30,455,918	0.138264	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	176,677,803	156,627,028	333,304,831	0.105385	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	132,285,360	90,567,224	222,852,584	0.186860	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	261,207,663	634,627,879	895,835,542	0.129710	0.000000	73.00
74.00	07400	RENAL DIALYSIS	12,445,711	1,020,167	13,465,878	0.130412	0.000000	74.00
75.01	07501	CARDIAC REHAB	127,932	1,739,691	1,867,623	0.290576	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	15,173	1,214,884	1,230,057	0.938798	0.000000	75.04
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								
90.00	09000	CLINIC	1,298,936	9,071,871	10,370,807	0.514506	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	10,809,609	28,658,054	39,467,663	0.117197	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0.000000	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	2,730,411	17,227,736	19,958,147	0.248755	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0.000000	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	0.000000	0.000000	90.06
91.00	09100	EMERGENCY	51,738,806	154,411,133	206,149,939	0.133781	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	45,542,120	45,542,120	0.703507	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
200.00		Subtotal (see instructions)	1,810,951,274	3,141,424,162	4,952,375,436			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,810,951,274	3,141,424,162	4,952,375,436			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124244		50.00
51.00	05100	RECOVERY ROOM	0.151180		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.344788		52.00
53.00	05300	ANESTHESIOLOGY	0.049592		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160338		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139200		55.00
56.00	05600	RADIOISOTOPE	0.111954		56.00
57.00	05700	CT SCAN	0.024361		57.00
58.00	05800	MRI	0.066761		58.00
60.00	06000	LABORATORY	0.151130		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.390945		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.017813		64.00
65.00	06500	RESPIRATORY THERAPY	0.116676		65.00
66.00	06600	PHYSICAL THERAPY	0.246847		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.224365		67.00
68.00	06800	SPEECH PATHOLOGY	0.222051		68.00
69.00	06900	ELECTROCARDIOLOGY	0.086365		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138413		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.105385		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.186860		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129710		73.00
74.00	07400	RENAL DIALYSIS	0.130412		74.00
75.01	07501	CARDIAC REHAB	0.290576		75.01
75.02	07502	SLEEP LAB	0.000000		75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		75.03
75.04	07504	PAIN MANAGEMENT	0.938798		75.04
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					
90.00	09000	CLINIC	0.514506		90.00
90.01	09001	PATIENT TREATMENT CENTER	0.117481		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		90.02
90.03	09003	CANTERA	0.000000		90.03
90.04	09004	MENTAL HEALTH O/P	0.249414		90.04
90.05	09005	WOMENS CLINIC	0.000000		90.05
90.06	09006	WOUND CARE	0.000000		90.06
91.00	09100	EMERGENCY	0.133865		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.703507		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 10:05 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	129,308,462		129,308,462	0
31.00	03100	INTENSIVE CARE UNIT	25,615,354		25,615,354	0
32.00	03200	CORONARY CARE UNIT	6,878,150		6,878,150	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,589,341		13,589,341	0
40.00	04000	SUBPROVIDER - IPF	19,915,182		19,915,182	0
43.00	04300	NURSERY	4,767,362		4,767,362	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,000,644		45,000,644	0
51.00	05100	RECOVERY ROOM	11,626,346		11,626,346	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,795,059		17,795,059	0
53.00	05300	ANESTHESIOLOGY	4,533,220		4,533,220	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,169,365		16,169,365	0
55.00	05500	RADIOLOGY-THERAPEUTIC	18,214,481		18,214,481	0
56.00	05600	RADIOISOTOPE	3,367,491		3,367,491	0
57.00	05700	CT SCAN	4,432,212		4,432,212	0
58.00	05800	MRI	5,005,636		5,005,636	0
60.00	06000	LABORATORY	163,308,929		163,308,929	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,961,695		6,961,695	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
64.00	06400	INTRAVENOUS THERAPY	1,609,738		1,609,738	0
65.00	06500	RESPIRATORY THERAPY	7,878,940	0	7,878,940	0
66.00	06600	PHYSICAL THERAPY	18,706,800	0	18,706,800	0
67.00	06700	OCCUPATIONAL THERAPY	2,582,840	0	2,582,840	0
68.00	06800	SPEECH PATHOLOGY	1,770,543	0	1,770,543	0
69.00	06900	ELECTROCARDIOLOGY	20,524,951		20,524,951	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,210,972		4,210,972	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,125,447		35,125,447	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,642,302		41,642,302	0
73.00	07300	DRUGS CHARGED TO PATIENTS	116,198,382		116,198,382	0
74.00	07400	RENAL DIALYSIS	1,756,117		1,756,117	0
75.01	07501	CARDIAC REHAB	542,686		542,686	0
75.02	07502	SLEEP LAB	0		0	0
75.03	07503	INPATIENT DIALYSIS	0		0	0
75.04	07504	PAIN MANAGEMENT	1,154,775		1,154,775	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,335,843		5,335,843	0
90.01	09001	PATIENT TREATMENT CENTER	4,625,486		4,625,486	0
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0
90.03	09003	CANTERA	0		0	0
90.04	09004	MENTAL HEALTH O/P	4,964,693		4,964,693	0
90.05	09005	WOMENS CLINIC	0		0	0
90.06	09006	WOUND CARE	253,549		253,549	0
91.00	09100	EMERGENCY	27,578,863		27,578,863	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	32,039,198		32,039,198	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0
200.00		Subtotal (see instructions)	824,991,054	0	824,991,054	0
201.00		Less Observation Beds	32,039,198		32,039,198	0
202.00		Total (see instructions)	792,951,856	0	792,951,856	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 10:05 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	260,957,906		260,957,906			30.00
31.00	03100	INTENSIVE CARE UNIT	56,586,929		56,586,929			31.00
32.00	03200	CORONARY CARE UNIT	18,465,879		18,465,879			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	51,249,648		51,249,648			35.00
40.00	04000	SUBPROVIDER - IPF	44,475,457		44,475,457			40.00
43.00	04300	NURSERY	10,109,925		10,109,925			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	152,359,444	209,837,669	362,197,113	0.124244	0.000000	50.00
51.00	05100	RECOVERY ROOM	15,507,912	61,396,267	76,904,179	0.151180	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,055,128	8,556,538	51,611,666	0.344788	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	40,866,752	50,544,018	91,410,770	0.049592	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,206,575	72,638,799	100,845,374	0.160338	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,450,749	127,400,077	130,850,826	0.139200	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,098,347	25,980,793	30,079,140	0.111954	0.000000	56.00
57.00	05700	CT SCAN	53,731,872	128,208,915	181,940,787	0.024361	0.000000	57.00
58.00	05800	MRI	17,678,062	57,300,238	74,978,300	0.066761	0.000000	58.00
60.00	06000	LABORATORY	145,769,439	934,813,272	1,080,582,711	0.151130	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,019,359	5,788,003	17,807,362	0.390945	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	15,990,931	74,379,088	90,370,019	0.017813	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	62,371,742	5,156,515	67,528,257	0.116676	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,692,229	68,090,795	75,783,024	0.246847	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,719,095	6,792,692	11,511,787	0.224365	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,998,317	2,975,285	7,973,602	0.222051	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	94,710,706	142,942,960	237,653,666	0.086365	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,541,467	17,914,451	30,455,918	0.138264	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	176,677,803	156,627,028	333,304,831	0.105385	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	132,285,360	90,567,224	222,852,584	0.186860	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	261,207,663	634,627,879	895,835,542	0.129710	0.000000	73.00
74.00	07400	RENAL DIALYSIS	12,445,711	1,020,167	13,465,878	0.130412	0.000000	74.00
75.01	07501	CARDIAC REHAB	127,932	1,739,691	1,867,623	0.290576	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	15,173	1,214,884	1,230,057	0.938798	0.000000	75.04
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							
90.00	09000	CLINIC	1,298,936	9,071,871	10,370,807	0.514506	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	10,809,609	28,658,054	39,467,663	0.117197	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0.000000	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	2,730,411	17,227,736	19,958,147	0.248755	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0.000000	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	0.000000	0.000000	90.06
91.00	09100	EMERGENCY	51,738,806	154,411,133	206,149,939	0.133781	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	45,542,120	45,542,120	0.703507	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
200.00		Subtotal (see instructions)	1,810,951,274	3,141,424,162	4,952,375,436			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,810,951,274	3,141,424,162	4,952,375,436			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 10:05 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
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	07501	CARDIAC REHAB	0.000000		75.01
75.02	07502	SLEEP LAB	0.000000		75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		75.03
75.04	07504	PAIN MANAGEMENT	0.000000		75.04
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					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		90.02
90.03	09003	CANTERA	0.000000		90.03
90.04	09004	MENTAL HEALTH O/P	0.000000		90.04
90.05	09005	WOMENS CLINIC	0.000000		90.05
90.06	09006	WOUND CARE	0.000000		90.06
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/19/2021 10:05 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	17,593,403	0	17,593,403	80,977	217.26	30.00
31.00	INTENSIVE CARE UNIT	2,922,682		2,922,682	7,273	401.85	31.00
32.00	CORONARY CARE UNIT	717,140		717,140	2,813	254.94	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,124,646		1,124,646	6,925	162.40	35.00
40.00	SUBPROVIDER - IPF	4,009,571	0	4,009,571	13,654	293.66	40.00
43.00	NURSERY	691,963		691,963	5,130	134.89	43.00
200.00	Total (lines 30 through 199)	27,059,405		27,059,405	116,772		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	21,473	4,665,224				30.00
31.00	INTENSIVE CARE UNIT	3,435	1,380,355				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,527	448,419				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	26,435	6,493,998				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D Part II Date/Time Prepared: 3/19/2021 10:05 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	6,755,327	362,197,113	0.018651	48,821,195	910,564	50.00
51.00 05100 RECOVERY ROOM	1,090,932	76,904,179	0.014186	4,131,351	58,607	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,041,331	51,611,666	0.039552	14,665	580	52.00
53.00 05300 ANESTHESIOLOGY	280,052	91,410,770	0.003064	13,169,184	40,350	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,478,567	100,845,374	0.024578	13,357,567	328,302	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,771,597	130,850,826	0.021181	1,322,740	28,017	55.00
56.00 05600 RADIOISOTOPE	298,197	30,079,140	0.009914	1,964,773	19,479	56.00
57.00 05700 CT SCAN	443,133	181,940,787	0.002436	22,996,015	56,018	57.00
58.00 05800 MRI	498,645	74,978,300	0.006651	7,031,917	46,769	58.00
60.00 06000 LABORATORY	8,728,862	1,080,582,711	0.008078	55,333,731	446,986	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	462,045	17,807,362	0.025947	5,931,597	153,907	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	98,180	90,370,019	0.001086	78,381	85	64.00
65.00 06500 RESPIRATORY THERAPY	594,752	67,528,257	0.008807	20,682,373	182,150	65.00
