

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: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/25/2021 12:24 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/25/2021	Time: 12:24 pm
	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 NORTHWESTERN MEMORIAL HOSPITAL (14-0281) 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	1,570,808	-245,831	0	0	1.00
2.00	Subprovider - IPF	0	2,873	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,573,681	-245,831	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: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/25/2021 12:24 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 251E HURON			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60611		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		NORTHWESTERN MEMORIAL HOSPITAL		140281	16974	1	09/01/1972	N	P	O
4.00	Subprovider - IPF		NORTHWESTERN MEMORIAL PSYCH UNIT		14S281	16974	4	09/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							09/01/2019	08/31/2020	20.00	
21.00	Type of Control (see instructions)							2		21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			12,222	5,981	0	111	34,803	0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03		
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.04		
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.05		
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.06		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	Y					63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		13.16	319.21	0.039594	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	21.55	115.30	0.157472	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)		40.00	453.39	0.081072	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	16.00	92.10	0.148011	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/25/2021 12:24 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	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.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	4,773,678	48,860,687	-1,026,116		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				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.	07/01/1973				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.	09/29/2006				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.	02/02/1996				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.	12/29/2015				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.	07/01/1999				130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/25/2021 12:24 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0640		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS - INC		Contractor's Number: 06101		141.00	
142.00	Street: 251 E HURON ST	PO Box: PO BOX 6474 INDIANAPOLIS IN 46206				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		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/25/2021 12:24 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/25/2021 12:24 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/30/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/20/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JOHN	VANDER LAAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312 926 6618	JVANDERL@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMB	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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	673	247,375	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)		673	247,375	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	115	42,090	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	86	31,476	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		874	320,941	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	29	10,614		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	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		903			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		32	11,712			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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	56,312	13,138	201,721			1.00
2.00	HMO and other (see instructions)	22,378	34,812				2.00
3.00	HMO IPF Subprovider	437	1,335				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)	56,312	13,138	201,721			7.00
8.00	INTENSIVE CARE UNIT	11,966	723	27,022			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	772	19,497			12.00
13.00	NURSERY		3,065	23,342			13.00
14.00	Total (see instructions)	68,278	17,698	271,582	598.62	5,757.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,832	218	9,227	2.78	37.90	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	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			16			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				601.40	5,795.10	27.00
28.00	Observation Bed Days		0	13,879			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	607	3,780			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			397			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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	10,437	3,111	41,891	1.00
2.00 HMO and other (see instructions)			2,943	6,304		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	10,437	3,111	41,891	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	100	15	765	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	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	515,809,229	1,352,619	517,161,848	13,385,876.00	38.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		9,191,940	0	9,191,940	54,038.00	170.10
4.01	Physicians - Part A - Teaching		2,640,842	0	2,640,842	20,507.00	128.78
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	33,541,253	2,315,159	35,856,412	1,270,880.00	28.21
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,119,074	6,833,285	13,952,359	361,271.00	38.62
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		14,881,905	0	14,881,905	182,410.00	81.58
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		121,372,177	0	121,372,177	3,487,457.00	34.80
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		121,032,663	0	121,032,663		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,183,997	0	2,183,997		
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		1,572,024	0	1,572,024		
22.01	Physician Part A - Teaching		642,751	0	642,751		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		7,044,974	0	7,044,974		
25.50	Home office wage-related (core)		13,131,783	0	13,131,783		
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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	6,075,892	-5,561,785	514,107	8,466.00	60.73	26.00
27.00	Administrative & General	5.00	55,679,311	-28,050,336	27,628,975	565,068.00	48.89	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,791,984	62,685	1,854,669	48,299.00	38.40	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	16,845,170	411,125	17,256,295	751,919.00	22.95	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	7,960,139	-3,542,353	4,417,786	177,138.00	24.94	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	3,751,926	3,751,926	144,931.00	25.89	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	11,116,401	794,880	11,911,281	211,768.00	56.25	38.00
39.00	Central Services and Supply	14.00	8,189,423	257,146	8,446,569	304,559.00	27.73	39.00
40.00	Pharmacy	15.00	27,331,781	-874,775	26,457,006	555,512.00	47.63	40.00
41.00	Medical Records & Medical Records Library	16.00	602,866	18,884	621,750	27,170.00	22.88	41.00
42.00	Social Service	17.00	3,618,814	87,511	3,706,325	114,457.00	32.38	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part III
Date/Time Prepared:
3/25/2021 12:24 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	479,627,134	-962,540	478,664,594	12,094,489.00	39.58	1.00
2.00	Excluded area salaries (see instructions)	7,119,074	6,833,285	13,952,359	361,271.00	38.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	472,508,060	-7,795,825	464,712,235	11,733,218.00	39.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	136,254,082	0	136,254,082	3,669,867.00	37.13	4.00
5.00	Subtotal wage-related costs (see inst.)	135,736,470	0	135,736,470	0.00	29.21	5.00
6.00	Total (sum of lines 3 thru 5)	744,498,612	-7,795,825	736,702,787	15,403,085.00	47.83	6.00
7.00	Total overhead cost (see instructions)	139,211,781	-32,645,092	106,566,689	2,909,287.00	36.63	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/25/2021 12:24 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	27,636,560	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)	35,570,497	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	15,526,936	9.00
10.00	Dental, Hearing and Vision Plan	1,051,326	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	3,121,926	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,466,509	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	33,522,677	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	494,736	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	783,829	22.00
23.00	Tuition Reimbursement	1,857,669	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	121,032,665	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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part V
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	14,881,905	121,032,665	1.00
2.00	Hospital	14,881,905	121,032,665	2.00
3.00	Subprovider - IPF	0	0	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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-5

Date/Time Prepared:
3/25/2021 12:24 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-5

Date/Time Prepared:
3/25/2021 12:24 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet S-10 Date/Time Prepared: 3/25/2021 12:24 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.193347 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	143,669,847		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	26,821,162		5.00
6.00	Medicaid charges	890,912,968		6.00
7.00	Medicaid cost (line 1 times line 6)	172,255,350		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)	1,764,341		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	477,372		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)	1,764,341		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)	148,114,497	9,576,113	157,690,610 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	28,637,494	9,576,113	38,213,607 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	28,637,494	9,576,113	38,213,607 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	45,989,866		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	3,212,913		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,942,942		27.01
28.00	Non-Medicare bad debt expense (see instructions)	41,046,924		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	9,666,329		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	47,879,936		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	49,644,277		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		63,330,161	63,330,161	0	63,330,161
2.00	00200	CAP REL COSTS-MVBLE EQUIP		27,015,752	27,015,752	0	27,015,752
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,075,892	3,034,232	9,110,124	86,601,776	95,711,900
5.00	00500	ADMINISTRATIVE & GENERAL	55,679,311	766,103,897	821,783,208	-74,611,069	747,172,139
7.00	00700	OPERATION OF PLANT	1,791,984	96,853,372	98,645,356	-35,597,661	63,047,695
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,482,441	4,482,441
9.00	00900	HOUSEKEEPING	16,845,170	9,654,672	26,499,842	-7,284,835	19,215,007
10.00	01000	DIETARY	7,960,139	8,783,084	16,743,223	-10,169,208	6,574,015
11.00	01100	CAFETERIA	0	0	0	8,082,881	8,082,881
13.00	01300	NURSING ADMINISTRATION	11,116,401	4,797,373	15,913,774	-238,450	15,675,324
14.00	01400	CENTRAL SERVICES & SUPPLY	8,189,423	14,378,314	22,567,737	-1,910,965	20,656,772
15.00	01500	PHARMACY	27,331,781	291,635,049	318,966,830	-102,803,691	216,163,139
16.00	01600	MEDICAL RECORDS & LIBRARY	602,866	289,490	892,356	-183,320	709,036
17.00	01700	SOCIAL SERVICE	3,618,814	1,503,485	5,122,299	-731,920	4,390,379
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	33,541,253	278,907	33,820,160	9,298,009	43,118,169
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	487,085	5,008,502	5,495,587	2,296,554	7,792,141
23.00	02300	PARAMED ED PRGM- (PHARMACY)	0	0	0	1,287,870	1,287,870
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	0	0	0	289,501	289,501
23.02	02302	PARAMED ED PRGM- (NM SCHL)	0	0	0	397,075	397,075
23.03	02303	PARAMED ED PRGM- (RAD THER)	0	0	0	379,083	379,083
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	0	0	0	424,269	424,269
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	0	0	0	387,570	387,570
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	104,853,907	56,800,637	161,654,544	174,958	161,829,502
31.00	03100	INTENSIVE CARE UNIT	30,745,685	16,896,369	47,642,054	-3,981,829	43,660,225
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,002,791	4,099,047	17,101,838	-1,525,566	15,576,272
40.00	04000	SUBPROVIDER - IPF	3,757,197	1,032,761	4,789,958	-595,648	4,194,310
43.00	04300	NURSERY	0	0	0	5,064,250	5,064,250
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,922,630	111,130,129	141,052,759	-74,468,471	66,584,288
51.00	05100	RECOVERY ROOM	6,351,224	1,930,666	8,281,890	-661,543	7,620,347
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,185,424	7,178,194	23,363,618	-2,483,212	20,880,406
53.00	05300	ANESTHESIOLOGY	3,624,263	4,442,472	8,066,735	-2,635,093	5,431,642
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,375,664	22,972,061	44,347,725	-11,023,370	33,324,355
55.00	05500	RADIOLOGY-THERAPEUTIC	7,784,282	4,659,966	12,444,248	-925,243	11,519,005
56.00	05600	RADIOISOTOPE	2,430,709	12,167,600	14,598,309	-477,344	14,120,965
57.00	05700	CT SCAN	5,542,929	4,233,017	9,775,946	-702,475	9,073,471
58.00	05800	MRI	8,390,450	6,021,968	14,412,418	-1,066,509	13,345,909
59.00	05900	CARDIAC CATHETERIZATION	1,815,395	15,117,553	16,932,948	-13,453,909	3,479,039
59.01	03650	VASCULAR LAB	917,302	279,573	1,196,875	-125,698	1,071,177
59.02	03140	CARDIOLOGY	4,265,031	3,528,153	7,793,184	-612,789	7,180,395
59.03	03560	PULMONARY FUNCTION TESTING	227,290	458,369	685,659	748	686,407
59.04	03290	ELECTROMYOGRAPHY	1,169,206	11,816,264	12,985,470	-11,982,114	1,003,356
59.05	03340	GASTRO INTESTINAL SERVICES	4,485,004	7,127,860	11,612,864	-1,610,610	10,002,254
60.00	06000	LABORATORY	24,015,201	52,631,291	76,646,492	-4,233,270	72,413,222
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,816,172	10,816,172	0	10,816,172
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,129,568	4,375,727	7,505,295	-453,683	7,051,612
65.00	06500	RESPIRATORY THERAPY	9,113,214	7,315,308	16,428,522	-2,556,409	13,872,113
66.00	06600	PHYSICAL THERAPY	2,891,026	2,156,782	5,047,808	-466,227	4,581,581
67.00	06700	OCCUPATIONAL THERAPY	1,853,491	524,461	2,377,952	-333,135	2,044,817
70.00	07000	ELECTROENCEPHALOGRAPHY	3,076,436	2,128,640	5,205,076	-270,045	4,935,031
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	37,694,617	37,694,617
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,260,420	64,260,420
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	97,628,224	97,628,224
74.00	07400	RENAL DIALYSIS	0	0	0	4,247,814	4,247,814
76.97	07697	CARDIAC REHABILITATION	305,354	237,977	543,331	-32,552	510,779
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,928,116	4,655,901	11,584,017	345,262	11,929,279
90.01	09001	PSYCH CLINIC	1,237,329	1,995,204	3,232,533	-20,815	3,211,718
90.02	09002	TRANSPLANT CLINIC	735,175	322,796	1,057,971	3,564,079	4,622,050
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	518,601	518,601
91.00	09100	EMERGENCY	15,813,016	7,783,288	23,596,304	-2,041,406	21,554,898
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,262,924	1,477,403	4,740,327	-530,196	4,210,131
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,187,616	7,380,153	8,567,769	754,761	9,322,530	105.00
106.00	10600	HEART ACQUISITION	462,700	2,589,213	3,051,913	675,993	3,727,906	106.00
107.00	10700	LIVER ACQUISITION	658,625	5,296,307	5,954,932	396,330	6,351,262	107.00
108.00	10800	LUNG ACQUISITION	960,016	3,472,957	4,432,973	-809,333	3,623,640	108.00
109.00	10900	PANCREAS ACQUISITION	0	906,446	906,446	139,604	1,046,050	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	515,716,309	1,700,624,975	2,216,341,284	-44,216,923	2,172,124,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,232	95,015	124,247	-73,450	50,797	190.00
191.00	19100	RESEARCH	0	0	0	1,883,076	1,883,076	191.00
191.01	19101	SPONSERED PROJECT	285	51	336	4,758,583	4,758,919	191.01
194.00	07950	REAL ESTATE	63,403	15,226,034	15,289,437	37,648,714	52,938,151	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	349,400	349,400	0	349,400	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	515,809,229	1,716,295,475	2,232,104,704	0	2,232,104,704	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,468,427	64,798,588	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,783,445	30,799,197	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,268,292	88,443,608	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-347,427,469	399,744,670	5.00
7.00	00700	OPERATION OF PLANT	-19,002,841	44,044,854	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,482,441	8.00
9.00	00900	HOUSEKEEPING	-2,170,192	17,044,815	9.00
10.00	01000	DIETARY	-884,339	5,689,676	10.00
11.00	01100	CAFETERIA	0	8,082,881	11.00
13.00	01300	NURSING ADMINISTRATION	-196,774	15,478,550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116	20,656,888	14.00
15.00	01500	PHARMACY	-203,479,912	12,683,227	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	709,036	16.00
17.00	01700	SOCIAL SERVICE	6,876	4,397,255	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	43,118,169	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,368,349	6,423,792	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	1,287,870	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	-5,730	283,771	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	-137,870	259,205	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	-137,870	241,213	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	-137,870	286,399	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	-137,870	249,700	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,675,605	160,153,897	30.00
31.00	03100	INTENSIVE CARE UNIT	-539,858	43,120,367	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-25,604	15,550,668	35.00
40.00	04000	SUBPROVIDER - IPF	-4,563	4,189,747	40.00
43.00	04300	NURSERY	0	5,064,250	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,845,041	63,739,247	50.00
51.00	05100	RECOVERY ROOM	-71,820	7,548,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-49,472	20,830,934	52.00
53.00	05300	ANESTHESIOLOGY	-248,990	5,182,652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,356,820	31,967,535	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-91,691	11,427,314	55.00
56.00	05600	RADIOISOTOPE	-1,309,807	12,811,158	56.00
57.00	05700	CT SCAN	-742,348	8,331,123	57.00
58.00	05800	MRI	-216,907	13,129,002	58.00
59.00	05900	CARDIAC CATHETERIZATION	-532,239	2,946,800	59.00
59.01	03650	VASCULAR LAB	-17,292	1,053,885	59.01
59.02	03140	CARDIOLOGY	-873,317	6,307,078	59.02
59.03	03560	PULMONARY FUNCTION TESTING	-21,060	665,347	59.03
59.04	03290	ELECTROMYOGRAPHY	-63,479	939,877	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	-161,783	9,840,471	59.05
60.00	06000	LABORATORY	-6,510,839	65,902,383	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-123,168	10,693,004	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-83,631	6,967,981	63.00
65.00	06500	RESPIRATORY THERAPY	-128,755	13,743,358	65.00
66.00	06600	PHYSICAL THERAPY	-60,780	4,520,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	-76,520	1,968,297	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-364,701	4,570,330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,694,617	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,260,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	97,628,224	73.00
74.00	07400	RENAL DIALYSIS	-3,294	4,244,520	74.00
76.97	07697	CARDIAC REHABILITATION	-91,144	419,635	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-82,731	11,846,548	90.00
90.01	09001	PSYCH CLINIC	-410,609	2,801,109	90.01
90.02	09002	TRANSPLANT CLINIC	-396,273	4,225,777	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	518,601	90.03
91.00	09100	EMERGENCY	-444,417	21,110,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-978	4,209,153	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-252	9,322,278	105.00
106.00	10600	HEART ACQUISITION	0	3,727,906	106.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
107.00	10700	LIVER ACQUISITION	-379,453	5,971,809	107.00
108.00	10800	LUNG ACQUISITION	-26,696	3,596,944	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,046,050	109.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-597,128,451	1,574,995,910	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,797	190.00
191.00	19100	RESEARCH	0	1,883,076	191.00
191.01	19101	SPONSERED PROJECT	0	4,758,919	191.01
194.00	07950	REAL ESTATE	-610	52,937,541	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	349,400	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-597,129,061	1,634,975,643	200.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet A-6
Date/Time Prepared:
3/25/2021 12:24 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS CC1567 IP DIALYSIS					
1.00	RENAL DIALYSIS	74.00	2,346,652	1,882,710		1.00
	TOTALS		2,346,652	1,882,710		
	B - RECL RESIDENT FRINGE TO LINE21					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	6,433,402		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,999,978		2.00
	TOTALS		0	8,433,380		
	C - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	97,628,224		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
	TOTALS		0	97,628,224		
	D - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	64,260,420		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
	TOTALS		0	64,260,420		
	E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	47,592,374		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	47,592,374		
	F - NN RECLASS					
1.00	NURSERY	43.00	3,711,803	1,352,447		1.00
	TOTALS		3,711,803	1,352,447		
	G - DIETARY RECLASS					
1.00	CAFETERIA	11.00	3,751,926	4,330,955		1.00
	TOTALS		3,751,926	4,330,955		