66.00 06600 PHYSICAL THERAPY	1,418,781	75,783,024	0.018722	3,448,116	64,556	66.00
67.00 06700 OCCUPATIONAL THERAPY	162,785	11,511,787	0.014141	2,363,501	33,422	67.00
68.00 06800 SPEECH PATHOLOGY	92,735	7,973,602	0.011630	2,375,234	27,624	68.00
69.00 06900 ELECTROCARDIOLOGY	2,517,823	237,653,666	0.010595	39,568,100	419,224	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	393,247	30,455,918	0.012912	3,970,364	51,265	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,456,528	333,304,831	0.004370	64,598,823	282,297	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,735,619	222,852,584	0.007788	65,725,257	511,868	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,635,243	895,835,542	0.005174	90,794,179	469,769	73.00
74.00 07400 RENAL DIALYSIS	64,929	13,465,878	0.004822	4,966,480	23,948	74.00
75.01 07501 CARDIAC REHAB	22,024	1,867,623	0.011793	127,274	1,501	75.01
75.02 07502 SLEEP LAB	0	0	0.000000	0	0	75.02
75.03 07503 INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04 07504 PAIN MANAGEMENT	209,880	1,230,057	0.170626	0	0	75.04
76.97 07697 CARDIAC REHABILITATION	0	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						
90.00 09000 CLINIC	1,716,275	10,370,807	0.165491	474,934	78,597	90.00
90.01 09001 PATIENT TREATMENT CENTER	540,128	39,467,663	0.013685	11,683	160	90.01
90.02 09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03 09003 CANTERA	0	0	0.000000	0	0	90.03
90.04 09004 MENTAL HEALTH O/P	472,694	19,958,147	0.023684	0	0	90.04
90.05 09005 WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06 09006 WOUND CARE	101,255	0	0.000000	0	0	90.06
91.00 09100 EMERGENCY	3,255,297	206,149,939	0.015791	24,935,292	393,753	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	4,359,189	45,542,120	0.095718	0	0	92.00
200.00 Total (lines 50 through 199)	49,696,052	4,510,529,692		498,194,726	4,629,798	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/19/2021 10:05 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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	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	80,977	0.00	21,473	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	7,273	0.00	3,435	0.00	31.00	
32.00	03200	CORONARY CARE UNIT		0	2,813	0.00	0	0.00	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	6,925	0.00	0	0.00	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	13,654	0.00	1,527	0.00	40.00	
43.00	04300	NURSERY		0	5,130	0.00	0	0.00	43.00	
200.00		Total (lines 30 through 199)		0	116,772		26,435		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	
32.00	03200	CORONARY CARE UNIT	0						32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
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: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB		0	0	0	0	0	75.01
75.02	07502	SLEEP LAB		0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS		0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT		0	0	0	0	0	75.04
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									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER		0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0	0	0	0	0	90.02
90.03	09003	CANTERA		0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P		0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC		0	0	0	0	0	90.05
90.06	09006	WOUND CARE		0	0	0	0	0	90.06
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
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 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	362,197,113	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	76,904,179	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	51,611,666	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	91,410,770	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	100,845,374	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	130,850,826	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	30,079,140	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	181,940,787	0.000000	57.00
58.00	05800	MRI		0	0	0	74,978,300	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	1,080,582,711	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	17,807,362	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY		0	0	0	90,370,019	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	67,528,257	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	75,783,024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	11,511,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	7,973,602	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	237,653,666	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	30,455,918	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	333,304,831	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	222,852,584	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	895,835,542	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	13,465,878	0.000000	74.00
75.01	07501	CARDIAC REHAB		0	0	0	1,867,623	0.000000	75.01
75.02	07502	SLEEP LAB		0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS		0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT		0	0	0	1,230,057	0.000000	75.04
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									
90.00	09000	CLINIC		0	0	0	10,370,807	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER		0	0	0	39,467,663	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0	0	0	0	0.000000	90.02
90.03	09003	CANTERA		0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P		0	0	0	19,958,147	0.000000	90.04
90.05	09005	WOMENS CLINIC		0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE		0	0	0	0	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	206,149,939	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	45,542,120	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	4,510,529,692		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 14-0242
Period: From 09/01/2019 To 08/31/2020
Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 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	48,821,195	0	46,348,928	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	4,131,351	0	15,282,372	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	14,665	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	13,169,184	0	12,798,513	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,357,567	0	14,441,350	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,322,740	0	38,075,109	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	1,964,773	0	14,599,494	0	56.00	
57.00	05700 CT SCAN	0.000000	22,996,015	0	40,411,778	0	57.00	
58.00	05800 MRI	0.000000	7,031,917	0	18,824,486	0	58.00	
60.00	06000 LABORATORY	0.000000	55,333,731	0	32,161,144	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	5,931,597	0	2,975,396	0	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
64.00	06400 INTRAVENOUS THERAPY	0.000000	78,381	0	8,134,002	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	20,682,373	0	1,713,834	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	3,448,116	0	433,465	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,363,501	0	96,846	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	2,375,234	0	106,554	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	39,568,100	0	31,058,974	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,970,364	0	3,527,484	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	64,598,823	0	42,429,921	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	65,725,257	0	33,177,045	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	90,794,179	0	219,862,584	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	4,966,480	0	511,652	0	74.00	
75.01	07501 CARDIAC REHAB	0.000000	127,274	0	706,733	0	75.01	
75.02	07502 SLEEP LAB	0.000000	0	0	0	0	75.02	
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03	
75.04	07504 PAIN MANAGEMENT	0.000000	0	0	992,960	0	75.04	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	474,934	0	0	0	90.00	
90.01	09001 PATIENT TREATMENT CENTER	0.000000	11,683	0	21,111,520	0	90.01	
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02	
90.03	09003 CANTERA	0.000000	0	0	0	0	90.03	
90.04	09004 MENTAL HEALTH O/P	0.000000	0	0	540,774	0	90.04	
90.05	09005 WOMENS CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006 WOUND CARE	0.000000	0	0	0	0	90.06	
91.00	09100 EMERGENCY	0.000000	24,935,292	0	29,242,590	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	10,193,366	0	92.00	
200.00	Total (lines 50 through 199)		498,194,726	0	639,758,874	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/19/2021 10:05 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	0.124244	46,348,928	0	0	5,758,576	50.00	
51.00	05100 RECOVERY ROOM	0.151180	15,282,372	0	0	2,310,389	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.344788	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.049592	12,798,513	0	0	634,704	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160338	14,441,350	0	0	2,315,497	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139200	38,075,109	0	0	5,300,055	55.00	
56.00	05600 RADIOISOTOPE	0.111954	14,599,494	0	0	1,634,472	56.00	
57.00	05700 CT SCAN	0.024361	40,411,778	0	0	984,471	57.00	
58.00	05800 MRI	0.066761	18,824,486	0	0	1,256,742	58.00	
60.00	06000 LABORATORY	0.151130	32,161,144	0	0	4,860,514	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.390945	2,975,396	0	0	1,163,216	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
64.00	06400 INTRAVENOUS THERAPY	0.017813	8,134,002	0	0	144,891	64.00	
65.00	06500 RESPIRATORY THERAPY	0.116676	1,713,834	0	0	199,963	65.00	
66.00	06600 PHYSICAL THERAPY	0.246847	433,465	0	0	107,000	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.224365	96,846	0	0	21,729	67.00	
68.00	06800 SPEECH PATHOLOGY	0.222051	106,554	0	0	23,660	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.086365	31,058,974	0	0	2,682,408	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138264	3,527,484	0	0	487,724	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.105385	42,429,921	0	0	4,471,477	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.186860	33,177,045	0	0	6,199,463	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129710	219,862,584	82,243	126,531	28,518,376	73.00	
74.00	07400 RENAL DIALYSIS	0.130412	511,652	0	0	66,726	74.00	
75.01	07501 CARDIAC REHAB	0.290576	706,733	0	0	205,360	75.01	
75.02	07502 SLEEP LAB	0.000000	0	0	0	0	75.02	
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03	
75.04	07504 PAIN MANAGEMENT	0.938798	992,960	0	0	932,189	75.04	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.514506	0	0	23	0	90.00	
90.01	09001 PATIENT TREATMENT CENTER	0.117197	21,111,520	0	0	2,474,207	90.01	
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02	
90.03	09003 CANTERA	0.000000	0	0	0	0	90.03	
90.04	09004 MENTAL HEALTH O/P	0.248755	540,774	0	0	134,520	90.04	
90.05	09005 WOMENS CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006 WOUND CARE	0.000000	0	0	0	0	90.06	
91.00	09100 EMERGENCY	0.133781	29,242,590	0	0	3,912,103	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.703507	10,193,366	0	0	7,171,104	92.00	
200.00	Subtotal (see instructions)		639,758,874	82,243	126,554	83,971,536	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		639,758,874	82,243	126,554	83,971,536	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/19/2021 10:05 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
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
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,668	16,412		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	SLEEP LAB	0	0		75.02
75.03	07503	INPATIENT DIALYSIS	0	0		75.03
75.04	07504	PAIN MANAGEMENT	0	0		75.04
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					
90.00	09000	CLINIC	0	12		90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		90.02
90.03	09003	CANTERA	0	0		90.03
90.04	09004	MENTAL HEALTH O/P	0	0		90.04
90.05	09005	WOMENS CLINIC	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
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)	10,668	16,424		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,668	16,424		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2019
To 08/31/2020Part II
Date/Time Prepared:
3/19/2021 10:05 am