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
3/25/2021 12:24 pm

Increases					
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
H - RECLASS PURCHASING CREDIT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,897,757	1.00
	TOTALS		0	9,897,757	
I - RECLASS PHYSICIAN SAL FRING MALPR					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,640,842	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	612,703	0	2.00
3.00	NURSING ADMINISTRATION	13.00	100,028	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	17,005	4.00
5.00	ADULTS & PEDIATRICS	30.00	2,398,736	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	407,785	6.00
7.00	INTENSIVE CARE UNIT	31.00	551,836	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	93,812	8.00
9.00	OPERATING ROOM	50.00	1,998,770	0	9.00
10.00	OPERATING ROOM	50.00	0	339,790	10.00
11.00	RECOVERY ROOM	51.00	82,320	0	11.00
12.00	RECOVERY ROOM	51.00	0	13,994	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	121,990	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,738	14.00
15.00	ANESTHESIOLOGY	53.00	354,105	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	60,198	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	349,535	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	59,421	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	133,092	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	22,626	20.00
21.00	RADIOISOTOPE	56.00	80,205	0	21.00
22.00	RADIOISOTOPE	56.00	0	13,635	22.00
23.00	CT SCAN	57.00	180,174	0	23.00
24.00	CT SCAN	57.00	0	30,629	24.00
25.00	MRI	58.00	23,739	0	25.00
26.00	MRI	58.00	0	4,036	26.00
27.00	CARDIAC CATHETERIZATION	59.00	146,786	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	24,954	28.00
29.00	CARDIOLOGY	59.02	73,945	0	29.00
30.00	CARDIOLOGY	59.02	0	12,571	30.00
31.00	PULMONARY FUNCTION TESTING	59.03	41,411	0	31.00
32.00	PULMONARY FUNCTION TESTING	59.03	0	7,040	32.00
33.00	ELECTROMYOGRAPHY	59.04	85,768	0	33.00
34.00	ELECTROMYOGRAPHY	59.04	0	14,581	34.00
35.00	GASTRO INTESTINAL SERVICES	59.05	155,637	0	35.00
36.00	GASTRO INTESTINAL SERVICES	59.05	0	26,458	36.00
37.00	LABORATORY	60.00	376,695	0	37.00
38.00	LABORATORY	60.00	0	64,038	38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	21,837	0	39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,712	40.00
41.00	RESPIRATORY THERAPY	65.00	116,968	0	41.00
42.00	RESPIRATORY THERAPY	65.00	0	19,885	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	220,668	0	43.00
44.00	ELECTROENCEPHALOGRAPHY	70.00	0	37,513	44.00
45.00	RENAL DIALYSIS	74.00	14,589	0	45.00
46.00	RENAL DIALYSIS	74.00	0	2,480	46.00
47.00	CARDIAC REHABILITATION	76.97	7,846	0	47.00
48.00	CARDIAC REHABILITATION	76.97	0	1,334	48.00
49.00	CLINIC	90.00	156,423	0	49.00
50.00	CLINIC	90.00	0	26,592	50.00
51.00	PSYCH CLINIC	90.01	120,209	0	51.00
52.00	PSYCH CLINIC	90.01	0	20,436	52.00
53.00	EMERGENCY	91.00	499,360	0	53.00
54.00	EMERGENCY	91.00	0	84,891	54.00
55.00	NEONATAL INTENSIVE CARE UNIT	35.00	50,723	0	55.00
56.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,623	56.00
57.00	PHYSICAL THERAPY	66.00	13,722	0	57.00
58.00	PHYSICAL THERAPY	66.00	0	2,333	58.00
59.00	ADULTS & PEDIATRICS	30.00	102,121	0	59.00
60.00	ADULTS & PEDIATRICS	30.00	0	17,360	60.00
61.00	TRANSPLANT CLINIC	90.02	0	654,418	61.00
62.00	TRANSPLANT CLINIC	90.02	0	111,251	62.00
63.00	NURSING ADMINISTRATION	13.00	0	9,482	63.00
64.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	250,331	64.00
65.00	ADULTS & PEDIATRICS	30.00	0	237,061	65.00
66.00	INTENSIVE CARE UNIT	31.00	0	52,310	66.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
67.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,808	67.00
68.00	OPERATING ROOM	50.00	0	189,467	68.00
69.00	RECOVERY ROOM	51.00	0	7,803	69.00
70.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,564	70.00
71.00	ANESTHESIOLOGY	53.00	0	33,566	71.00
72.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,133	72.00
73.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,616	73.00
74.00	RADIOISOTOPE	56.00	0	7,603	74.00
75.00	CT SCAN	57.00	0	17,079	75.00
76.00	MRI	58.00	0	2,250	76.00
77.00	CARDIAC CATHETERIZATION	59.00	0	13,914	77.00
78.00	CARDIOLOGY	59.02	0	7,009	78.00
79.00	PULMONARY FUNCTION TESTING	59.03	0	3,925	79.00
80.00	ELECTROMYOGRAPHY	59.04	0	8,130	80.00
81.00	GASTRO INTESTINAL SERVICES	59.05	0	14,753	81.00
82.00	LABORATORY	60.00	0	35,708	82.00
83.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,070	83.00
84.00	RESPIRATORY THERAPY	65.00	0	11,088	84.00
85.00	PHYSICAL THERAPY	66.00	0	1,301	85.00
86.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,918	86.00
87.00	RENAL DIALYSIS	74.00	0	1,383	87.00
88.00	CARDIAC REHABILITATION	76.97	0	744	88.00
89.00	CLINIC	90.00	0	14,828	89.00
90.00	PSYCH CLINIC	90.01	0	11,395	90.00
91.00	EMERGENCY	91.00	0	47,335	91.00
92.00	HEART ACQUISITION	106.00	0	9,372	92.00
93.00	LUNG ACQUISITION	108.00	0	22,425	93.00
94.00	KIDNEY ACQUISITION	105.00	0	11,417	94.00
95.00	LIVER ACQUISITION	107.00	0	18,820	95.00
	TOTALS		11,832,783	3,349,747	
J - EMERGENCY INCIDENT RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,492,576	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	143,402	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	93,272	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	423,703	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	124	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	3,937	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	4,520	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	973	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	73	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	25,350	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	3,478	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	5,790	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,460,307	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	906,155	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	13,525	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	162,249	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	379,674	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	30,234	18.00
19.00	ADULTS & PEDIATRICS	30.00	0	66,470	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	9,961,495	20.00
21.00	ADULTS & PEDIATRICS	30.00	0	72	21.00
22.00	ADULTS & PEDIATRICS	30.00	0	275,460	22.00
23.00	ADULTS & PEDIATRICS	30.00	0	6,825	23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	0	28,592	24.00
25.00	ADULTS & PEDIATRICS	30.00	0	3,014,166	25.00
26.00	ADULTS & PEDIATRICS	30.00	0	1,900	26.00
27.00	ADULTS & PEDIATRICS	30.00	0	378	27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	0	594	28.00
29.00	ADULTS & PEDIATRICS	30.00	0	347	29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	0	141,135	30.00
31.00	ADULTS & PEDIATRICS	30.00	0	14,396	31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	0	1,021	32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	0	5,150	33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	0	8,377	34.00
35.00	ADULTS & PEDIATRICS	30.00	0	3,240	35.00
36.00	ADULTS & PEDIATRICS	30.00	0	1,347	36.00
37.00	ADULTS & PEDIATRICS	30.00	0	102,441	37.00
38.00	ADULTS & PEDIATRICS	30.00	0	4,764	38.00
39.00	ADULTS & PEDIATRICS	30.00	0	4,256	39.00
40.00	ADULTS & PEDIATRICS	30.00	0	6,640	40.00
41.00	ADULTS & PEDIATRICS	30.00	0	833,974	41.00
42.00	ADULTS & PEDIATRICS	30.00	0	14,800	42.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
43.00	ADULTS & PEDIATRICS	30.00	0	3,150		43.00
44.00	ADULTS & PEDIATRICS	30.00	0	9,136		44.00
45.00	ADULTS & PEDIATRICS	30.00	0	4,565		45.00
46.00	ADULTS & PEDIATRICS	30.00	0	750		46.00
47.00	ADULTS & PEDIATRICS	30.00	0	171,095		47.00
48.00	ADULTS & PEDIATRICS	30.00	0	522,136		48.00
49.00	ADULTS & PEDIATRICS	30.00	0	13,731		49.00
50.00	ADULTS & PEDIATRICS	30.00	0	42,350		50.00
51.00	ADULTS & PEDIATRICS	30.00	0	9,700		51.00
52.00	ADULTS & PEDIATRICS	30.00	0	410,323		52.00
53.00	ADULTS & PEDIATRICS	30.00	0	54,916		53.00
54.00	ADULTS & PEDIATRICS	30.00	0	65,137		54.00
55.00	ADULTS & PEDIATRICS	30.00	0	71,809		55.00
56.00	ADULTS & PEDIATRICS	30.00	0	558,095		56.00
57.00	ADULTS & PEDIATRICS	30.00	0	13,149		57.00
58.00	ADULTS & PEDIATRICS	30.00	0	10,903		58.00
59.00	ADULTS & PEDIATRICS	30.00	0	20,373		59.00
60.00	ADULTS & PEDIATRICS	30.00	0	7,053		60.00
61.00	ADULTS & PEDIATRICS	30.00	0	118,995		61.00
62.00	ADULTS & PEDIATRICS	30.00	0	3,713		62.00
63.00	ADULTS & PEDIATRICS	30.00	0	177,849		63.00
64.00	ADULTS & PEDIATRICS	30.00	0	10,940		64.00
65.00	ADULTS & PEDIATRICS	30.00	0	7,786		65.00
66.00	ADULTS & PEDIATRICS	30.00	0	15,032		66.00
67.00	ADULTS & PEDIATRICS	30.00	0	94,073		67.00
68.00	ADMINISTRATIVE & GENERAL	5.00	0	5,773		68.00
69.00	ADMINISTRATIVE & GENERAL	5.00	0	25,793		69.00
70.00	ADMINISTRATIVE & GENERAL	5.00	0	141		70.00
	TOTALS		2,197,198	22,898,450		
	K - RECLASS LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,482,441		1.00
	TOTALS		0	4,482,441		
	L - ACCOUNT 648000 RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	85,897,493		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

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Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
	TOTALS		0	85,897,493	
N - RECL CC 1301 TO TRANSPLANT					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,214,194	0	1.00
3.00	KIDNEY ACQUISITION	105.00	229,138	67,690	3.00
4.00	HEART ACQUISITION	106.00	44,603	13,176	4.00
5.00	LIVER ACQUISITION	107.00	88,238	26,066	5.00
6.00	LUNG ACQUISITION	108.00	37,306	11,021	6.00
7.00	PANCREAS ACQUISITION	109.00	7,297	2,156	7.00
8.00	TRANSPLANT CLINIC	90.02	797,772	235,670	8.00
10.00	KIDNEY ACQUISITION	105.00	9,362	0	10.00
11.00	HEART ACQUISITION	106.00	1,769	0	11.00
12.00	LIVER ACQUISITION	107.00	3,218	0	12.00
13.00	LUNG ACQUISITION	108.00	1,388	0	13.00
14.00	PANCREAS ACQUISITION	109.00	381	0	14.00
15.00	TRANSPLANT CLINIC	90.02	25,460	0	15.00
17.00	TRANSPLANT CLINIC	90.02	0	44,565	17.00
	TOTALS		2,460,126	400,344	
O - HEART ACQUISITION SALARY					
1.00	HEART ACQUISITION	106.00	61,595	0	1.00
2.00	HEART ACQUISITION	106.00	28,239	0	2.00
3.00	HEART ACQUISITION	106.00	24,609	0	3.00
4.00	HEART ACQUISITION	106.00	59,713	0	4.00
5.00	HEART ACQUISITION	106.00	37,083	0	5.00
6.00	HEART ACQUISITION	106.00	39,558	0	6.00
7.00	HEART ACQUISITION	106.00	37,381	0	7.00
8.00	HEART ACQUISITION	106.00	12,477	0	8.00
10.00	HEART ACQUISITION	106.00	56,644	0	10.00
11.00	HEART ACQUISITION	106.00	63,312	0	11.00
12.00	HEART ACQUISITION	106.00	59,027	0	12.00
13.00	HEART ACQUISITION	106.00	17,866	0	13.00
14.00	HEART ACQUISITION	106.00	21,391	0	14.00
15.00	HEART ACQUISITION	106.00	54,022	0	15.00
16.00	HEART ACQUISITION	106.00	52,242	0	16.00
17.00	HEART ACQUISITION	106.00	35,635	0	17.00
18.00	HEART ACQUISITION	106.00	3,998	0	18.00
	TOTALS		664,792	0	
P - EMPLOYEE BENEF ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,473,046	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	103,091	2.00
	TOTALS		0	5,576,137	
Q - TRANS SALARY FRINGE ORG INC					
1.00	PANCREAS ACQUISITION	109.00	38,307	0	1.00
2.00	TRANSPLANT CLINIC	90.02	155,987	0	2.00
6.00	KIDNEY ACQUISITION	105.00	24,942	0	6.00
7.00	PANCREAS ACQUISITION	109.00	1,038	0	7.00
8.00	TRANSPLANT CLINIC	90.02	5,450	0	8.00
10.00	TRANSPLANT CLINIC	90.02	80,071	0	10.00
13.00	LIVER ACQUISITION	107.00	16,395	0	13.00
14.00	TRANSPLANT CLINIC	90.02	2,332	0	14.00
18.00	KIDNEY ACQUISITION	105.00	799,605	0	18.00
19.00	LIVER ACQUISITION	107.00	410,770	0	19.00
20.00	PANCREAS ACQUISITION	109.00	83,741	0	20.00
21.00	TRANSPLANT CLINIC	90.02	739,684	0	21.00
22.00	KIDNEY ACQUISITION	105.00	31,778	0	22.00
23.00	LIVER ACQUISITION	107.00	16,502	0	23.00
24.00	PANCREAS ACQUISITION	109.00	6,684	0	24.00
25.00	TRANSPLANT CLINIC	90.02	48,658	0	25.00
32.00	TRANSPLANT CLINIC	90.02	25,485	0	32.00
33.00	TRANSPLANT CLINIC	90.02	0	21,946	33.00
	TOTALS		2,487,429	21,946	
R - COMPANY WIDE OTHER FRINGES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	226,117	1.00
2.00	NURSING ADMINISTRATION	13.00	7,224	146,035	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,315,159	549,448	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	127,915	4.00

RECLASSIFICATIONS

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Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	0	24,001	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	463,814	6.00
7.00	ADULTS & PEDIATRICS	30.00	210,108	257,095	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	131,537	71,105	8.00
9.00	CLINIC	90.00	58,559	1,437,407	9.00
10.00	TRANSPLANT CLINIC	90.02	573	3,948	10.00
11.00	RESEARCH	191.00	1,665,912	217,164	11.00
12.00	SPONSERED PROJECT	191.01	196,057	1,849,063	12.00
13.00	SPONSERED PROJECT	191.01	374,217	2,339,276	13.00
	TOTALS		4,959,346	7,712,388	
S - NM SCHOOLS & PHARM PARA PRGM					
1.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	2,821	0	1.00
2.00	PARAMED ED PRGM-(NM SCHL)	23.02	58,676	0	2.00
3.00	PARAMED ED PRGM-(RAD THER)	23.03	148,658	0	3.00
4.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	231,790	0	4.00
5.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	167,383	0	5.00
6.00	PARAMED ED PRGM-(NM SCHL)	23.02	3,864	0	6.00
7.00	PARAMED ED PRGM-(NM SCHL)	23.02	13,317	0	7.00
10.00	PARAMED ED PRGM-(NM SCHL)	23.02	168,749	24,609	10.00
11.00	PARAMED ED PRGM-(NM SCHL)	23.02	107,822	15,724	11.00
12.00	PARAMED ED PRGM-(RAD THER)	23.03	198,051	28,882	12.00
13.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	160,096	23,347	13.00
14.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	187,894	27,401	14.00
22.00	PARAMED ED PRGM-(PHARMACY)	23.00	714,417	0	22.00
23.00	PARAMED ED PRGM-(PHARMACY)	23.00	498,023	0	23.00
24.00	PARAMED ED PRGM-(PHARMACY)	23.00	0	50,175	24.00
	TOTALS		2,661,561	170,138	
T - RECL CHAPLAINCY PARA PROGRM					
1.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	250,943	0	1.00
	TOTALS		250,943	0	
V - SPECIALTY PHARMACY					
1.00	MEDICINE THERAPY MANAGEMENT	90.03	481,747	36,854	1.00
	TOTALS		481,747	36,854	
W - BLDG REIM NON REIMB RECL					
1.00	REAL ESTATE	194.00	0	35,315,506	1.00
2.00	REAL ESTATE	194.00	0	2,348,740	2.00
	TOTALS		0	37,664,246	
X - ORGANIZATIONAL INCENTIVE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,352	0	1.00
2.00	OPERATION OF PLANT	7.00	62,685	0	2.00
3.00	HOUSEKEEPING	9.00	411,125	0	3.00
4.00	DIETARY	10.00	209,573	0	4.00
5.00	NURSING ADMINISTRATION	13.00	687,628	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	257,146	0	6.00
7.00	PHARMACY	15.00	819,412	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	18,884	0	8.00
9.00	SOCIAL SERVICE	17.00	87,511	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	25,189	0	10.00
11.00	PARAMED ED PRGM-(PHARMACY)	23.00	25,255	0	11.00
12.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	14,557	0	12.00
13.00	PARAMED ED PRGM-(NM SCHL)	23.02	4,314	0	13.00
14.00	PARAMED ED PRGM-(RAD THER)	23.03	3,492	0	14.00
15.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	6,215	0	15.00
16.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	4,892	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	2,388,016	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	654,400	0	18.00
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	335,400	0	19.00
20.00	SUBPROVIDER - IPF	40.00	104,992	0	20.00
21.00	OPERATING ROOM	50.00	874,262	0	21.00
22.00	RECOVERY ROOM	51.00	183,664	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	426,028	0	23.00
24.00	ANESTHESIOLOGY	53.00	103,530	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	785,526	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	200,897	0	26.00
27.00	RADIOISOTOPE	56.00	76,981	0	27.00
28.00	CT SCAN	57.00	159,082	0	28.00
29.00	MRI	58.00	246,325	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	38,687	0	30.00
31.00	VASCULAR LAB	59.01	28,570	0	31.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
32.00	CARDIOLOGY	59.02	88,238	0	32.00
33.00	PULMONARY FUNCTION TESTING	59.03	5,002	0	33.00
34.00	ELECTROMYOGRAPHY	59.04	27,295	0	34.00
35.00	GASTRO INTESTINAL SERVICES	59.05	155,600	0	35.00
36.00	LABORATORY	60.00	658,517	0	36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	77,730	0	37.00
38.00	RESPIRATORY THERAPY	65.00	200,670	0	38.00
39.00	PHYSICAL THERAPY	66.00	71,728	0	39.00
40.00	OCCUPATIONAL THERAPY	67.00	40,598	0	40.00
41.00	ELECTROENCEPHALOGRAPHY	70.00	90,233	0	41.00
42.00	CARDIAC REHABILITATION	76.97	10,504	0	42.00
43.00	CLINIC	90.00	206,060	0	43.00
44.00	PSYCH CLINIC	90.01	35,060	0	44.00
45.00	TRANSPLANT CLINIC	90.02	19,308	0	45.00
46.00	EMERGENCY	91.00	347,636	0	46.00
47.00	OBSERVATION BEDS (DISTINCT PART)	92.01	83,204	0	47.00
	TOTALS		11,375,973	0	
	Z - LUNG RECLASS SALARY				
1.00	LUNG ACQUISITION	108.00	19,601	0	1.00
2.00	TRANSPLANT CLINIC	90.02	6,730	0	2.00
3.00	TRANSPLANT CLINIC	90.02	741,612	0	3.00
	TOTALS		767,943	0	
500.00	Grand Total: Increases		49,950,222	403,588,451	500.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2019
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS CC1567 IP DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	2,346,652	1,882,710	0		1.00
	TOTALS		2,346,652	1,882,710			
	B - RECL RESIDENT FRINGE TO LINE21						
1.00	ADMINISTRATIVE & GENERAL	5.00	8,433,380	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		8,433,380	0			
	C - DRUG RECLASS						
1.00	PHARMACY	15.00	0	97,551,906	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	553	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,660	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1	0		4.00
5.00	OPERATING ROOM	50.00	0	7,183	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	641	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,521	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	3	0		8.00
9.00	RADIOISOTOPE	56.00	0	668	0		9.00
10.00	CT SCAN	57.00	0	219	0		10.00
11.00	MRI	58.00	0	2,332	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	62	0		12.00
13.00	ELECTROMYOGRAPHY	59.04	0	23	0		13.00
14.00	GASTRO INTESTINAL SERVICES	59.05	0	35	0		14.00
15.00	CLINIC	90.00	0	54,299	0		15.00
16.00	EMERGENCY	91.00	0	78	0		16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	40	0		17.00
	TOTALS		0	97,628,224			
	D - IMPLANT RECLASS						
1.00		0.00	0	0	0		1.00
2.00	OPERATING ROOM	50.00	0	44,015,746	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,346,640	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	10,015,319	0		4.00
5.00	CARDIOLOGY	59.02	0	2	0		5.00
6.00	PULMONARY FUNCTION TESTING	59.03	0	885	0		6.00
7.00	ELECTROMYOGRAPHY	59.04	0	6,482,709	0		7.00
8.00	GASTRO INTESTINAL SERVICES	59.05	0	398,797	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	24	0		9.00
10.00	CLINIC	90.00	0	298	0		10.00
	TOTALS		0	64,260,420			
	E - MED SUPPLY RECLASS						
1.00	PHARMACY	15.00	0	10,045	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	17,845	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	120,988	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	278	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	1	0		5.00
6.00	OPERATING ROOM	50.00	0	28,900,297	0		6.00
7.00	RECOVERY ROOM	51.00	0	2	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	211,008	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	2,400,995	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,939,715	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	38	0		11.00
12.00	CT SCAN	57.00	0	1	0		12.00
13.00	MRI	58.00	0	672	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	3,353,008	0		14.00
15.00	CARDIOLOGY	59.02	0	117,591	0		15.00
16.00	PULMONARY FUNCTION TESTING	59.03	0	15,455	0		16.00
17.00	ELECTROMYOGRAPHY	59.04	0	5,449,693	0		17.00
18.00	GASTRO INTESTINAL SERVICES	59.05	0	681,836	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	1,360,634	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	409	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,578	0		21.00
22.00	EMERGENCY	91.00	0	193	0		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	92	0		23.00
	TOTALS		0	47,592,374			
	F - NN RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	3,711,803	1,352,447	0		1.00
	TOTALS		3,711,803	1,352,447			
	G - DIETARY RECLASS						
1.00	DIETARY	10.00	3,751,926	4,330,955	0		1.00
	TOTALS		3,751,926	4,330,955			

RECLASSIFICATIONS

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Period:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	H - RECLASS PURCHASING CREDIT						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	9,897,757	0		1.00
	PATIENT						
	TOTALS		0	9,897,757			
	I - RECLASS PHYSICIAN SAL FRING MALPR						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	2,640,842	0		1.00
	COSTS APPRV						
2.00	ADMINISTRATIVE & GENERAL	5.00	0	612,703	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	100,028	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	17,005	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	2,398,736	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	407,785	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	551,836	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	93,812	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	1,998,770	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	339,790	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	82,320	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	13,994	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	121,990	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	20,738	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	354,105	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	60,198	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	349,535	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	59,421	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	0	133,092	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	0	22,626	0		20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	0	80,205	0		21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	0	13,635	0		22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	0	180,174	0		23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	0	30,629	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	0	23,739	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	0	4,036	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	0	146,786	0		27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	0	24,954	0		28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	0	73,945	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	0	12,571	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	0	41,411	0		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	0	7,040	0		32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	0	85,768	0		33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	0	14,581	0		34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	0	155,637	0		35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	0	26,458	0		36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	0	376,695	0		37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	0	64,038	0		38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	0	21,837	0		39.00
40.00	ADMINISTRATIVE & GENERAL	5.00	0	3,712	0		40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	0	116,968	0		41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	0	19,885	0		42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	0	220,668	0		43.00
44.00	ADMINISTRATIVE & GENERAL	5.00	0	37,513	0		44.00
45.00	ADMINISTRATIVE & GENERAL	5.00	0	14,589	0		45.00
46.00	ADMINISTRATIVE & GENERAL	5.00	0	2,480	0		46.00
47.00	ADMINISTRATIVE & GENERAL	5.00	0	7,846	0		47.00
48.00	ADMINISTRATIVE & GENERAL	5.00	0	1,334	0		48.00
49.00	ADMINISTRATIVE & GENERAL	5.00	0	156,423	0		49.00
50.00	ADMINISTRATIVE & GENERAL	5.00	0	26,592	0		50.00
51.00	ADMINISTRATIVE & GENERAL	5.00	0	120,209	0		51.00
52.00	ADMINISTRATIVE & GENERAL	5.00	0	20,436	0		52.00
53.00	ADMINISTRATIVE & GENERAL	5.00	0	499,360	0		53.00
54.00	ADMINISTRATIVE & GENERAL	5.00	0	84,891	0		54.00
55.00	ADMINISTRATIVE & GENERAL	5.00	0	50,723	0		55.00
56.00	ADMINISTRATIVE & GENERAL	5.00	0	8,623	0		56.00
57.00	ADMINISTRATIVE & GENERAL	5.00	0	13,722	0		57.00
58.00	ADMINISTRATIVE & GENERAL	5.00	0	2,333	0		58.00
59.00	ADMINISTRATIVE & GENERAL	5.00	0	102,121	0		59.00
60.00	ADMINISTRATIVE & GENERAL	5.00	0	17,360	0		60.00
61.00	ADMINISTRATIVE & GENERAL	5.00	0	654,418	0		61.00
62.00	ADMINISTRATIVE & GENERAL	5.00	0	111,251	0		62.00
63.00	ADMINISTRATIVE & GENERAL	5.00	0	9,482	0		63.00
64.00	ADMINISTRATIVE & GENERAL	5.00	0	250,331	0		64.00
65.00	ADMINISTRATIVE & GENERAL	5.00	0	237,061	0		65.00
66.00	ADMINISTRATIVE & GENERAL	5.00	0	52,310	0		66.00
67.00	ADMINISTRATIVE & GENERAL	5.00	0	4,808	0		67.00
68.00	ADMINISTRATIVE & GENERAL	5.00	0	189,467	0		68.00

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
69.00	ADMINISTRATIVE & GENERAL	5.00	0	7,803	0		69.00
70.00	ADMINISTRATIVE & GENERAL	5.00	0	11,564	0		70.00
71.00	ADMINISTRATIVE & GENERAL	5.00	0	33,566	0		71.00
72.00	ADMINISTRATIVE & GENERAL	5.00	0	33,133	0		72.00
73.00	ADMINISTRATIVE & GENERAL	5.00	0	12,616	0		73.00
74.00	ADMINISTRATIVE & GENERAL	5.00	0	7,603	0		74.00
75.00	ADMINISTRATIVE & GENERAL	5.00	0	17,079	0		75.00
76.00	ADMINISTRATIVE & GENERAL	5.00	0	2,250	0		76.00
77.00	ADMINISTRATIVE & GENERAL	5.00	0	13,914	0		77.00
78.00	ADMINISTRATIVE & GENERAL	5.00	0	7,009	0		78.00
79.00	ADMINISTRATIVE & GENERAL	5.00	0	3,925	0		79.00
80.00	ADMINISTRATIVE & GENERAL	5.00	0	8,130	0		80.00
81.00	ADMINISTRATIVE & GENERAL	5.00	0	14,753	0		81.00
82.00	ADMINISTRATIVE & GENERAL	5.00	0	35,708	0		82.00
83.00	ADMINISTRATIVE & GENERAL	5.00	0	2,070	0		83.00
84.00	ADMINISTRATIVE & GENERAL	5.00	0	11,088	0		84.00
85.00	ADMINISTRATIVE & GENERAL	5.00	0	1,301	0		85.00
86.00	ADMINISTRATIVE & GENERAL	5.00	0	20,918	0		86.00
87.00	ADMINISTRATIVE & GENERAL	5.00	0	1,383	0		87.00
88.00	ADMINISTRATIVE & GENERAL	5.00	0	744	0		88.00
89.00	ADMINISTRATIVE & GENERAL	5.00	0	14,828	0		89.00
90.00	ADMINISTRATIVE & GENERAL	5.00	0	11,395	0		90.00
91.00	ADMINISTRATIVE & GENERAL	5.00	0	47,335	0		91.00
92.00	ADMINISTRATIVE & GENERAL	5.00	0	9,372	0		92.00
93.00	ADMINISTRATIVE & GENERAL	5.00	0	22,425	0		93.00
94.00	ADMINISTRATIVE & GENERAL	5.00	0	11,417	0		94.00
95.00	ADMINISTRATIVE & GENERAL	5.00	0	18,820	0		95.00
	TOTALS		0	15,182,530			
J - EMERGENCY INCIDENT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,492,576	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	143,402	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	93,272	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	423,703	0	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	125	0	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	3,937	0	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	4,520	0	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	973	0	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	72	0	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	25,350	0	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	3,478	0	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	5,790	0	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	4,460,307	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	906,155	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	13,525	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	162,249	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	379,674	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	30,234	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	0	66,470	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	0	9,961,495	0		20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	0	72	0		21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	0	275,460	0		22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	0	6,825	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	0	28,592	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	0	3,014,166	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	0	1,900	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	0	378	0		27.00
28.00	ADULTS & PEDIATRICS	30.00	0	594	0		28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	0	347	0		29.00
30.00	ADULTS & PEDIATRICS	30.00	0	141,135	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	0	14,396	0		31.00
32.00	ADULTS & PEDIATRICS	30.00	0	1,021	0		32.00
33.00	ADULTS & PEDIATRICS	30.00	0	5,150	0		33.00
34.00	ADULTS & PEDIATRICS	30.00	0	8,377	0		34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	0	3,240	0		35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	0	1,347	0		36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	0	102,441	0		37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	0	4,764	0		38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	0	4,256	0		39.00
40.00	ADMINISTRATIVE & GENERAL	5.00	0	6,640	0		40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	0	833,974	0		41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	0	14,800	0		42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	0	3,150	0		43.00
44.00	ADMINISTRATIVE & GENERAL	5.00	0	9,136	0		44.00
45.00	ADMINISTRATIVE & GENERAL	5.00	0	4,565	0		45.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
3/25/2021 12:24 pm