Title XVIII				Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,755,327	362,197,113	0.018651	0	0 50.00
51.00	05100 RECOVERY ROOM	1,090,932	76,904,179	0.014186	103,091	1,462 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,041,331	51,611,666	0.039552	0	0 52.00
53.00	05300 ANESTHESIOLOGY	280,052	91,410,770	0.003064	44,625	137 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,478,567	100,845,374	0.024578	47,535	1,168 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,771,597	130,850,826	0.021181	2,388	51 55.00
56.00	05600 RADIOISOTOPE	298,197	30,079,140	0.009914	19,882	197 56.00
57.00	05700 CT SCAN	443,133	181,940,787	0.002436	124,728	304 57.00
58.00	05800 MRI	498,645	74,978,300	0.006651	20,382	136 58.00
60.00	06000 LABORATORY	8,728,862	1,080,582,711	0.008078	592,353	4,785 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	462,045	17,807,362	0.025947	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
64.00	06400 INTRAVENOUS THERAPY	98,180	90,370,019	0.001086	1,578	2 64.00
65.00	06500 RESPIRATORY THERAPY	594,752	67,528,257	0.008807	73,378	646 65.00
66.00	06600 PHYSICAL THERAPY	1,418,781	75,783,024	0.018722	8,110	152 66.00
67.00	06700 OCCUPATIONAL THERAPY	162,785	11,511,787	0.014141	996	14 67.00
68.00	06800 SPEECH PATHOLOGY	92,735	7,973,602	0.011630	2,496	29 68.00
69.00	06900 ELECTROCARDIOLOGY	2,517,823	237,653,666	0.010595	68,922	730 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	393,247	30,455,918	0.012912	2,748	35 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,456,528	333,304,831	0.004370	39,630	173 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,735,619	222,852,584	0.007788	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,635,243	895,835,542	0.005174	740,426	3,831 73.00
74.00	07400 RENAL DIALYSIS	64,929	13,465,878	0.004822	0	0 74.00
75.01	07501 CARDIAC REHAB	22,024	1,867,623	0.011793	0	0 75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0 75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0 75.03
75.04	07504 PAIN MANAGEMENT	209,880	1,230,057	0.170626	2,927	499 75.04
76.97	07697 CARDIAC REHABILITATION	0	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						
90.00	09000 CLINIC	1,716,275	10,370,807	0.165491	0	0 90.00
90.01	09001 PATIENT TREATMENT CENTER	540,128	39,467,663	0.013685	320	4 90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0 90.02
90.03	09003 CANTERA	0	0	0.000000	0	0 90.03
90.04	09004 MENTAL HEALTH O/P	472,694	19,958,147	0.023684	310,682	7,358 90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0 90.05
90.06	09006 WOUND CARE	101,255	0	0.000000	0	0 90.06
91.00	09100 EMERGENCY	3,255,297	206,149,939	0.015791	446,733	7,054 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	45,542,120	0.000000	0	0 92.00
200.00	Total (lines 50 through 199)	45,336,863	4,510,529,692		2,653,930	28,767 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0242