	Decreases						3/25/2021 12:24 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
46.00	ADMINISTRATIVE & GENERAL	5.00	0	750	0		46.00
47.00	ADMINISTRATIVE & GENERAL	5.00	0	171,095	0		47.00
48.00	ADMINISTRATIVE & GENERAL	5.00	0	522,136	0		48.00
49.00	ADMINISTRATIVE & GENERAL	5.00	0	13,731	0		49.00
50.00	ADMINISTRATIVE & GENERAL	5.00	0	42,350	0		50.00
51.00	ADMINISTRATIVE & GENERAL	5.00	0	9,700	0		51.00
52.00	ADMINISTRATIVE & GENERAL	5.00	0	410,323	0		52.00
53.00	ADMINISTRATIVE & GENERAL	5.00	0	54,916	0		53.00
54.00	ADMINISTRATIVE & GENERAL	5.00	0	65,137	0		54.00
55.00	ADMINISTRATIVE & GENERAL	5.00	0	71,809	0		55.00
56.00	ADMINISTRATIVE & GENERAL	5.00	0	558,095	0		56.00
57.00	ADMINISTRATIVE & GENERAL	5.00	0	13,149	0		57.00
58.00	ADMINISTRATIVE & GENERAL	5.00	0	10,903	0		58.00
59.00	ADMINISTRATIVE & GENERAL	5.00	0	20,373	0		59.00
60.00	ADMINISTRATIVE & GENERAL	5.00	0	7,053	0		60.00
61.00	ADMINISTRATIVE & GENERAL	5.00	0	118,995	0		61.00
62.00	ADMINISTRATIVE & GENERAL	5.00	0	3,713	0		62.00
63.00	ADMINISTRATIVE & GENERAL	5.00	0	177,849	0		63.00
64.00	ADMINISTRATIVE & GENERAL	5.00	0	10,940	0		64.00
65.00	ADMINISTRATIVE & GENERAL	5.00	0	7,786	0		65.00
66.00	ADMINISTRATIVE & GENERAL	5.00	0	15,032	0		66.00
67.00	ADMINISTRATIVE & GENERAL	5.00	0	94,073	0		67.00
68.00	ADMINISTRATIVE & GENERAL	5.00	0	5,773	0		68.00
69.00	ADULTS & PEDIATRICS	30.00	0	25,793	0		69.00
70.00	ADMINISTRATIVE & GENERAL	5.00	0	141	0		70.00
TOTALS							
			2,197,198	22,898,450			
K - RECLASS LAUNDRY SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,482,441	0		1.00
TOTALS			0	4,482,441			
L - ACCOUNT 648000 RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,179,155	0		1.00
2.00	OPERATION OF PLANT	7.00	0	344,840	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,347,220	0		3.00
4.00	DIETARY	10.00	0	2,295,900	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,205,852	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,168,111	0		6.00
7.00	PHARMACY	15.00	0	4,279,936	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	202,204	0		8.00
9.00	SOCIAL SERVICE	17.00	0	819,431	0		9.00
10.00	I&R SERVICES-OTHER PRGM	22.00	0	106,859	0		10.00
COSTS APPRV							
11.00	ADULTS & PEDIATRICS	30.00	0	21,199,724	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	5,210,539	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,127,483	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	700,639	0		14.00
15.00	OPERATING ROOM	50.00	0	4,947,534	0		15.00
16.00	RECOVERY ROOM	51.00	0	949,322	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,851,883	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	785,497	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,731,050	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,145,775	0		20.00
21.00	RADIOISOTOPE	56.00	0	423,310	0		21.00
22.00	CT SCAN	57.00	0	1,075,902	0		22.00
23.00	MRI	58.00	0	1,339,855	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	309,861	0		24.00
25.00	VASCULAR LAB	59.01	0	150,404	0		25.00
26.00	CARDIOLOGY	59.02	0	676,959	0		26.00
27.00	PULMONARY FUNCTION TESTING	59.03	0	40,290	0		27.00
28.00	ELECTROMYOGRAPHY	59.04	0	185,463	0		28.00
29.00	GASTRO INTESTINAL SERVICES	59.05	0	882,390	0		29.00
30.00	LABORATORY	60.00	0	5,368,228	0		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	559,032	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	1,544,386	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	554,878	0		33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	373,733	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	627,799	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	52,980	0		36.00
37.00	CLINIC	90.00	0	1,500,010	0		37.00
38.00	PSYCH CLINIC	90.01	0	207,915	0		38.00
39.00	TRANSPLANT CLINIC	90.02	0	156,841	0		39.00
40.00	EMERGENCY	91.00	0	3,020,357	0		40.00
41.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	613,268	0		41.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
42.00	KIDNEY ACQUISITION	105.00	0	224,877	0	42.00
43.00	HEART ACQUISITION	106.00	0	57,719	0	43.00
44.00	LIVER ACQUISITION	107.00	0	103,608	0	44.00
45.00	LUNG ACQUISITION	108.00	0	159,462	0	45.00
46.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	73,450	0	46.00
47.00	SPONSERED PROJECT	191.01	0	30	0	47.00
48.00	REAL ESTATE	194.00	0	15,532	0	48.00
	TOTALS		0	85,897,493		
N - RECL CC 1301 TO TRANSPLANT						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,214,194	0	1.00
3.00	ADMINISTRATIVE & GENERAL	5.00	229,138	67,690	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	44,603	13,176	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	88,238	26,066	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	37,306	11,021	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	7,297	2,156	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	797,772	235,670	0	8.00
10.00	ADMINISTRATIVE & GENERAL	5.00	9,362	0	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	1,769	0	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	3,218	0	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	1,388	0	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	381	0	0	14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	25,460	0	0	15.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	44,565	0	17.00
	TOTALS		1,245,932	1,614,538		
O - HEART ACQUISITION SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	61,595	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	28,239	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	24,609	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	59,713	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	37,083	0	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	39,558	0	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	37,381	0	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	12,477	0	0	8.00
10.00	ADMINISTRATIVE & GENERAL	5.00	56,644	0	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	63,312	0	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	59,027	0	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	17,866	0	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	21,391	0	0	14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	54,022	0	0	15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	52,242	0	0	16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	35,635	0	0	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	3,998	0	0	18.00
	TOTALS		664,792	0		
P - EMPLOYEE BENEF ACCRUED PTO						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,473,046	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	103,091	0	0	2.00
	TOTALS		5,576,137	0		
Q - TRANS SALARY FRINGE ORG INC						
1.00	KIDNEY ACQUISITION	105.00	38,307	0	0	1.00
2.00	KIDNEY ACQUISITION	105.00	155,987	0	0	2.00
6.00	ADMINISTRATIVE & GENERAL	5.00	24,942	0	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	1,038	0	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	5,450	0	0	8.00
10.00	LIVER ACQUISITION	107.00	80,071	0	0	10.00
13.00	ADMINISTRATIVE & GENERAL	5.00	16,395	0	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	2,332	0	0	14.00
18.00	ADMINISTRATIVE & GENERAL	5.00	799,605	0	0	18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	410,770	0	0	19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	83,741	0	0	20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	739,684	0	0	21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	31,778	0	0	22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	16,502	0	0	23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	6,684	0	0	24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	48,658	0	0	25.00
32.00	ADMINISTRATIVE & GENERAL	5.00	25,485	0	0	32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	0	21,946	0	33.00
	TOTALS		2,487,429	21,946		
R - COMPANY WIDE OTHER FRINGES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	226,117	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	7,224	146,035	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	2,864,607	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	127,915	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	24,001	0	5.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
3/25/2021 12:24 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	0	463,814	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	210,108	257,095	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	131,537	71,105	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	58,559	1,437,407	0	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	573	3,948	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	1,665,912	217,164	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	196,057	1,849,063	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	374,217	2,339,276	0	13.00
	TOTALS		2,644,187	10,027,547		
S - NM SCHOOLS & PHARM PARA PRGM						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,821	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	58,676	0	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	148,658	0	0	3.00
4.00	RADIOISOTOPE	56.00	231,790	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	167,383	0	0	5.00
6.00	VASCULAR LAB	59.01	3,864	0	0	6.00
7.00	CT SCAN	57.00	13,317	0	0	7.00
10.00	ADMINISTRATIVE & GENERAL	5.00	168,749	24,609	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	107,822	15,724	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	198,051	28,882	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	160,096	23,347	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	187,894	27,401	0	14.00
22.00	PHARMACY	15.00	714,417	0	0	22.00
23.00	PHARMACY	15.00	498,023	0	0	23.00
24.00	PHARMACY	15.00	0	50,175	0	24.00
	TOTALS		2,661,561	170,138		
T - RECL CHAPLAINCY PARA PROGRM						
1.00	ADMINISTRATIVE & GENERAL	5.00	250,943	0	0	1.00
	TOTALS		250,943	0		
V - SPECIALTY PHARMACY						
1.00	PHARMACY	15.00	481,747	36,854	0	1.00
	TOTALS		481,747	36,854		
W - BLDG REIM NON REIMB RECL						
1.00	OPERATION OF PLANT	7.00	0	35,315,506	0	1.00
2.00	HOUSEKEEPING	9.00	0	2,348,740	0	2.00
	TOTALS		0	37,664,246		
X - ORGANIZATIONAL INCENTIVE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	14,352	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	62,685	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	411,125	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	209,573	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	687,628	0	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	257,146	0	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	819,412	0	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	18,884	0	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	87,511	0	0	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	25,189	0	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	25,255	0	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	14,557	0	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	4,314	0	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	3,492	0	0	14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	6,215	0	0	15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	4,892	0	0	16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	2,388,016	0	0	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	654,400	0	0	18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	335,400	0	0	19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	104,992	0	0	20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	874,262	0	0	21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	183,664	0	0	22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	426,028	0	0	23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	103,530	0	0	24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	785,526	0	0	25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	200,897	0	0	26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	76,981	0	0	27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	159,082	0	0	28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	246,325	0	0	29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	38,687	0	0	30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	28,570	0	0	31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	88,238	0	0	32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	5,002	0	0	33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	27,295	0	0	34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	155,600	0	0	35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	658,517	0	0	36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	77,730	0	0	37.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
3/25/2021 12:24 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
38.00	ADMINISTRATIVE & GENERAL	5.00	200,670	0	0	38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	71,728	0	0	39.00
40.00	ADMINISTRATIVE & GENERAL	5.00	40,598	0	0	40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	90,233	0	0	41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	10,504	0	0	42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	206,060	0	0	43.00
44.00	ADMINISTRATIVE & GENERAL	5.00	35,060	0	0	44.00
45.00	ADMINISTRATIVE & GENERAL	5.00	19,308	0	0	45.00
46.00	ADMINISTRATIVE & GENERAL	5.00	347,636	0	0	46.00
47.00	ADMINISTRATIVE & GENERAL	5.00	83,204	0	0	47.00
	TOTALS		11,375,973	0		
	Z - LUNG RECLASS SALARY					
1.00	ADMINISTRATIVE & GENERAL	5.00	19,601	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	6,730	0	0	2.00
3.00	LUNG ACQUISITION	108.00	741,612	0	0	3.00
	TOTALS		767,943	0		
500.00	Grand Total: Decreases		48,597,603	404,941,070		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	208,625,354	0	0	0	125,000	1.00	
2.00	Land Improvements	1,686,838	0	0	0	0	2.00	
3.00	Buildings and Fixtures	2,026,315,274	41,740,390	221,866	41,962,256	14,628,469	3.00	
4.00	Building Improvements	16,021,590	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	411,434,584	38,069,075	-96,649	37,972,426	4,302,559	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,664,083,640	79,809,465	125,217	79,934,682	19,056,028	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,664,083,640	79,809,465	125,217	79,934,682	19,056,028	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	208,500,354	0				1.00	
2.00	Land Improvements	1,686,838	0				2.00	
3.00	Buildings and Fixtures	2,053,649,061	0				3.00	
4.00	Building Improvements	16,021,590	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	445,104,451	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	2,724,962,294	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	2,724,962,294	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	63,330,161	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,015,752	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	90,345,913	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	63,330,161				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	27,015,752				2.00
3.00	Total (sum of lines 1-2)	0	90,345,913				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,053,649,061	0	2,053,649,061	0.821869	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	445,104,451	0	445,104,451	0.178131	0	2.00
3.00	Total (sum of lines 1-2)	2,498,753,512	0	2,498,753,512	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	70,817,880	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	30,799,197	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	101,617,077	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	-6,019,292	64,798,588	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	30,799,197	2.00
3.00	Total (sum of lines 1-2)	0	0	0	-6,019,292	95,597,785	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,128,717			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	-166,625,769			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	BLDG DEPR ADJ FOR MEDICARE	A	11,341,612	CAP REL COSTS-BLDG & FIXT		1.00	9	33.00
33.01	EQUIP DEPR ADJ FOR MEDICARE	A	-1,129,678	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.01
33.02	EQUIP DEPR ADJ FOR MEDICARE FOR HSB	A	-11,375	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.02
33.03	FEES REG_1401_400200	B	500	NURSING ADMINISTRATION		13.00	0	33.03
33.06	FEES REG_1409_400200	B	-3,080	NURSING ADMINISTRATION		13.00	0	33.06
33.10	FEES REG_1545_400200	B	1,400	RADIOLOGY-THERAPEUTIC		55.00	0	33.10
33.11	FEES REG_1621_400200	B	-455,400	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.11
33.12	CONF FEES_1343_400400	B	-231,226	ADMINISTRATIVE & GENERAL		5.00	0	33.12
34.00	CONF FEES_1403_400400	B	3,575	NURSING ADMINISTRATION		13.00	0	34.00
34.01	CONF FEES_1441_400400	B	-1,775	NURSING ADMINISTRATION		13.00	0	34.01
34.02	NUTR SUPP_1481_410000	B	1,174	NEONATAL INTENSIVE CARE UNIT		35.00	0	34.02
34.03	NUTR SUPP_1483_410000	B	-50	DELIVERY ROOM & LABOR ROOM		52.00	0	34.03
34.04	NUTR SUPP_1489_410000	B	21	ADULTS & PEDIATRICS		30.00	0	34.04
34.05	VEND MACH_1318_410200	B	-315,409	DIETARY		10.00	0	34.05
34.06	DIET TRAY_1300_410400	B	-129,442	DIETARY		10.00	0	34.06
34.07	CATERING CASH_1300_410600	B	-76,690	DIETARY		10.00	0	34.07
34.08	CATERING CASH_1359_410600	B	6,965	DIETARY		10.00	0	34.08
34.09	CATERING CASH_1903_410600	B	6,102	ADMINISTRATIVE & GENERAL		5.00	0	34.09
34.10	IC BLDG RENT REV_1076_415225	B	-326,352	PSYCH CLINIC		90.01	0	34.10
34.11	IC BLDG RENT REV_1076_415402	B	2,771	PSYCH CLINIC		90.01	0	34.11
34.12	IC INTEREST INC_1804_416011	B	-40,718	OPERATION OF PLANT		7.00	0	34.12
34.13	RE TAX REV_1233_416200	B	-77,744	OPERATION OF PLANT		7.00	0	34.13
34.14	RE TAX REV_1804_416200	B	144,596	OPERATION OF PLANT		7.00	0	34.14
34.15	OPER EXP REV_1233_416210	B	-105,888	OPERATION OF PLANT		7.00	0	34.15
34.16	LAB CHRGMG_1099_430401	B	359	ADMINISTRATIVE & GENERAL		5.00	0	34.16
34.17	LAB CHRGMG_1525_430401	B	-359	RADIOLOGY-DIAGNOSTIC		54.00	0	34.17
34.18	CORP REV_1099_430410	B	140,563	ADMINISTRATIVE & GENERAL		5.00	0	34.18
34.19	CORP REV_1243_430410	B	-4,095	MRI		58.00	0	34.19
34.20	CORP REV_1421_430410	B	-1,498	OPERATING ROOM		50.00	0	34.20
34.21	CORP REV_1474_430410	B	-60,130	LABORATORY		60.00	0	34.21
34.22	CORP REV_1476_430410	B	-1,241	ADULTS & PEDIATRICS		30.00	0	34.22
34.23	CORP REV_1491_430410	B	-73,924	LABORATORY		60.00	0	34.23
34.24	CORP REV_1492_430410	B	-199,993	LABORATORY		60.00	0	34.24
34.25	CORP REV_1494_430410	B	-41,588	LABORATORY		60.00	0	34.25
34.26	CORP REV_1496_430410	B	-968,984	LABORATORY		60.00	0	34.26
34.27	CORP REV_1500_430410	B	-2,172	BLOOD STORING, PROCESSING & TRANS.		63.00	0	34.27
34.28	CORP REV_1502_430410	B	-26,476	GASTRO INTESTINAL SERVICES		59.05	0	34.28
34.29	CORP REV_1503_430410	B	-5,253	LABORATORY		60.00	0	34.29
34.30	CORP REV_1504_430410	B	-644,586	LABORATORY		60.00	0	34.30
34.31	CORP REV_1505_430410	B	-802,721	LABORATORY		60.00	0	34.31
34.33	CORP REV_1506_430410	B	-48,290	LABORATORY		60.00	0	34.33
34.34	CORP REV_1508_430410	B	-15,609	LABORATORY		60.00	0	34.34
34.35	CORP REV_1509_430410	B	-5,701	LABORATORY		60.00	0	34.35
34.36	CORP REV_1514_430410	B	-408,388	LABORATORY		60.00	0	34.36
34.44	CORP REV_1515_430410	B	-4,779	LABORATORY		60.00	0	34.44
34.45	CORP REV_1517_430410	B	-118,835	LABORATORY		60.00	0	34.45
34.46	CORP REV_1518_430410	B	-4,213	MRI		58.00	0	34.46
34.47	CORP REV_1520_430410	B	-173,288	CARDIOLOGY		59.02	0	34.47
34.48	CORP REV_1523_430410	B	-15,578	CT SCAN		57.00	0	34.48
34.49	CORP REV_1524_430410	B	-1,836	RADIOLOGY-DIAGNOSTIC		54.00	0	34.49
34.50	CORP REV_1525_430410	B	-126,191	RADIOLOGY-DIAGNOSTIC		54.00	0	34.50
34.51	CORP REV_1526_430410	B	-1,578	RADIOLOGY-DIAGNOSTIC		54.00	0	34.51
34.52	CORP REV_1529_430410	B	-18,730	RADIOLOGY-DIAGNOSTIC		54.00	0	34.52
34.53	CORP REV_1530_430410	B	-2,745	VASCULAR LAB		59.01	0	34.53
34.54	CORP REV_1540_430410	B	-1,080	RESPIRATORY THERAPY		65.00	0	34.54
34.55	CORP REV_1544_430410	B	-1,076,077	RADIOISOTOPE		56.00	0	34.55
34.56	CORP REV_1559_430410	B	-118,590	LABORATORY		60.00	0	34.56
34.57	CORP REV_1574_430410	B	-5,963	MRI		58.00	0	34.57
34.58	CORP REV_1578_430410	B	-14	LABORATORY		60.00	0	34.58
34.59	CORP REV_1586_430410	B	-2,053	CLINIC		90.00	0	34.59
34.63	CORP REV_1594_430410	B	-1,545	PHARMACY		15.00	0	34.63
34.64	CORP REV_1606_430410	B	-5,070	CLINIC		90.00	0	34.64
34.65	CORP REV_1608_430410	B	-3,471	LABORATORY		60.00	0	34.65
34.69	CORP REV_1646_430410	B	-5,650	RADIOLOGY-DIAGNOSTIC		54.00	0	34.69
34.70	CORP REV_1766_430410	B	-19,905	LABORATORY		60.00	0	34.70

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

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
34.71	CORP REV_1924_430410	B	-6,000	MRI		58.00	0 34.71
34.72	NUTR SUPP_1489_410000	B	116	CENTRAL SERVICES & SUPPLY		14.00	0 34.72
34.73	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.73
34.74	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.74
34.75	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.75
34.76	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.76
34.77	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.77
34.78	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.78
34.79	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0 34.79
34.80	CORP REV_1039_430800	B	-8	LABORATORY		60.00	0 34.80
34.81	CORP REV_1099_430800	B	-651	ADMINISTRATIVE & GENERAL		5.00	0 34.81
34.82	CORP REV_1117_430800	B	-29,765	INTENSIVE CARE UNIT		31.00	0 34.82
34.83	CORP REV_1122_430800	B	-3,894	OPERATING ROOM		50.00	0 34.83
34.84	CORP REV_1124_430800	B	-4,820	ANESTHESIOLOGY		53.00	0 34.84
34.85	CORP REV_1243_430800	B	-13,366	MRI		58.00	0 34.85
34.88	CORP REV_1368_430800	B	-4,518	RADIOLOGY-DIAGNOSTIC		54.00	0 34.88
34.89	CORP REV_1416_430800	B	-6,871	INTENSIVE CARE UNIT		31.00	0 34.89
34.90	CORP REV_1417_430800	B	-37,641	INTENSIVE CARE UNIT		31.00	0 34.90
34.91	CORP REV_1420_430800	B	-109,232	INTENSIVE CARE UNIT		31.00	0 34.91
34.92	CORP REV_1421_430800	B	-20,330	OPERATING ROOM		50.00	0 34.92
34.93	CORP REV_1422_430800	B	-9,595	OPERATING ROOM		50.00	0 34.93
34.94	CORP REV_1426_430800	B	-22,230	OPERATING ROOM		50.00	0 34.94
34.95	CORP REV_1427_430800	B	-25,080	OPERATING ROOM		50.00	0 34.95
34.96	CORP REV_1429_430800	B	-41,346	OPERATING ROOM		50.00	0 34.96
34.97	CORP REV_1430_430800	B	-25,000	OPERATING ROOM		50.00	0 34.97
34.98	CORP REV_1431_430800	B	-11,198	OPERATING ROOM		50.00	0 34.98
34.99	CORP REV_1432_430800	B	-441	OPERATING ROOM		50.00	0 34.99
35.00	CORP REV_1433_430800	B	-102,115	EMERGENCY		91.00	0 35.00
35.01	CORP REV_1436_430800	B	-16,589	RECOVERY ROOM		51.00	0 35.01
35.02	CORP REV_1437_430800	B	-17	OPERATING ROOM		50.00	0 35.02
35.03	CORP REV_1438_430800	B	-1,152,827	OPERATING ROOM		50.00	0 35.03
35.04	CORP REV_1446_430800	B	-27,425	TRANSPLANT CLINIC		90.02	0 35.04
35.05	CORP REV_1459_430800	B	-17	OPERATING ROOM		50.00	0 35.05
36.00	CORP REV_1464_430800	B	-2,608	ADULTS & PEDIATRICS		30.00	0 36.00
36.01	CORP REV_1465_430800	B	-241	ADULTS & PEDIATRICS		30.00	0 36.01
36.02	CORP REV_1467_430800	B	-13,040	ADULTS & PEDIATRICS		30.00	0 36.02
36.03	CORP REV_1474_430800	B	-7,811	LABORATORY		60.00	0 36.03
36.05	CORP REV_1479_430800	B	-550	ADULTS & PEDIATRICS		30.00	0 36.05
36.06	CORP REV_1491_430800	B	-38,213	LABORATORY		60.00	0 36.06
36.07	CORP REV_1492_430800	B	-125,989	LABORATORY		60.00	0 36.07
36.15	CORP REV_1494_430800	B	-8,854	LABORATORY		60.00	0 36.15
36.20	CORP REV_1496_430800	B	-600,827	LABORATORY		60.00	0 36.20
36.23	CORP REV_1498_430800	B	-116,875	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0 36.23
36.24	CORP REV_1499_430800	B	-373,608	LABORATORY		60.00	0 36.24
36.25	CORP REV_1500_430800	B	-10,880	BLOOD STORING, PROCESSING & TRANS.		63.00	0 36.25
36.26	CORP REV_1502_430800	B	31,236	GASTRO INTESTINAL SERVICES		59.05	0 36.26
36.27	CORP REV_1503_430800	B	-71,719	LABORATORY		60.00	0 36.27
36.29	CORP REV_1504_430800	B	-162,997	LABORATORY		60.00	0 36.29
36.30	CORP REV_1505_430800	B	-128,724	LABORATORY		60.00	0 36.30
36.32	CORP REV_1506_430800	B	-101,196	LABORATORY		60.00	0 36.32
36.33	CORP REV_1508_430800	B	-93,723	LABORATORY		60.00	0 36.33
36.34	CORP REV_1509_430800	B	-1,293	LABORATORY		60.00	0 36.34
37.01	CORP REV_1514_430800	B	-66,635	LABORATORY		60.00	0 37.01
37.02	CORP REV_1515_430800	B	-11,287	LABORATORY		60.00	0 37.02
38.00	CORP REV_1516_430800	B	-271	LABORATORY		60.00	0 38.00
38.01	CORP REV_1517_430800	B	-392,987	LABORATORY		60.00	0 38.01
38.04	CORP REV_1518_430800	B	15,090	MRI		58.00	0 38.04
39.67	CORP REV_1520_430800	B	-231,307	CARDIOLOGY		59.02	0 39.67
39.68	CORP REV_1521_430800	B	-172,892	CARDIAC CATHETERIZATION		59.00	0 39.68
39.72	CORP REV_1522_430800	B	-538,133	RADIOLOGY-DIAGNOSTIC		54.00	0 39.72

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
39.73 CORP REV_1523_430800	B	-247,120	CT SCAN	57.00	0	39.73
39.74 CORP REV_1524_430800	B	-114,793	RADIOLOGY-DIAGNOSTIC	54.00	0	39.74
39.75 CORP REV_1525_430800	B	-69,579	RADIOLOGY-DIAGNOSTIC	54.00	0	39.75
39.76 CORP REV_1528_430800	B	-71,736	ELECTROENCEPHALOGRAPHY	70.00	0	39.76
39.77 CANTEEN REV_1300_411400	B	-79,837	DIETARY	10.00	0	39.77
39.78 TUITION_1025_FOR 23.02	B	-10,813	ADMINISTRATIVE & GENERAL	5.00	0	39.78
39.79 TUITION_1025_FOR 23.03	B	-10,813	ADMINISTRATIVE & GENERAL	5.00	0	39.79
39.80 TUITION_1025_FOR 23.04	B	-10,813	ADMINISTRATIVE & GENERAL	5.00	0	39.80
39.82 TUITION_1025_FOR 23.05	A	-10,813	ADMINISTRATIVE & GENERAL	5.00	0	39.82
39.83 OTHEROPERATING REVENUE_7760	A	-5,730	PARAMED ED PRGM-(CHAPLAINCY)	23.01	0	39.83
39.84 SCH OF DIAG MEDICAL SONOGRA TUITION	A	-137,870	PARAMED ED PRGM-(NM SCHL)	23.02	0	39.84
39.85 SCH OF RADIATION THERAPY TUITION	A	-137,870	PARAMED ED PRGM-(RAD THER)	23.03	0	39.85
39.86 SCH OF RADIOGRAPHY TUITION	A	-137,870	PARAMED ED PRGM-(NUCLEAR MED)	23.04	0	39.86
39.87 SCH OF NUCLEAR MED TECH TUITION	A	-137,870	PARAMED ED PRGM-(SONOGRAPHY)	23.05	0	39.87
39.88 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.88
39.90 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.90
39.91 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.91
39.92 INTEREST EXPENSE 1108 VARIOUS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	39.92
39.94 INTERCO SUPPORT 1099 739201	A	-42,477,000	ADMINISTRATIVE & GENERAL	5.00	0	39.94
39.95 MEDICAID TAX 1099 793000	A	-70,340,846	ADMINISTRATIVE & GENERAL	5.00	0	39.95
39.96 CS-BASE/GOALS-EMERG MED	A	-1,392,000	ADMINISTRATIVE & GENERAL	5.00	0	39.96
40.00 CS-BASE/GOALS-HOSP	A	-11,078,000	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CS-BASE/GOALS-PERI	A	-644,509	ADMINISTRATIVE & GENERAL	5.00	0	40.01
40.02 CS-BASE/GOALS-REC	A	-381,331	ADMINISTRATIVE & GENERAL	5.00	0	40.02
40.03 CS-BASE/GOALS-PALL	A	-514,723	ADMINISTRATIVE & GENERAL	5.00	0	40.03
40.04 CS-BASE/GOALS-HEART	A	-471,180	ADMINISTRATIVE & GENERAL	5.00	0	40.04
40.05 CS-BASE/GOALS-PULM	A	-330,000	ADMINISTRATIVE & GENERAL	5.00	0	40.05
40.06 CS-CALL COVER-KIDNEY	A	-585,261	ADMINISTRATIVE & GENERAL	5.00	0	40.06
40.07 CD-CALL COVER-LIVER	A	-585,261	ADMINISTRATIVE & GENERAL	5.00	0	40.07
40.08 CS-BASE/GOALS-GYNEONC	A	-100,000	ADMINISTRATIVE & GENERAL	5.00	0	40.08
40.09 CS-BASE/GOALS-L&D	A	-457,446	ADMINISTRATIVE & GENERAL	5.00	0	40.09
40.10 CS-BASE/GOALS-PAC	A	-86,487	ADMINISTRATIVE & GENERAL	5.00	0	40.10
40.11 CS-BASE/GOALS-ANESTH	A	-17,706,000	ADMINISTRATIVE & GENERAL	5.00	0	40.11
40.13 CS-TRAUMA CALL COVER	A	-365,000	ADMINISTRATIVE & GENERAL	5.00	0	40.13
42.00 CS-CSF OPTH ROB PROGRAM	A	-85,600	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 CS-DENTAL CENTER LAB AND PROFF SERV	A	-177,777	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 CS- PFF NICU HOSPITALISTS	A	-1,547,154	ADMINISTRATIVE & GENERAL	5.00	0	44.00
44.01 EXCLUDED COST	A	-2,200	LABORATORY	60.00	0	44.01
44.02 EXCLUDED COST	A	-2,057,487	ADMINISTRATIVE & GENERAL	5.00	0	44.02
44.03 EXCLUDED COST	A	-119,770	OPERATION OF PLANT	7.00	0	44.03
44.04 EXCLUDED COST	A	-26,432	MRI	58.00	0	44.04
44.05 EXCLUDED COST	A	-4,565	CARDIOLOGY	59.02	0	44.05
44.06 EXCLUDED COST	A	-188,588	CARDIAC CATHETERIZATION	59.00	0	44.06
44.07 EXCLUDED COST	A	-16,658	RADIOLOGY-DIAGNOSTIC	54.00	0	44.07
44.08 EXCLUDED COST	A	-217,036	PHARMACY	15.00	0	44.08
44.09 EXCLUDED COST	A	0		0.00	0	44.09
44.10 EXCLUDED COST	A	-1,680	SOCIAL SERVICE	17.00	0	44.10
44.11 EXCLUDED COST	A	-201,727	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	44.11
44.12 EXCLUDED COST	A	-256,210	ADULTS & PEDIATRICS	30.00	0	44.12
44.13 EXCLUDED COST	A	-11,143	INTENSIVE CARE UNIT	31.00	0	44.13
44.14 EXCLUDED COST	A	-26,538	NEONATAL INTENSIVE CARE UNIT	35.00	0	44.14
44.15 EXCLUDED COST	A	-4,563	SUBPROVIDER - IPF	40.00	0	44.15
44.16 EXCLUDED COST	A	-27,415	OPERATING ROOM	50.00	0	44.16
44.17 EXCLUDED COST	A	-4,673	RECOVERY ROOM	51.00	0	44.17
44.18 EXCLUDED COST	A	-3,123	DELIVERY ROOM & LABOR ROOM	52.00	0	44.18
44.19 EXCLUDED COST	A	-10,021	RADIOLOGY-DIAGNOSTIC	54.00	0	44.19
44.20 EXCLUDED COST	A	-15,437	RADIOLOGY-THERAPEUTIC	55.00	0	44.20
44.21 EXCLUDED COST	A	-367	CT SCAN	57.00	0	44.21
44.22 EXCLUDED COST	A	-2,892	MRI	58.00	0	44.22
44.23 EXCLUDED COST	A	-2,491	CARDIAC CATHETERIZATION	59.00	0	44.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
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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	
44.24	EXCLUDED COST	A	-177	RADIOISOTOPE	56.00	0	44.24
44.25	EXCLUDED COST	A	-1,013	CARDIOLOGY	59.02	0	44.25
44.26	EXCLUDED COST	A	-500	ANESTHESIOLOGY	53.00	0	44.26
44.27	EXCLUDED COST	A	-1,535	ELECTROMYOGRAPHY	59.04	0	44.27
44.28	EXCLUDED COST	A	-2,765	GASTRO INTESTINAL SERVICES	59.05	0	44.28
44.29	EXCLUDED COST	A	-47,124	LABORATORY	60.00	0	44.29
44.30	EXCLUDED COST	A	-9,753	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.30
44.31	EXCLUDED COST	A	-563	RESPIRATORY THERAPY	65.00	0	44.31
44.32	EXCLUDED COST	A	-35	PHYSICAL THERAPY	66.00	0	44.32
44.33	EXCLUDED COST	A	-556	OCCUPATIONAL THERAPY	67.00	0	44.33
44.34	EXCLUDED COST	A	-7,576	ELECTROENCEPHALOGRAPHY	70.00	0	44.34
44.35	EXCLUDED COST	A	-11,777	CLINIC	90.00	0	44.35
44.36	EXCLUDED COST	A	-681	PSYCH CLINIC	90.01	0	44.36
44.37	EXCLUDED COST	A	-5,392	TRANSPLANT CLINIC	90.02	0	44.37
44.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.38
44.39	EXCLUDED COST	A	-3,663	EMERGENCY	91.00	0	44.39
44.40	EXCLUDED COST	A	-410	OBSERVATION BEDS (DISTINCT PART)	92.01	0	44.40
44.41	EXCLUDED COST	A	-133	KIDNEY ACQUISITION	105.00	0	44.41
44.42	EXCLUDED COST	A	-26,696	LUNG ACQUISITION	108.00	0	44.42
44.43	REAL ESTATE TAXES ERIE MCCLURG	A	0		0.00	0	44.43
44.44	RESTRICTED FUND ACCT 615201 NO HOURS	A	-701,831	ADMINISTRATIVE & GENERAL	5.00	0	44.44
44.45	RESTRICTED FUND ACCT 615200 NO HOURS	A	-23,500	ADMINISTRATIVE & GENERAL	5.00	0	44.45
44.46	PARKING REV OFFSET 1123_415802	B	-2,634,721	OPERATION OF PLANT	7.00	0	44.46
44.47	PARKING REV OFFSET 1230_415802	B	-278,280	ADMINISTRATIVE & GENERAL	5.00	0	44.47
44.48	PARKING REV OFFSET 1399_415802	B	-152,532	OPERATION OF PLANT	7.00	0	44.48
44.49	PARKING REV OFFSET 1676_415802	B	-53,100	OPERATION OF PLANT	7.00	0	44.49
44.50	PARKING REV OFFSET 1862_415802	B	-803,597	OPERATION OF PLANT	7.00	0	44.50
44.51	PARKING REV OFFSET 1069_415805	B	-2,621,446	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.51
44.52	PARKING REV OFFSET 1676_415806	B	-3,060	OPERATION OF PLANT	7.00	0	44.52
44.53	PARKING REV OFFSET 1645_415807	B	-1,381,636	OPERATION OF PLANT	7.00	0	44.53
44.54	PARKING REV OFFSET 1645_415813	B	-930,534	OPERATION OF PLANT	7.00	0	44.54
44.55	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.55
44.56	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.56
44.57	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.57
44.58	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.58
44.59	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.59
44.60	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.60
44.61	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.61
44.62	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.62
44.63	SALARY SUPPORT	A	-281,043	ADMINISTRATIVE & GENERAL	5.00	0	44.63
44.64	SALARY SUPPORT	A	-372,953	ADMINISTRATIVE & GENERAL	5.00	0	44.64
44.65	SALARY SUPPORT	A	-87,970	DIETARY	10.00	0	44.65
44.66	SALARY SUPPORT	A	-2,649,451	PHARMACY	15.00	0	44.66
44.67	SALARY SUPPORT	A	39,432	SOCIAL SERVICE	17.00	0	44.67
44.68	SALARY SUPPORT	A	-21,336	PHYSICAL THERAPY	66.00	0	44.68
44.69	SALARY SUPPORT	A	-52,335	OCCUPATIONAL THERAPY	67.00	0	44.69
44.70	SALARY SUPPORT	A	-55,080	CARDIAC REHABILITATION	76.97	0	44.70
44.71	SALARY SUPPORT	A	-187,432	LIVER ACQUISITION	107.00	0	44.71
44.72	SALARY SUPPORT	A	-20,684	OPERATION OF PLANT	7.00	0	44.72
44.73	SALARY SUPPORT	A	-2,150	NURSING ADMINISTRATION	13.00	0	44.73
44.74	SALARY SUPPORT	A	-401,845	ADMINISTRATIVE & GENERAL	5.00	0	44.74
44.75	CORP BILL ADJ_1099_431000	B	1,507,544	ADMINISTRATIVE & GENERAL	5.00	0	44.75
44.76	CORP BILL ADJ_1569_431000	B	-119	KIDNEY ACQUISITION	105.00	0	44.76
44.77	CORP BILL ADJ_1764_431000	B	2,923	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.77
44.78	CORP REV_1529_430800	B	-1,127	RADIOLOGY-DIAGNOSTIC	54.00	0	44.78
44.79	CORP REV_1530_430800	B	-13,285	VASCULAR LAB	59.01	0	44.79