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

Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 10:05 am

Component CCN: 14-S242

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
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
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	362,197,113	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	76,904,179	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	51,611,666	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	91,410,770	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100,845,374	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	130,850,826	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	30,079,140	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	181,940,787	0.000000	57.00
58.00	05800	MRI	0	0	0	74,978,300	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	1,080,582,711	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,807,362	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	90,370,019	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	67,528,257	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	75,783,024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,511,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,973,602	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	237,653,666	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	30,455,918	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	333,304,831	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	222,852,584	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	895,835,542	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	13,465,878	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	1,867,623	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	1,230,057	0.000000	75.04
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								
90.00	09000	CLINIC	0	0	0	10,370,807	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	39,467,663	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	19,958,147	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	0	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	206,149,939	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,542,120	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	4,510,529,692		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	103,091	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	44,625	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	47,535	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,388	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	19,882	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	124,728	0	0	0	0	57.00
58.00	05800	MRI	0.000000	20,382	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	592,353	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,578	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	73,378	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,110	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	996	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,496	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	68,922	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,748	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	39,630	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	740,426	0	0	510	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0.000000	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.000000	2,927	0	0	0	0	75.04
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									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000	320	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.000000	310,682	0	0	20,404	0	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	446,733	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)			2,653,930	0	20,914	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2019
To 08/31/2020Part V
Date/Time Prepared:
3/19/2021 10:05 am