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
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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
44.80	CORP REV_1534_430800	B	-1,669	PHYSICAL THERAPY		66.00	0 44.80
44.81	CORP REV_1535_430800	B	-1,914	PULMONARY FUNCTION TESTING		59.03	0 44.81
44.82	CORP REV_1540_430800	B	-58,339	RESPIRATORY THERAPY		65.00	0 44.82
44.83	CORP REV_1541_430800	B	-100,987	ANESTHESIOLOGY		53.00	0 44.83
44.84	CORP REV_1542_430800	B	-4,279	ANESTHESIOLOGY		53.00	0 44.84
44.85	CORP REV_1544_430800	B	3,936	RADIOISOTOPE		56.00	0 44.85
44.86	CORP REV_1545_430800	B	4,631	RADIOLOGY-THERAPEUTIC		55.00	0 44.86
44.87	CORP REV_1555_430800	B	-10,355	BLOOD STORING, PROCESSING & TRANS.		63.00	0 44.87
44.88	CORP REV_1559_430800	B	-5,296	LABORATORY		60.00	0 44.88
44.89	CORP REV_1562_430800	B	-551	OCCUPATIONAL THERAPY		67.00	0 44.89
44.90	CORP REV_1566_430800	B	-175	CLINIC		90.00	0 44.90
44.91	CORP REV_1567_430800	B	-2,415	ADULTS & PEDIATRICS		30.00	0 44.91
44.92	CORP REV_1574_430800	B	-63,735	MRI		58.00	0 44.92
44.93	CORP REV_1586_430800	B	-1,459	CLINIC		90.00	0 44.93
44.94	CORP REV_1594_430800	B	-106,924	PHARMACY		15.00	0 44.94
44.95	CORP REV_1606_430800	B	-7,106	CLINIC		90.00	0 44.95
44.96	CORP REV_1608_430800	B	-12,479	LABORATORY		60.00	0 44.96
44.97	CORP REV_1614_430800	B	-51,497	ELECTROENCEPHALOGRAPHY		70.00	0 44.97
44.98	CORP REV_1634_430800	B	-58,939	RADIOLOGY-DIAGNOSTIC		54.00	0 44.98
44.99	CORP REV_1646_430800	B	-3,998	RADIOLOGY-DIAGNOSTIC		54.00	0 44.99
45.00	CORP REV_1648_430800	B	-2,642	CT SCAN		57.00	0 45.00
45.01	CORP REV_1655_430800	B	-47,340	LABORATORY		60.00	0 45.01
45.02	CORP REV_1703_430800	B	-4,586	RECOVERY ROOM		51.00	0 45.02
45.03	CORP REV_1712_430800	B	-1,210	CLINIC		90.00	0 45.03
45.04	CORP REV_1732_430800	B	-2,200	CARDIOLOGY		59.02	0 45.04
45.05	CORP REV_1735_430800	B	-24,735	OPERATING ROOM		50.00	0 45.05
45.06	CORP REV_1745_430800	B	-175	RADIOLOGY-THERAPEUTIC		55.00	0 45.06
45.07	CORP REV_1764_430800	B	-16,465	BLOOD STORING, PROCESSING & TRANS.		63.00	0 45.07
45.08	CORP REV_1766_430800	B	-11,941	LABORATORY		60.00	0 45.08
45.09	CORP REV_1819_430800	B	-56,658	OPERATING ROOM		50.00	0 45.09
45.10	CORP REV_1896_430800	B	233	GASTRO INTESTINAL SERVICES		59.05	0 45.10
45.11	FSM FAC SUPP SRV_1324_432703	B	-14,300	HOUSEKEEPING		9.00	0 45.11
45.12	FSM FAC SUPP SRV_1383_432703	B	-353,796	OPERATION OF PLANT		7.00	0 45.12
45.13	RESEARCH REV_1099_430850	B	15,000	ADMINISTRATIVE & GENERAL		5.00	0 45.13
45.14	RESEARCH REV_1122_430850	B	-337	OPERATING ROOM		50.00	0 45.14
45.15	RESEARCH REV_1124_430850	B	-843	ANESTHESIOLOGY		53.00	0 45.15
45.16	RESEARCH REV_1243_430850	B	-10,543	MRI		58.00	0 45.16
45.17	RESEARCH REV_1414_430850	B	-706	ELECTROMYOGRAPHY		59.04	0 45.17
45.18	RESEARCH REV_1420_430850	B	286	INTENSIVE CARE UNIT		31.00	0 45.18
45.19	RESEARCH REV_1422_430850	B	-4,891	OPERATING ROOM		50.00	0 45.19
45.20	RESEARCH REV_1423_430850	B	-6,348	OPERATING ROOM		50.00	0 45.20
45.21	RESEARCH REV_1426_430850	B	-3,889	OPERATING ROOM		50.00	0 45.21
45.22	RESEARCH REV_1427_430850	B	-57,587	OPERATING ROOM		50.00	0 45.22
45.23	RESEARCH REV_1431_430850	B	-3,087	OPERATING ROOM		50.00	0 45.23
45.24	RESEARCH REV_1432_430850	B	-112	OPERATING ROOM		50.00	0 45.24
45.25	RESEARCH REV_1434_430850	B	-6,308	OPERATING ROOM		50.00	0 45.25
45.26	RESEARCH REV_1436_430850	B	-1,846	RECOVERY ROOM		51.00	0 45.26
45.27	RESEARCH REV_1437_430850	B	-35	OPERATING ROOM		50.00	0 45.27
45.28	RESEARCH REV_1440_430850	B	-4,811	ADULTS & PEDIATRICS		30.00	0 45.28
45.29	RESEARCH REV_1446_430850	B	-990	TRANSPLANT CLINIC		90.02	0 45.29
45.30	RESEARCH REV_1459_430850	B	-88	OPERATING ROOM		50.00	0 45.30
45.31	RESEARCH REV_1464_430850	B	-91	ADULTS & PEDIATRICS		30.00	0 45.31
45.32	RESEARCH REV_1467_430850	B	-17,277	ADULTS & PEDIATRICS		30.00	0 45.32
45.33	RESEARCH REV_1474_430850	B	-3,000	LABORATORY		60.00	0 45.33
45.34	RESEARCH REV_1477_430850	B	-6,209	ADULTS & PEDIATRICS		30.00	0 45.34
45.35	RESEARCH REV_1479_430850	B	-2,733	ADULTS & PEDIATRICS		30.00	0 45.35
45.36	RESEARCH REV_1491_430850	B	-15,511	LABORATORY		60.00	0 45.36
45.37	RESEARCH REV_1492_430850	B	-389	LABORATORY		60.00	0 45.37
45.38	RESEARCH REV_1494_430850	B	-7,379	LABORATORY		60.00	0 45.38
45.39	RESEARCH REV_1496_430850	B	-7,881	LABORATORY		60.00	0 45.39
45.40	RESEARCH REV_1498_430850	B	-6,293	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0 45.40
45.41	RESEARCH REV_1499_430850	B	-40,649	LABORATORY		60.00	0 45.41
45.42	RESEARCH REV_1500_430850	B	-477	BLOOD STORING, PROCESSING & TRANS.		63.00	0 45.42
45.43	RESEARCH REV_1502_430850	B	-47,073	GASTRO INTESTINAL SERVICES		59.05	0 45.43
45.44	RESEARCH REV_1503_430850	B	-19,122	LABORATORY		60.00	0 45.44

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #
			1.00	2.00	3.00	4.00
						5.00
45.45	RESEARCH REV_1504_430850	B		-3,805	LABORATORY	60.00
45.46	RESEARCH REV_1505_430850	B		-11,830	LABORATORY	60.00
45.47	RESEARCH REV_1506_430850	B		-23,337	LABORATORY	60.00
45.48	RESEARCH REV_1508_430850	B		-17,256	LABORATORY	60.00
45.49	RESEARCH REV_1509_430850	B		-4,274	LABORATORY	60.00
45.50	RESEARCH REV_1514_430850	B		-30,232	LABORATORY	60.00
45.51	RESEARCH REV_1515_430850	B		-8,867	LABORATORY	60.00
45.52	RESEARCH REV_1516_430850	B		-7,366	LABORATORY	60.00
45.53	RESEARCH REV_1517_430850	B		-74,086	LABORATORY	60.00
45.54	RESEARCH REV_1518_430850	B		-41,392	MRI	58.00
45.55	RESEARCH REV_1520_430850	B		-429,801	CARDIOLOGY	59.02
45.56	RESEARCH REV_1521_430850	B		-151,622	CARDIAC CATHETERIZATION	59.00
45.57	RESEARCH REV_1522_430850	B		-132,981	RADIOLOGY-DIAGNOSTIC	54.00
45.58	RESEARCH REV_1523_430850	B		-339,292	CT SCAN	57.00
45.59	RESEARCH REV_1524_430850	B		-15,952	RADIOLOGY-DIAGNOSTIC	54.00
45.60	RESEARCH REV_1525_430850	B		-40,895	RADIOLOGY-DIAGNOSTIC	54.00
45.61	RESEARCH REV_1528_430850	B		-10,697	ELECTROENCEPHALOGRAPHY	70.00
45.62	RESEARCH REV_1529_430850	B		-2,896	RADIOLOGY-DIAGNOSTIC	54.00
45.63	RESEARCH REV_1530_430850	B		-1,262	VASCULAR LAB	59.01
45.64	RESEARCH REV_1535_430850	B		-11,797	PULMONARY FUNCTION TESTING	59.03
45.65	RESEARCH REV_1540_430850	B		-4,971	RESPIRATORY THERAPY	65.00
45.66	RESEARCH REV_1541_430850	B		-12,221	ANESTHESIOLOGY	53.00
45.67	RESEARCH REV_1542_430850	B		-5,756	ANESTHESIOLOGY	53.00
45.68	RESEARCH REV_1544_430850	B		-226,547	RADIOISOTOPE	56.00
45.69	RESEARCH REV_1545_430850	B		-2,862	RADIOLOGY-THERAPEUTIC	55.00
45.70	RESEARCH REV_1554_430850	B		-308	RADIOLOGY-DIAGNOSTIC	54.00
45.71	RESEARCH REV_1555_430850	B		-24,948	BLOOD STORING, PROCESSING & TRANS.	63.00
45.72	RESEARCH REV_1559_430850	B		-19,241	LABORATORY	60.00
45.73	RESEARCH REV_1563_430850	B		-162	PHYSICAL THERAPY	66.00
45.74	RESEARCH REV_1566_430850	B		-18,807	CLINIC	90.00
45.75	RESEARCH REV_1567_430850	B		-3,411	ADULTS & PEDIATRICS	30.00
45.76	RESEARCH REV_1574_430850	B		-25,541	MRI	58.00
45.77	RESEARCH REV_1586_430850	B		-1,252	CLINIC	90.00
45.78	RESEARCH REV_1590_430850	B		-979,344	PHARMACY	15.00
45.79	RESEARCH REV_1594_430850	B		-260,094	PHARMACY	15.00
45.80	RESEARCH REV_1606_430850	B		-14,200	CLINIC	90.00
45.81	RESEARCH REV_1608_430850	B		-5,016	LABORATORY	60.00
45.82	RESEARCH REV_1634_430850	B		-16,207	RADIOLOGY-DIAGNOSTIC	54.00
45.83	RESEARCH REV_1646_430850	B		-16,122	RADIOLOGY-DIAGNOSTIC	54.00
45.84	RESEARCH REV_1648_430850	B		-37,744	CT SCAN	57.00
45.85	RESEARCH REV_1655_430850	B		-345	LABORATORY	60.00
45.86	RESEARCH REV_1680_430850	B		-1,084	RADIOLOGY-THERAPEUTIC	55.00
45.87	RESEARCH REV_1684_430850	B		-6,328	ADULTS & PEDIATRICS	30.00
45.88	RESEARCH REV_1703_430850	B		-5,184	RECOVERY ROOM	51.00
45.89	RESEARCH REV_1712_430850	B		-144	CLINIC	90.00
45.90	RESEARCH REV_1745_430850	B		-806	RADIOLOGY-THERAPEUTIC	55.00
45.91	RESEARCH REV_1756_430850	B		-71	ADULTS & PEDIATRICS	30.00
45.92	RESEARCH REV_1764_430850	B		-11,504	BLOOD STORING, PROCESSING & TRANS.	63.00
45.93	RESEARCH REV_1766_430850	B		1,012	LABORATORY	60.00
45.94	RESEARCH REV_1793_430850	B		-2,685	ADULTS & PEDIATRICS	30.00
45.95	RESEARCH REV_1816_430850	B		-568	OBSERVATION BEDS (DISTINCT PART)	92.01
45.96	RESEARCH REV_1819_430850	B		-12,881	OPERATING ROOM	50.00
45.97	RESEARCH REV_1896_430850	B		-23,950	GASTRO INTESTINAL SERVICES	59.05
45.98	RESEARCH REV_1924_430850	B		-20,124	MRI	58.00
45.99	RESEARCH REV_1983_430850	B		-2,201	NURSING ADMINISTRATION	13.00
47.00	IC MAIL SRVC_1356_432304	B		-229,381	ADMINISTRATIVE & GENERAL	5.00
47.01	IC SHARED SRV INC_1069_432500	B		-58,557	EMPLOYEE BENEFITS DEPARTMENT	4.00
47.02	IC SHARED SRV INC_1562_432500	B		-8,277	OCCUPATIONAL THERAPY	67.00
47.03	IC SHARED SRV INC_1563_432500	B		-6,705	PHYSICAL THERAPY	66.00
47.04	IC SHARED SRV INC_1645_432500	B		-14,827	OPERATION OF PLANT	7.00
47.05	IC SHARED SRV INC_1809_432500	B		-41,778	ADMINISTRATIVE & GENERAL	5.00
47.06	IC FAC SUPP SRV_1320_432701	B		-1,345,650	OPERATION OF PLANT	7.00
47.07	IC FAC SUPP SRV_1350_432701	B		-367,387	OPERATION OF PLANT	7.00
47.08	IC FAC SUPP SRV_1355_432701	B		-10,800	ADULTS & PEDIATRICS	30.00
47.09	IC FAC SUPP SRV_1359_432701	B		-50,734	HOUSEKEEPING	9.00
47.10	IC FAC SUPP SRV_1359_432701	B		-85,501	OPERATION OF PLANT	7.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