Title XVIII

Subprovider -
IPF

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	0.124244	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.151180	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.344788	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.049592	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160338	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139200	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.111954	0	0	0	0 56.00
57.00	05700 CT SCAN	0.024361	0	0	0	0 57.00
58.00	05800 MRI	0.066761	0	0	0	0 58.00
60.00	06000 LABORATORY	0.151130	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.390945	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
64.00	06400 INTRAVENOUS THERAPY	0.017813	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.116676	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.246847	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.224365	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.222051	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.086365	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138264	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.105385	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.186860	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129710	510	0	0	66 73.00
74.00	07400 RENAL DIALYSIS	0.130412	0	0	0	0 74.00
75.01	07501 CARDIAC REHAB	0.290576	0	0	0	0 75.01
75.02	07502 SLEEP LAB	0.000000	0	0	0	0 75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	0	0 75.03
75.04	07504 PAIN MANAGEMENT	0.938798	0	0	0	0 75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.514506	0	0	0	0 90.00
90.01	09001 PATIENT TREATMENT CENTER	0.117197	0	0	0	0 90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0 90.02
90.03	09003 CANTERA	0.000000	0	0	0	0 90.03
90.04	09004 MENTAL HEALTH O/P	0.248755	20,404	0	0	5,076 90.04
90.05	09005 WOMENS CLINIC	0.000000	0	0	0	0 90.05
90.06	09006 WOUND CARE	0.000000	0	0	0	0 90.06
91.00	09100 EMERGENCY	0.133781	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.703507	0	0	0	0 92.00
200.00	Subtotal (see instructions)		20,914	0	0	5,142 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		20,914	0	0	5,142 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part V Date/Time Prepared: 3/19/2021 10:05 am		
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.01	07501	CARDIAC REHAB	0	0					75.01
75.02	07502	SLEEP LAB	0	0					75.02
75.03	07503	INPATIENT DIALYSIS	0	0					75.03
75.04	07504	PAIN MANAGEMENT	0	0					75.04
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									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0					90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0					90.02
90.03	09003	CANTERA	0	0					90.03
90.04	09004	MENTAL HEALTH O/P	0	0					90.04
90.05	09005	WOMENS CLINIC	0	0					90.05
90.06	09006	WOUND CARE	0	0					90.06
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	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/19/2021 10:05 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	17,593,403	0	17,593,403	80,977	217.26	30.00
31.00	INTENSIVE CARE UNIT	2,922,682		2,922,682	7,273	401.85	31.00
32.00	CORONARY CARE UNIT	717,140		717,140	2,813	254.94	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,124,646		1,124,646	6,925	162.40	35.00
40.00	SUBPROVIDER - IPF	4,009,571	0	4,009,571	13,654	293.66	40.00
43.00	NURSERY	691,963		691,963	5,130	134.89	43.00
200.00	Total (lines 30 through 199)	27,059,405		27,059,405	116,772		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,370	949,426				
31.00	INTENSIVE CARE UNIT	52	20,896				
32.00	CORONARY CARE UNIT	47	11,982				
35.00	NEONATAL INTENSIVE CARE UNIT	858	139,339				
40.00	SUBPROVIDER - IPF	599	175,902				
43.00	NURSERY	527	71,087				
200.00	Total (lines 30 through 199)	6,453	1,368,632				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/19/2021 10:05 am

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)	Cost
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,755,327	362,197,113	0.018651	0	0	50.00
51.00	05100 RECOVERY ROOM	1,090,932	76,904,179	0.014186	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,041,331	51,611,666	0.039552	0	0	52.00
53.00	05300 ANESTHESIOLOGY	280,052	91,410,770	0.003064	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,478,567	100,845,374	0.024578	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,771,597	130,850,826	0.021181	0	0	55.00
56.00	05600 RADIOISOTOPE	298,197	30,079,140	0.009914	0	0	56.00
57.00	05700 CT SCAN	443,133	181,940,787	0.002436	0	0	57.00
58.00	05800 MRI	498,645	74,978,300	0.006651	0	0	58.00
60.00	06000 LABORATORY	8,728,862	1,080,582,711	0.008078	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	462,045	17,807,362	0.025947	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	98,180	90,370,019	0.001086	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	594,752	67,528,257	0.008807	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,418,781	75,783,024	0.018722	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	162,785	11,511,787	0.014141	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	92,735	7,973,602	0.011630	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,517,823	237,653,666	0.010595	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	393,247	30,455,918	0.012912	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,456,528	333,304,831	0.004370	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,735,619	222,852,584	0.007788	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,635,243	895,835,542	0.005174	0	0	73.00
74.00	07400 RENAL DIALYSIS	64,929	13,465,878	0.004822	0	0	74.00
75.01	07501 CARDIAC REHAB	22,024	1,867,623	0.011793	0	0	75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	209,880	1,230,057	0.170626	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0	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							
90.00	09000 CLINIC	1,716,275	10,370,807	0.165491	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	540,128	39,467,663	0.013685	0	0	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003 CANTERA	0	0	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	472,694	19,958,147	0.023684	0	0	90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 WOUND CARE	101,255	0	0.000000	0	0	90.06
91.00	09100 EMERGENCY	3,255,297	206,149,939	0.015791	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,359,189	45,542,120	0.095718	0	0	92.00
200.00	Total (lines 50 through 199)	49,696,052	4,510,529,692		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/19/2021 10:05 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	80,977	0.00	4,370	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	7,273	0.00	52	31.00			
32.00	03200	CORONARY CARE UNIT		0	2,813	0.00	47	32.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	6,925	0.00	858	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	13,654	0.00	599	40.00			
43.00	04300	NURSERY		0	5,130	0.00	527	43.00			
200.00		Total (lines 30 through 199)		0	116,772		6,453	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			
32.00	03200	CORONARY CARE UNIT	0					32.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00			
40.00	04000	SUBPROVIDER - IPF	0					40.00			
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: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 am
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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
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
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	75.04
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							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	90.06
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: 14-0242		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 10:05 am	
				Title XIX		Hospital		Cost	
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	0	362,197,113	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	76,904,179	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	51,611,666	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	91,410,770	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	100,845,374	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	130,850,826	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	30,079,140	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	181,940,787	0.000000	57.00
58.00	05800	MRI	0	0	0	0	74,978,300	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	0	1,080,582,711	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	17,807,362	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	90,370,019	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	67,528,257	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	75,783,024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	11,511,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,973,602	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	237,653,666	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	30,455,918	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	333,304,831	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	222,852,584	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	895,835,542	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	13,465,878	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	1,867,623	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	1,230,057	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	10,370,807	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	39,467,663	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	19,958,147	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	0	206,149,939	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	45,542,120	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	4,510,529,692		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 10:05 am