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	
47.11	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.11
47.12	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.12
47.13	REPAIR AND MAINT_434200	B	4,749	OPERATING ROOM		50.00	0	47.13
47.14	MAN FEES_1240_434000	A	-375	REAL ESTATE		194.00	0	47.14
47.15	MAN FEES_1383_434000	A	-565,150	OPERATION OF PLANT		7.00	0	47.15
47.16	MAN FEES_1644_434000	A	-1,460	OPERATION OF PLANT		7.00	0	47.16
47.17	CONTR SRV REV_1099_434010	B	5,170	ADMINISTRATIVE & GENERAL		5.00	0	47.17
47.18	IC MD LEADERSP_1768_434035	B	-62,559	ELECTROENCEPHALOGRAPHY		70.00	0	47.18
47.19	WRK ORDR REV_1233_434219	B	-8,524	OPERATION OF PLANT		7.00	0	47.19
47.20	WRK ORDR REV_1240_434219	B	-235	REAL ESTATE		194.00	0	47.20
47.21	WRK ORDR REV_1399_434219	B	-208,140	OPERATION OF PLANT		7.00	0	47.21
47.22	WRK ORDR REV_1644_434219	B	-53,124	OPERATION OF PLANT		7.00	0	47.22
47.23	WRK ORDR REV_1676_434219	B	-90,394	OPERATION OF PLANT		7.00	0	47.23
47.24	WRK ORDR REV_1792_434219	B	-29,144	OPERATION OF PLANT		7.00	0	47.24
47.25	WRK ORDR REV_1804_434219	B	-21,143	OPERATION OF PLANT		7.00	0	47.25
47.26	IC LEASE EMPL REV_1062_434401	B	-235,920	ADMINISTRATIVE & GENERAL		5.00	0	47.26
47.27	IC LEASE EMPL REV_1445_434401	B	-115,991	LIVER ACQUISITION		107.00	0	47.27
47.28	IC LEASE EMPL REV_1457_434401	B	-76,030	LIVER ACQUISITION		107.00	0	47.28
47.29	IC LEASE EMPL REV_1590_434401	B	-3,163,728	PHARMACY		15.00	0	47.29
47.30	FSM LEASE EMP_1383_434403	B	-372,953	OPERATION OF PLANT		7.00	0	47.30
47.31	FSM LEASE EMP_1562_434403	B	-28,511	PHYSICAL THERAPY		66.00	0	47.31
47.32	FSM LEASE EMP_1563_434403	B	-4,296	OCCUPATIONAL THERAPY		67.00	0	47.32
47.33	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.33
47.34	OUTSD SAL SUPP_1562_434600	B	-10,505	OCCUPATIONAL THERAPY		67.00	0	47.34
47.35	OUTSD SAL SUPP_1762_434600	B	-13,002	ADMINISTRATIVE & GENERAL		5.00	0	47.35
47.36	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.36
47.37	FSM MISC INC_1300_435703	B	-201,956	DIETARY		10.00	0	47.37
47.38	UNIV INC_1410_435800	B	-68,060	ADMINISTRATIVE & GENERAL		5.00	0	47.38
47.39	CASH SAL_1410_436400	B	-58,255	ADMINISTRATIVE & GENERAL		5.00	0	47.39
47.40	NEWS DEL_1576_438000	B	0			0.00	0	47.40
47.41	NEWS DEL_1996_438000	B	0			0.00	0	47.41
47.42	OTR OP INC_1011_438200	B	-45,225	OPERATION OF PLANT		7.00	0	47.42
47.43	OTR OP INC_1017_438200	B	-39,709	NURSING ADMINISTRATION		13.00	0	47.43
47.44	OTR OP INC_1069_438200	B	-241,936	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	47.44
47.45	OTR OP INC_1099_438200	B	-30,108,294	ADMINISTRATIVE & GENERAL		5.00	0	47.45
47.46	OTR OP INC_1213_438200	B	-25,750	ADMINISTRATIVE & GENERAL		5.00	0	47.46
47.47	OTR OP INC_1308_438200	B	-1,511,913	ADMINISTRATIVE & GENERAL		5.00	0	47.47
47.48	OTR OP INC_1354_438200	B	-104	ADMINISTRATIVE & GENERAL		5.00	0	47.48
47.49	OTR OP INC_1399_438200	B	42,055	OPERATION OF PLANT		7.00	0	47.49
47.50	OTR OP INC_1410_438200	B	-38,333	ADMINISTRATIVE & GENERAL		5.00	0	47.50
47.51	OTR OP INC_1481_438200	B	-240	NEONATAL INTENSIVE CARE UNIT		35.00	0	47.51
47.52	OTR OP INC_1493_438200	B	-13,747	DELIVERY ROOM & LABOR ROOM		52.00	0	47.52
47.53	OTR OP INC_1506_438200	B	-139,842	LABORATORY		60.00	0	47.53
47.54	OTR OP INC_1519_438200	B	-1,167	CARDIAC REHABILITATION		76.97	0	47.54
47.55	OTR OP INC_1545_438200	B	-140	RADIOLOGY-THERAPEUTIC		55.00	0	47.55
47.56	OTR OP INC_1585_438200	B	-203,553	PHARMACY		15.00	0	47.56
47.57	OTR OP INC_1590_438200	B	-13,667	PHARMACY		15.00	0	47.57
47.58	OTR OP INC_1644_438200	B	-650	OPERATION OF PLANT		7.00	0	47.58
47.59	OTR OP INC_1645_438200	B	-1,727	OPERATION OF PLANT		7.00	0	47.59
47.60	OTR OP INC_1676_438200	B	-800	OPERATION OF PLANT		7.00	0	47.60
47.61	OTR OP INC_1768_438200	B	-41,100	ELECTROENCEPHALOGRAPHY		70.00	0	47.61
47.62	OTR OP INC_1792_438200	B	11,071	OPERATION OF PLANT		7.00	0	47.62
47.63	OTR OP INC_1924_438200	B	-1,000	MRI		58.00	0	47.63
47.64	OTR OP INC_1925_438200	B	-143,521	NURSING ADMINISTRATION		13.00	0	47.64
47.65	OTR OP INC_1996_438200	B	-61,537	ADULTS & PEDIATRICS		30.00	0	47.65
47.66	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.66
47.67	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.67
47.68	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	47.68
47.69	PAYOR INT INC_1099_469999	B	-1,100,657	ADMINISTRATIVE & GENERAL		5.00	0	47.69
47.70	EXCLUDE CC1650 NOT RECLASSED TO MTM	A	-195,884,570	PHARMACY		15.00	0	47.70
47.71	SAL CHRG TO INC_1384_434400	B	-30,876	SOCIAL SERVICE		17.00	0	47.71