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	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.01	07501 CARDIAC REHAB	0.000000	0	0	0	0	75.01
75.02	07502 SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504 PAIN MANAGEMENT	0.000000	0	0	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	0.000000	0	0	0	0	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003 CANTERA	0.000000	0	0	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	0.000000	0	0	0	0	90.04
90.05	09005 WOMENS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 10:05 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)			80,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			80,977	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)			60,913	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)			21,473	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)			129,308,462	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)			129,308,462	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)			129,308,462	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,596.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			34,289,160	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)			34,289,160	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:

3/19/2021 10:05 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	25,615,354	7,273	3,521.98	3,435	12,098,001
44.00	CORONARY CARE UNIT	6,878,150	2,813	2,445.13	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	13,589,341	6,925	1,962.36	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					65,030,150
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					111,417,311
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,045,579
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,629,798
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,675,377
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					100,741,934
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)					20,064
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,596.85
89.00	Observation bed cost (line 87 x line 88) (see instructions)					32,039,198

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 10:05 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	17,593,403	129,308,462	0.136058	32,039,198	4,359,189	90.00
91.00 Nursing School cost	0	129,308,462	0.000000	32,039,198	0	91.00
92.00 Allied health cost	0	129,308,462	0.000000	32,039,198	0	92.00
93.00 All other Medical Education	0	129,308,462	0.000000	32,039,198	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 10:05 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,654	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,654	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)		13,654	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)		1,527	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)		20,193,526	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)		20,193,526	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)		20,193,526	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,478.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,258,357	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)		2,258,357	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1	
				Component CCN: 14-S242		Date/Time Prepared: 3/19/2021 10:05 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0
44.00	CORONARY CARE UNIT		0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	NEONATAL INTENSIVE CARE UNIT		0	0	0.00	0	0
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						379,892
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,638,249
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						448,419
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						28,767
52.00	Total Program excludable cost (sum of lines 50 and 51)						477,186
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,161,063
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)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						70.00
72.00	Program routine service cost (line 9 x line 71)						71.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						72.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						73.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						74.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						75.00
77.00	Program capital-related costs (line 9 x line 76)						76.00
78.00	Inpatient routine service cost (line 74 minus line 77)						77.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						78.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						79.00
81.00	Inpatient routine service cost per diem limitation						80.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						81.00
83.00	Reasonable inpatient routine service costs (see instructions)						82.00
84.00	Program inpatient ancillary services (see instructions)						83.00
85.00	Utilization review - physician compensation (see instructions)						84.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						85.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						87.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2019 To 08/31/2020		Worksheet D-1 Date/Time Prepared: 3/19/2021 10:05 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	4,009,571	20,193,526	0.198557	0	0	90.00		
91.00	Nursing School cost	0	20,193,526	0.000000	0	0	91.00		
92.00	Allied health cost	0	20,193,526	0.000000	0	0	92.00		
93.00	All other Medical Education	0	20,193,526	0.000000	0	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 10:05 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)		80,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		80,977	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)		60,913	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)		4,370	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)		5,130	15.00
16.00	Nursery days (title V or XIX only)		527	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)		129,308,462	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)		129,308,462	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)		129,308,462	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,596.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,978,235	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)		6,978,235	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:

3/19/2021 10:05 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)	4,767,362	5,130	929.31	527	489,746	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	25,615,354	7,273	3,521.98	52	183,143	43.00
44.00	CORONARY CARE UNIT	6,878,150	2,813	2,445.13	47	114,921	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	13,589,341	6,925	1,962.36	858	1,683,705	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)					9,449,750	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)					20,064	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,596.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					32,039,198	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 10:05 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	17,593,403	129,308,462	0.136058	32,039,198	4,359,189	90.00
91.00	Nursing School cost	0	129,308,462	0.000000	32,039,198	0	91.00
92.00	Allied health cost	0	129,308,462	0.000000	32,039,198	0	92.00
93.00	All other Medical Education	0	129,308,462	0.000000	32,039,198	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 10:05 am
		Title XIX	Subprovider - IPF	Cost
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)			13,654 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,654 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)			13,654 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)			599 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)			5,130 15.00
16.00	Nursery days (title V or XIX only)			527 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)			19,915,182 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)			19,915,182 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)			19,915,182 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,458.56 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			873,677 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)			873,677 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1	
				Component CCN: 14-S242		Date/Time Prepared: 3/19/2021 10:05 am	
				Title XIX		Subprovider - IPF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					873,677	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2019 To 08/31/2020		Worksheet D-1 Date/Time Prepared: 3/19/2021 10:05 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,009,571	19,915,182	0.201332	0	0	90.00
91.00	Nursing School cost	0	19,915,182	0.000000	0	0	91.00
92.00	Allied health cost	0	19,915,182	0.000000	0	0	92.00
93.00	All other Medical Education	0	19,915,182	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 10:05 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		91,846,995	30.00
31.00	03100	INTENSIVE CARE UNIT		22,225,685	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124244	48,821,195	50.00
51.00	05100	RECOVERY ROOM	0.151180	4,131,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.344788	14,665	52.00
53.00	05300	ANESTHESIOLOGY	0.049592	13,169,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160338	13,357,567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139200	1,322,740	55.00
56.00	05600	RADIOISOTOPE	0.111954	1,964,773	56.00
57.00	05700	CT SCAN	0.024361	22,996,015	57.00
58.00	05800	MRI	0.066761	7,031,917	58.00
60.00	06000	LABORATORY	0.151130	55,333,731	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.390945	5,931,597	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.017813	78,381	64.00
65.00	06500	RESPIRATORY THERAPY	0.116676	20,682,373	65.00
66.00	06600	PHYSICAL THERAPY	0.246847	3,448,116	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.224365	2,363,501	67.00
68.00	06800	SPEECH PATHOLOGY	0.222051	2,375,234	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086365	39,568,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138413	3,970,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.105385	64,598,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.186860	65,725,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129710	90,794,179	73.00
74.00	07400	RENAL DIALYSIS	0.130412	4,966,480	74.00
75.01	07501	CARDIAC REHAB	0.290576	127,274	75.01
75.02	07502	SLEEP LAB	0.000000	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	75.03
75.04	07504	PAIN MANAGEMENT	0.938798	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	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					
90.00	09000	CLINIC	0.514506	474,934	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.117481	11,683	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	90.02
90.03	09003	CANTERA	0.000000	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.249414	0	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	90.05
90.06	09006	WOUND CARE	0.000000	0	90.06
91.00	09100	EMERGENCY	0.133865	24,935,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.703507	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		498,194,726	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)		498,194,726	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 10:05 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		6,419,244		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.124244	0	0	50.00
51.00	05100 RECOVERY ROOM	0.151180	103,091	15,585	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.344788	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049592	44,625	2,213	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160338	47,535	7,622	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139200	2,388	332	55.00
56.00	05600 RADIOISOTOPE	0.111954	19,882	2,226	56.00
57.00	05700 CT SCAN	0.024361	124,728	3,038	57.00
58.00	05800 MRI	0.066761	20,382	1,361	58.00
60.00	06000 LABORATORY	0.151130	592,353	89,522	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.390945	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.017813	1,578	28	64.00
65.00	06500 RESPIRATORY THERAPY	0.116676	73,378	8,561	65.00
66.00	06600 PHYSICAL THERAPY	0.246847	8,110	2,002	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.224365	996	223	67.00
68.00	06800 SPEECH PATHOLOGY	0.222051	2,496	554	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086365	68,922	5,952	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138413	2,748	380	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.105385	39,630	4,176	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.186860	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129710	740,426	96,041	73.00
74.00	07400 RENAL DIALYSIS	0.130412	0	0	74.00
75.01	07501 CARDIAC REHAB	0.290576	0	0	75.01
75.02	07502 SLEEP LAB	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	0.938798	2,927	2,748	75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.514506	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	0.117481	320	38	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	90.02
90.03	09003 CANTERA	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	0.249414	310,682	77,488	90.04
90.05	09005 WOMENS CLINIC	0.000000	0	0	90.05
90.06	09006 WOUND CARE	0.000000	0	0	90.06
91.00	09100 EMERGENCY	0.133865	446,733	59,802	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.703507	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,653,930	379,892	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,653,930		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A
Date/Time Prepared:
3/19/2021 10:05 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)			5,372,226	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			59,094,485	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)			488,005	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			5,368,060	2.04
3.00	Managed Care Simulated Payments			19,111,434	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			291.30	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			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	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)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)			18.41	31.00
32.00	Sum of lines 30 and 31			20.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.78	33.00
34.00	Disproportionate share adjustment (see instructions)			931,544	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 10:05 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)	8,978,949	11,092,996	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	737,998	10,183,736	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	10,921,734		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 an 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	82,176,054		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)		82,176,054	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,150,316	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		198,533	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 intructions)		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)		88,524,903	59.00
60.00	Primary payer payments		34,460	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		88,490,443	61.00
62.00	Deductibles billed to program beneficiaries		5,761,140	62.00
63.00	Coinsurance billed to program beneficiaries		163,636	63.00
64.00	Allowable bad debts (see instructions)		721,242	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		468,807	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468,323	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		83,034,474	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
70.01	OTHER ADJUSTMENT PER PS&R		0	70.01
70.02	SEQUESTRATION ADJUSTMENT		0	70.02
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		399,612	70.93
70.94	HRR adjustment amount (see instructions)		-2,218	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 10:05 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)		83,431,868	71.00	
71.01	Sequestration adjustment (see instructions)		1,109,644	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		81,139,852	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,182,372	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,126,896	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)		4,028,618	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		762,245	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/19/2021 10:05 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,092	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		83,971,536	2.00
3.00	OPPS payments		64,964,928	3.00
4.00	Outlier payment (see instructions)		796,578	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,092	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		208,797	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)		208,797	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)		208,797	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		181,705	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)		27,092	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)		65,761,506	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)		10,890,161	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)		54,898,437	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		54,898,437	30.00
31.00	Primary payer payments		906	31.00
32.00	Subtotal (line 30 minus line 31)		54,897,531	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)		1,026,925	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		667,501	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		543,485	36.00
37.00	Subtotal (see instructions)		55,565,032	37.00
38.00	MSP-LCC reconciliation amount from PS&R		77	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)		55,564,955	40.00
40.01	Sequestration adjustment (see instructions)		739,014	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		54,707,319	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)		118,622	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)		871,221	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/19/2021 10:05 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,142	2.00
3.00	OPPS payments		4,790	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		4,790	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,013	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)		3,777	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,777	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,777	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		3,777	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		3,777	40.00
40.01	Sequestration adjustment (see instructions)		50	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		3,753	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)		-26	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)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/19/2021 10:05 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		81,273,662		54,961,334	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	07/22/2020	133,810	07/22/2020	254,015	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)		-133,810		-254,015	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)		81,139,852		54,707,319	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		1,182,372		118,622	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		82,322,224		54,825,941	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:

Worksheet E-1

Component CCN: 14-S242

From 09/01/2019
To 08/31/2020Part I
Date/Time Prepared:
3/19/2021 10:05 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,489,205		3,753	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)		0		0	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)		1,489,205		3,753	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		46,105		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		26	6.02
7.00	Total Medicare program liability (see instructions)		1,535,310		3,727	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part II Date/Time Prepared: 3/19/2021 10:05 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,453,928 1.00
2.00	Net IPF PPS Outlier Payments			218,011 2.00
3.00	Net IPF PPS ECT Payments			22,670 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			37.306011 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,694,609 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,694,609 16.00
17.00	Primary payer payments			2,782 17.00
18.00	Subtotal (line 16 less line 17).			1,691,827 18.00
19.00	Deductibles			137,368 19.00
20.00	Subtotal (line 18 minus line 19)			1,554,459 20.00
21.00	Coinsurance			44,572 21.00
22.00	Subtotal (line 20 minus line 21)			1,509,887 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			70,950 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			46,118 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			49,084 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,556,005 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,556,005 31.00
31.01	Sequestration adjustment (see instructions)			20,695 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,489,205 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			46,105 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			218,011 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
3/19/2021 10:05 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		9,449,750		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)		9,449,750	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)		9,449,750	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)		9,449,750	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)		9,449,750	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 3/19/2021 10:05 am	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 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		873,677		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)		873,677	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)		873,677	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)		873,677	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	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		873,677	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	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	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

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

Provider CCN: 14-0242

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

Worksheet G

Date/Time Prepared:
3/19/2021 10:05 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	1,069,166,674	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	77,967,883	0	0	0	4.00
5.00 Other receivable	20,954,869	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	14,010,908	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	41,305,049	0	0	0	9.00
10.00 Due from other funds	-37,447,686	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	1,185,957,697	0	0	0	11.00
FIXED ASSETS					
12.00 Land	34,433,262	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	606,402,968	0	0	0	15.00
16.00 Accumulated depreciation	-147,636,891	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	162,279,912	0	0	0	19.00
20.00 Accumulated depreciation	-103,563,164	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)	551,916,087	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	306,361,040	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	68,981,522	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	375,342,562	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	2,113,216,346	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	17,322,734	0	0	0	37.00
38.00 Salaries, wages, and fees payable	26,573,137	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	450,000	0	0	0	43.00
44.00 Other current liabilities	332,219,421	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	376,565,292	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	155,576	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	155,576	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	376,720,868	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,736,495,478				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)	1,736,495,478	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	2,113,216,346	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0242

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

Worksheet G-1

Date/Time Prepared:
3/19/2021 10:05 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		1,489,904,653		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		234,264,071				2.00
3.00	Total (sum of line 1 and line 2)		1,724,168,724		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSETS RELEASED	12,326,754		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)		12,326,754		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,736,495,478		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET EQUITY TRANSFERS	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)		1,736,495,478		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	NET ASSETS RELEASED		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	NET EQUITY TRANSFERS		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: 14-0242

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/19/2021 10:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	299,907,359		299,907,359	1.00
2.00	SUBPROVIDER - IPF	43,393,860		43,393,860	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)	343,301,219		343,301,219	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	73,723,574		73,723,574	11.00
12.00	CORONARY CARE UNIT	22,772,387		22,772,387	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	54,722,231		54,722,231	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	151,218,192		151,218,192	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	494,519,411		494,519,411	17.00
18.00	Ancillary services	0		0	18.00
19.00	Outpatient services	1,309,863,326	3,152,109,179	4,461,972,505	19.00
20.00	RURAL HEALTH CLINIC	0		0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,804,382,737	3,152,109,179	4,956,491,916	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		909,122,062		29.00
30.00	BAD DEBTS	21,865,353			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)		21,865,353		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)		930,987,415		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0242

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

Worksheet G-3

Date/Time Prepared:
3/19/2021 10:05 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,956,491,916	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,885,533,821	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,070,958,095	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	930,987,415	4.00
5.00	Net income from service to patients (line 3 minus line 4)	139,970,680	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAINING PROGRAM	48,844	24.00
24.01	WORKSHOPS CONFERENCES ETC	330	24.01
24.02	NON-GOVT GRANT REVENUE	1,275,787	24.02
24.03	FEDERAL GRANT REVENUE	213,066	24.03
24.04	STATE GRANT REVENUE	0	24.04
24.05	NET ASSETS REL FR RESTR - OP	1,508,800	24.05
24.06	DIETARY GUEST TRAYS	-1,963	24.06
24.07	FEINBERG CAFETERIA REVENUE	0	24.07
24.08	CDH CAFETERIA REVENUE	2,222,712	24.08
24.09	BUILDING RENT NON NMFF/NU	5,711,777	24.09
24.10	INTERCOMPANY RENT INCOME	15,519,845	24.10
24.11	IC CORP REVENUE	1,097,448	24.11
24.12	CORPORATE BILLING ADJUSTMENT	1,004,413	24.12
24.13	SHARED SERVICES INCOME EL004	82,388	24.13
24.15	INSTYMEDS REVENUE	0	24.15
24.16	OTHER SERVICE REVENUE	482,474	24.16
24.18	RECOVERY LIVING REVENUE	3,060	24.18
24.19	NON-PATIENT MEDICAL SUPPLIES	12,406	24.19
24.20	GIFT SHOP SALES - BED TOWER	244,671	24.20
24.21	GIFT SHOP SALES - MOTHER/BABY	38,278	24.21
24.22	AUXILIARY - BABY PHOTOS	2,400	24.22
24.23	GIFT SHOP SALES	0	24.23
24.25	COST OF CONSIGNMENT SALE	0	24.25
24.26	NEWSPAPER	0	24.26
24.27	OTHER OPERATING INCOME	10,836,410	24.27
24.50	COVID-19 PHE Funding	59,021,604	24.50
25.00	Total other income (sum of lines 6-24)	99,324,750	25.00
26.00	Total (line 5 plus line 25)	239,295,430	26.00
27.00	NON OPERATING	5,031,359	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,031,359	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	234,264,071	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0242	Period: From 09/01/2019 To 08/31/2020	Worksheet L Parts I-III Date/Time Prepared: 3/19/2021 10:05 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,114,372	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		824,209	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)		215.40	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.41	8.00
9.00	Sum of lines 7 and 8		20.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.14	10.00
11.00	Disproportionate share adjustment (see instructions)		211,735	11.00
12.00	Total prospective capital payments (see instructions)		6,150,316	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