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
47.72	SAL CHRG TO INC_1519_434400	B	-31,452	CARDIAC REHABILITATION	76.97	0	47.72
47.73	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.73
47.74	RE TAXES SUNDRY 1099_801400	A	788	ADMINISTRATIVE & GENERAL	5.00	0	47.74
47.75	RE TAXES ERIE MCCLURG 1069_801400	A	-56,403	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.75
47.76	RE TAXES VA LAKESIDE 1357_801400	A	924,399	ADMINISTRATIVE & GENERAL	5.00	0	47.76
47.77	RE TAXES 541 FAIRBANKS 1644_801400	A	-2,453,557	OPERATION OF PLANT	7.00	0	47.77
47.78	RE TAXES PRENTICE 1804_801400	A	-19,519	OPERATION OF PLANT	7.00	0	47.78
47.79	RE TAXES GLATER AMB PAV 1399_801400	A	-401,742	OPERATION OF PLANT	7.00	0	47.79
47.80	RE TAXES 676 1676_801400	A	-978,713	OPERATION OF PLANT	7.00	0	47.80
47.81	RE TAXES 211 ONTARIO 1792_801400	A	-642,000	OPERATION OF PLANT	7.00	0	47.81
47.82	RE 259 ERIE 1233_801400	A	-35,132	OPERATION OF PLANT	7.00	0	47.82
47.83	RE 560 FAIRBANKS 1862_801400	A	-433,256	OPERATION OF PLANT	7.00	0	47.83
47.84	RE 680 N FAIRBANKS 1801_801400	A	-161,473	OPERATION OF PLANT	7.00	0	47.84
47.85	RE ONTERIE CENTER 1076_801400	A	-56,235	PSYCH CLINIC	90.01	0	47.85
47.86	HOSPICE REV OFFSET (PROXY)	B	-10,800	ADMINISTRATIVE & GENERAL	5.00	0	47.86
47.87	CONTRA INCENTIVE DEPR EXP	A	-9,432	CAP REL COSTS-BLDG & FIXT	1.00	9	47.87
47.88	GAIN/LOSS ON DISPOSAL	A	-3,844,461	CAP REL COSTS-BLDG & FIXT	1.00	9	47.88
47.89	GAIN/LOSS ON DISPOSAL	A	4,924,498	CAP REL COSTS-MVBLE EQUIP	2.00	9	47.89
47.90	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.90
47.91	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.91
47.92	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.92
47.93	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.93
47.94	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.94
47.95	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.95
47.96	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.96
47.97	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.97
47.98	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.98
47.99	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.99
48.01	RECLASS TO HOME OFFICE	A	-6,019,292	CAP REL COSTS-BLDG & FIXT	1.00	14	48.01
48.02	RECLASS TO HOME OFFICE	A	-4,185,592	OPERATION OF PLANT	7.00	0	48.02
48.03	RECLASS TO HOME OFFICE	A	-2,105,158	HOUSEKEEPING	9.00	0	48.03
49.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.00
49.02	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	49.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-597,129,061				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: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
3/25/2021 12:24 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	NMHC MANAGEMENT FEE	303,778,648	467,921,823 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC MANAGEMENT FEE	83,083,739	86,918,289 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	NM100 TRANSPLANT	1,351,956	0 3.00
4.00		0.00			0	0 4.00
4.01		0.00			0	0 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
4.04		0.00			0	0 4.04
4.05		0.00			0	0 4.05
4.06		0.00			0	0 4.06
4.07		0.00			0	0 4.07
4.08		0.00			0	0 4.08
4.09		0.00			0	0 4.09
4.10		0.00			0	0 4.10
4.11		0.00			0	0 4.11
4.12		0.00			0	0 4.12
4.13		0.00			0	0 4.13
4.14		0.00			0	0 4.14
4.15		0.00			0	0 4.15
4.16		0.00			0	0 4.16
4.17		0.00			0	0 4.17
4.18		0.00			0	0 4.18
4.19		0.00			0	0 4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			388,214,343	554,840,112	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		100.00	NM HEALTHCARE	100.00	6.00
7.00	B		100.00	NM LAKE FOREST	100.00	7.00
8.00	B		100.00	NM FOUNDATION	100.00	8.00
9.00	B		100.00	NM MEDICAL GROUP	100.00	9.00
9.01	B		100.00	NM DELNOR	100.00	9.01
9.02	B		100.00	NM CENTRAL DUPAGE	100.00	9.02
9.03	B		100.00	NM INSURANCE CO	100.00	9.03
9.04	B		100.00	N HEALTHCARE CORP	100.00	9.04
9.05	B		100.00	NM DELNOR	100.00	9.05
9.06	B		100.00	NM KISHWAUKEE	100.00	9.06
9.07	B		100.00	NM VALLEY WEST	100.00	9.07
10.00	B		100.00	NM MARIANJOY	100.00	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: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
3/25/2021 12:24 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-164,143,175	0		1.00
2.00	-3,834,550	0		2.00
3.00	1,351,956	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	-166,625,769			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	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00	HEALTH CARE		9.00
9.01	HEALTH CARE		9.01
9.02	HEALTHCARE		9.02
9.03	HEALTHCARE		9.03
9.04	HEALTHCARE		9.04
9.05	HEALTHCARE		9.05
9.06	HEALTHCARE		9.06
9.07	HEALTHCARE		9.07
10.00	HEALTHCARE		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: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
3/25/2021 12:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	716,862	0	716,862	179,000	6,768	1.00
2.00	13.00	NURSING ADMINISTRATION	117,033	0	117,033	179,000	1,152	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	3,181,738	0	3,181,738	179,000	20,507	5.00
6.00	30.00	ADULTS & PEDIATRICS	2,926,002	0	2,926,002	197,500	14,803	6.00
7.00	31.00	INTENSIVE CARE UNIT	645,648	0	645,648	179,000	2,880	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	59,346	0	59,346	237,100	864	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	2,338,561	0	2,338,561	246,400	6,898	10.00
11.00	51.00	RECOVERY ROOM	96,314	0	96,314	179,000	576	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	142,728	0	142,728	237,400	864	12.00
13.00	53.00	ANESTHESIOLOGY	414,303	0	414,303	239,400	2,269	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	408,956	0	408,956	271,900	1,656	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	155,718	0	155,718	271,900	504	15.00
16.00	56.00	RADIOISOTOPE	93,840	0	93,840	271,900	576	16.00
17.00	57.00	CT SCAN	210,803	0	210,803	271,900	720	17.00
18.00	58.00	MRI	27,775	0	27,775	271,900	144	18.00
19.00	59.00	CARDIAC CATHETERIZATION	171,739	0	171,739	271,900	1,080	19.00
20.00	59.02	CARDIOLOGY	86,516	0	86,516	179,000	562	20.00
21.00	59.03	PULMONARY FUNCTION TESTING	48,451	0	48,451	179,000	432	21.00
22.00	59.04	ELECTROMYOGRAPHY	100,349	0	100,349	179,000	360	22.00
23.00	59.05	GASTRO INTESTINAL SERVICES	182,095	0	182,095	179,000	864	23.00
24.00	60.00	LABORATORY	440,733	0	440,733	179,000	2,160	24.00
25.00	63.00	BLOOD STORING, PROCESSING & TRANS.	25,549	0	25,549	260,300	288	25.00
26.00	65.00	RESPIRATORY THERAPY	136,852	0	136,852	179,000	720	26.00
27.00	66.00	PHYSICAL THERAPY	16,055	0	16,055	179,000	144	27.00
28.00	70.00	ELECTROENCEPHALOGRAPHY	258,181	0	258,181	179,000	1,368	28.00
29.00	74.00	RENAL DIALYSIS	17,069	0	17,069	179,000	144	29.00
30.00	76.97	CARDIAC REHABILITATION	9,180	0	9,180	179,000	58	30.00
31.00	90.00	CLINIC	183,014	0	183,014	179,000	1,728	31.00
32.00	90.01	PSYCH CLINIC	140,645	0	140,645	179,000	1,152	32.00
33.00	91.00	EMERGENCY	584,251	0	584,251	179,000	2,304	33.00
34.00	90.02	TRANSPLANT CLINIC	765,669	0	765,669	246,400	2,880	34.00
200.00			14,701,975	0	14,701,975		77,425	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
3/25/2021 12:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	582,438	29,122	0	0	58,079	1.00
2.00	13.00	NURSING ADMINISTRATION	99,138	4,957	0	0	9,482	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,764,785	88,239	0	0	250,331	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,405,573	70,279	0	0	237,061	6.00
7.00	31.00	INTENSIVE CARE UNIT	247,846	12,392	0	0	52,310	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	98,488	4,924	0	0	4,808	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	817,148	40,857	0	0	189,467	10.00
11.00	51.00	RECOVERY ROOM	49,569	2,478	0	0	7,803	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	98,612	4,931	0	0	11,564	12.00
13.00	53.00	ANESTHESIOLOGY	261,153	13,058	0	0	33,566	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	216,474	10,824	0	0	33,133	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	65,884	3,294	0	0	12,616	15.00
16.00	56.00	RADIOISOTOPE	75,295	3,765	0	0	7,603	16.00
17.00	57.00	CT SCAN	94,119	4,706	0	0	17,079	17.00
18.00	58.00	MRI	18,824	941	0	0	2,250	18.00
19.00	59.00	CARDIAC CATHETERIZATION	141,179	7,059	0	0	13,914	19.00
20.00	59.02	CARDIOLOGY	48,364	2,418	0	0	7,009	20.00
21.00	59.03	PULMONARY FUNCTION TESTING	37,177	1,859	0	0	3,925	21.00
22.00	59.04	ELECTROMYOGRAPHY	30,981	1,549	0	0	8,130	22.00
23.00	59.05	GASTRO INTESTINAL SERVICES	74,354	3,718	0	0	14,753	23.00
24.00	60.00	LABORATORY	185,885	9,294	0	0	35,708	24.00
25.00	63.00	BLOOD STORING, PROCESSING & TRANS.	36,042	1,802	0	0	2,070	25.00
26.00	65.00	RESPIRATORY THERAPY	61,962	3,098	0	0	11,088	26.00
27.00	66.00	PHYSICAL THERAPY	12,392	620	0	0	1,301	27.00
28.00	70.00	ELECTROENCEPHALOGRAPHY	117,727	5,886	0	0	20,918	28.00
29.00	74.00	RENAL DIALYSIS	12,392	620	0	0	1,383	29.00
30.00	76.97	CARDIAC REHABILITATION	4,991	250	0	0	744	30.00
31.00	90.00	CLINIC	148,708	7,435	0	0	14,828	31.00
32.00	90.01	PSYCH CLINIC	99,138	4,957	0	0	11,395	32.00
33.00	91.00	EMERGENCY	198,277	9,914	0	0	47,335	33.00
34.00	90.02	TRANSPLANT CLINIC	341,169	17,058	0	0	62,034	34.00
200.00			7,446,084	372,304	0	0	1,183,687	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
3/25/2021 12:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	58,079	640,517	76,345	76,345		1.00
2.00	13.00	NURSING ADMINISTRATION	9,482	108,620	8,413	8,413		2.00
3.00	15.00	PHARMACY	0	0	0	0		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	250,331	2,015,116	1,166,622	1,166,622		5.00
6.00	30.00	ADULTS & PEDIATRICS	237,061	1,642,634	1,283,368	1,283,368		6.00
7.00	31.00	INTENSIVE CARE UNIT	52,310	300,156	345,492	345,492		7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	4,808	103,296	0	0		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0		9.00
10.00	50.00	OPERATING ROOM	189,467	1,006,615	1,331,946	1,331,946		10.00
11.00	51.00	RECOVERY ROOM	7,803	57,372	38,942	38,942		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	11,564	110,176	32,552	32,552		12.00
13.00	53.00	ANESTHESIOLOGY	33,566	294,719	119,584	119,584		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	33,133	249,607	159,349	159,349		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	12,616	78,500	77,218	77,218		15.00
16.00	56.00	RADIOISOTOPE	7,603	82,898	10,942	10,942		16.00
17.00	57.00	CT SCAN	17,079	111,198	99,605	99,605		17.00
18.00	58.00	MRI	2,250	21,074	6,701	6,701		18.00
19.00	59.00	CARDIAC CATHETERIZATION	13,914	155,093	16,646	16,646		19.00
20.00	59.02	CARDIOLOGY	7,009	55,373	31,143	31,143		20.00
21.00	59.03	PULMONARY FUNCTION TESTING	3,925	41,102	7,349	7,349		21.00
22.00	59.04	ELECTROMYOGRAPHY	8,130	39,111	61,238	61,238		22.00
23.00	59.05	GASTRO INTESTINAL SERVICES	14,753	89,107	92,988	92,988		23.00
24.00	60.00	LABORATORY	35,708	221,593	219,140	219,140		24.00
25.00	63.00	BLOOD STORING, PROCESSING & TRANS.	2,070	38,112	0	0		25.00
26.00	65.00	RESPIRATORY THERAPY	11,088	73,050	63,802	63,802		26.00
27.00	66.00	PHYSICAL THERAPY	1,301	13,693	2,362	2,362		27.00
28.00	70.00	ELECTROENCEPHALOGRAPHY	20,918	138,645	119,536	119,536		28.00
29.00	74.00	RENAL DIALYSIS	1,383	13,775	3,294	3,294		29.00
30.00	76.97	CARDIAC REHABILITATION	744	5,735	3,445	3,445		30.00
31.00	90.00	CLINIC	14,828	163,536	19,478	19,478		31.00
32.00	90.01	PSYCH CLINIC	11,395	110,533	30,112	30,112		32.00
33.00	91.00	EMERGENCY	47,335	245,612	338,639	338,639		33.00
34.00	90.02	TRANSPLANT CLINIC	62,034	403,203	362,466	362,466		34.00
200.00			1,183,687	8,629,771	6,128,717	6,128,717		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	64,798,588	64,798,588			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	30,799,197	30,799,197			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	88,443,608	0	88,443,608		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	399,744,670	3,011,924	9,474,155	413,662,336	5.00
7.00	00700	OPERATION OF PLANT	44,044,854	21,881,684	310,927	76,637,971	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,482,441	0	0	4,482,441	8.00
9.00	00900	HOUSEKEEPING	17,044,815	354,055	2,922,805	20,489,960	9.00
10.00	01000	DIETARY	5,689,676	619,685	1,381,164	7,985,065	10.00
11.00	01100	CAFETERIA	8,082,881	0	0	8,082,881	11.00
13.00	01300	NURSING ADMINISTRATION	15,478,550	60,814	1,631,566	17,199,836	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,656,888	393,316	1,420,947	22,658,097	14.00
15.00	01500	PHARMACY	12,683,227	320,142	4,523,261	17,678,796	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	709,036	8,922	104,603	826,802	16.00
17.00	01700	SOCIAL SERVICE	4,397,255	31,158	627,900	5,071,122	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	43,118,169	129,023	5,819,743	49,128,260	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,423,792	0	84,514	6,508,306	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	1,287,870	15,115	219,076	1,529,245	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	283,771	25,742	43,541	365,289	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	259,205	16,206	61,150	344,264	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	241,213	16,206	60,157	325,279	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	286,399	16,206	7,703	378,794	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	249,700	16,206	7,703	335,253	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	160,153,897	6,839,510	3,250,864	188,734,493	30.00
31.00	03100	INTENSIVE CARE UNIT	43,120,367	1,426,875	678,203	50,560,129	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,550,668	573,099	2,256,114	18,652,279	35.00
40.00	04000	SUBPROVIDER - IPF	4,189,747	425,455	651,911	5,469,335	40.00
43.00	04300	NURSERY	5,064,250	135,175	64,250	5,263,675	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,739,247	2,847,733	1,353,547	73,132,403	50.00
51.00	05100	RECOVERY ROOM	7,548,527	238,879	113,541	9,002,948	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,830,934	743,674	353,473	24,736,414	52.00
53.00	05300	ANESTHESIOLOGY	5,182,652	63,352	30,112	5,904,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,967,535	1,313,226	624,185	37,574,614	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,427,314	496,842	236,152	13,485,165	55.00
56.00	05600	RADIOISOTOPE	12,811,158	329,896	156,802	13,679,390	56.00
57.00	05700	CT SCAN	8,331,123	390,847	185,772	9,867,185	57.00
58.00	05800	MRI	13,129,002	248,237	117,989	14,951,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,946,800	75,234	35,759	3,372,782	59.00
59.01	03650	VASCULAR LAB	1,053,885	50,883	24,185	1,287,444	59.01
59.02	03140	CARDIOLOGY	6,307,078	176,400	83,844	7,307,348	59.02
59.03	03560	PULMONARY FUNCTION TESTING	665,347	74,838	35,571	815,193	59.03
59.04	03290	ELECTROMYOGRAPHY	939,877	128,545	61,098	1,332,389	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	9,840,471	533,184	253,426	11,405,274	59.05
60.00	06000	LABORATORY	65,902,383	884,142	420,239	71,373,642	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,693,004	298,575	141,914	11,133,493	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,967,981	0	0	7,510,992	63.00
65.00	06500	RESPIRATORY THERAPY	13,743,358	67,281	31,979	15,423,852	65.00
66.00	06600	PHYSICAL THERAPY	4,520,801	11,036	5,246	5,038,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,968,297	90,567	43,047	2,423,510	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,570,330	187,041	88,902	5,380,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,694,617	0	0	37,694,617	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,260,420	0	0	64,260,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,628,224	0	0	97,628,224	73.00
74.00	07400	RENAL DIALYSIS	4,244,520	0	0	4,244,520	74.00
76.97	07697	CARDIAC REHABILITATION	419,635	0	0	472,617	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,846,548	746,307	354,725	14,149,677	90.00
90.01	09001	PSYCH CLINIC	2,801,109	6,562	3,119	3,025,479	90.01
90.02	09002	TRANSPLANT CLINIC	4,225,777	0	0	4,353,337	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	518,601	5,729	2,723	527,053	90.03
91.00	09100	EMERGENCY	21,110,481	621,472	295,390	24,771,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,209,153	0	0	4,775,303	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	9,322,278	35,468	16,858	206,063	9,580,667
106.00	10600	HEART ACQUISITION	3,727,906	6,821	3,242	80,283	3,818,252
107.00	10700	LIVER ACQUISITION	5,971,809	18,130	8,617	114,278	6,112,834
108.00	10800	LUNG ACQUISITION	3,596,944	9,345	4,442	166,572	3,777,303
109.00	10900	PANCREAS ACQUISITION	1,046,050	2,387	1,135	0	1,049,572
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,574,995,910	47,019,151	22,348,513	88,427,486	1,548,749,667
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,797	0	0	5,072	55,869
191.00	19100	RESEARCH	1,883,076	23,109	10,984	49	1,917,218
191.01	19101	SPONSERED PROJECT	4,758,919	0	0	0	4,758,919
194.00	07950	REAL ESTATE	52,937,541	0	0	11,001	52,948,542
194.01	07951	MARKETING, OTHER NON-REIMB	349,400	17,756,328	8,439,700	0	26,545,428
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,634,975,643	64,798,588	30,799,197	88,443,608	1,634,975,643

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	413,662,336					5.00
7.00	00700	OPERATION OF PLANT	27,764,711	104,402,682				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,623,917	0	6,106,358			8.00
9.00	00900	HOUSEKEEPING	7,423,185	1,668,919	0	29,582,064		9.00
10.00	01000	DIETARY	2,892,861	2,921,027	0	841,106	14,640,059	10.00
11.00	01100	CAFETERIA	2,928,298	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,231,225	286,663	0	82,544	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,208,666	1,853,983	0	533,852	0	14.00
15.00	01500	PHARMACY	6,404,745	1,509,062	0	434,533	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299,537	42,054	0	12,109	0	16.00
17.00	01700	SOCIAL SERVICE	1,837,186	146,868	0	42,290	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,798,383	608,177	0	175,124	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,357,855	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	554,021	71,248	0	20,516	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	132,338	121,340	0	34,940	0	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	124,721	76,392	0	21,997	0	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	117,843	76,392	0	21,997	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	137,231	76,392	0	21,997	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	121,457	76,392	0	21,997	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,374,950	32,239,579	4,168,379	9,283,345	11,650,520	30.00
31.00	03100	INTENSIVE CARE UNIT	18,317,126	6,725,897	547,749	1,936,714	1,530,944	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,757,422	2,701,432	395,213	777,874	0	35.00
40.00	04000	SUBPROVIDER - IPF	1,981,453	2,005,481	187,036	577,476	522,760	40.00
43.00	04300	NURSERY	1,906,945	637,178	473,153	183,475	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,494,699	13,423,437	0	3,865,263	0	50.00
51.00	05100	RECOVERY ROOM	3,261,624	1,126,009	0	324,233	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,961,607	3,505,476	0	1,009,398	0	52.00
53.00	05300	ANESTHESIOLOGY	2,139,273	298,623	0	85,988	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,612,681	6,190,189	0	1,782,458	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,885,460	2,341,978	0	674,370	0	55.00
56.00	05600	RADIOISOTOPE	4,955,824	1,555,039	0	447,772	0	56.00
57.00	05700	CT SCAN	3,574,723	1,842,344	0	530,501	0	57.00
58.00	05800	MRI	5,416,528	1,170,121	0	336,935	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,221,905	354,631	0	102,116	0	59.00
59.01	03650	VASCULAR LAB	466,420	239,850	0	69,065	0	59.01
59.02	03140	CARDIOLOGY	2,647,335	831,502	0	239,430	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	295,331	352,766	0	101,579	0	59.03
59.04	03290	ELECTROMYOGRAPHY	482,703	605,927	0	174,476	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	4,131,948	2,513,281	0	723,696	0	59.05
60.00	06000	LABORATORY	25,857,529	4,167,604	0	1,200,057	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,033,486	1,407,399	0	405,259	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,721,112	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,587,815	317,142	0	91,321	0	65.00
66.00	06600	PHYSICAL THERAPY	1,825,442	52,021	0	14,979	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	877,999	426,907	0	122,927	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,949,111	881,658	0	253,872	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,656,157	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,280,522	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,369,144	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,537,722	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	171,222	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,126,202	3,517,887	0	1,012,971	0	90.00
90.01	09001	PSYCH CLINIC	1,096,083	30,930	0	8,906	0	90.01
90.02	09002	TRANSPLANT CLINIC	1,577,144	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	190,943	27,007	0	7,777	0	90.03
91.00	09100	EMERGENCY	8,974,158	2,929,450	0	843,532	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,730,016	0	334,828	0	935,835	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,470,922	167,188	0	48,142	0	105.00
106.00	10600	HEART ACQUISITION	1,383,292	32,151	0	9,258	0	106.00
107.00	10700	LIVER ACQUISITION	2,214,582	85,459	0	24,608	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	1,368,456	44,048	0	12,683	0	108.00
109.00	10900	PANCREAS ACQUISITION	380,243	11,253	0	3,240	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,223,439	104,293,753	6,106,358	29,550,698	14,640,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,240	0	0	0	0	190.00
191.00	19100	RESEARCH	694,577	108,929	0	31,366	0	191.00
191.01	19101	SPONSERED PROJECT	1,724,080	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	413,662,336	104,402,682	6,106,358	29,582,064	14,640,059	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	11,011,179					11.00
13.00	01300	NURSING ADMINISTRATION	241,618	24,041,886				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,427	0	33,465,025			14.00
15.00	01500	PHARMACY	669,847	0	0	26,696,983		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,491	0	0	0	1,195,993	16.00
17.00	01700	SOCIAL SERVICE	92,985	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	861,842	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,516	0	23	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	32,443	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	6,448	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	9,056	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	8,909	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	10,142	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	9,129	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,738,262	10,720,958	648,241	114,541	104,484	30.00
31.00	03100	INTENSIVE CARE UNIT	790,010	4,147,370	105,582	144,231	33,517	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	334,107	1,837,220	24,702	728	24,189	35.00
40.00	04000	SUBPROVIDER - IPF	96,541	210,994	414	2	4,346	40.00
43.00	04300	NURSERY	0	0	0	0	4,416	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	768,862	8,591	3,427,061	38,502	193,802	50.00
51.00	05100	RECOVERY ROOM	163,195	11,314	8,207	1,654	9,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	415,884	1,962,422	77,380	12,344	32,670	52.00
53.00	05300	ANESTHESIOLOGY	93,125	0	110,368	9,289	27,090	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	543,439	731,239	577,499	40,120	67,266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	196,197	203,998	2,290	782	35,433	55.00
56.00	05600	RADIOISOTOPE	56,501	47,392	1,469,942	488	13,895	56.00
57.00	05700	CT SCAN	142,083	190,163	40,485	326	63,654	57.00
58.00	05800	MRI	215,593	357,598	160,188	9,328	46,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,647	168,255	188,778	213	13,498	59.00
59.01	03650	VASCULAR LAB	23,471	0	0	90	5,713	59.01
59.02	03140	CARDIOLOGY	109,590	46,435	19,511	408	32,579	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,840	25,954	17,626	1,008	1,984	59.03
59.04	03290	ELECTROMYOGRAPHY	30,043	76,950	161,439	1,056	6,744	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	115,242	407,904	437,365	1,915	22,575	59.05
60.00	06000	LABORATORY	617,071	149	2,949,612	3,595	155,223	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1,497,615	8,151	8,380	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,414	149,698	109,558	1,556	6,078	63.00
65.00	06500	RESPIRATORY THERAPY	234,164	0	503,248	2,586	16,671	65.00
66.00	06600	PHYSICAL THERAPY	74,285	0	5,524	0	3,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,625	0	1,003	0	1,968	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,049	12,466	5,704	0	9,841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,048,100	0	46,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,719,685	0	47,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,274,580	86,902	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	7,846	7,040	52	1	419	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	178,018	475,643	101,994	22,986	4,825	90.00
90.01	09001	PSYCH CLINIC	31,793	104,912	0	0	147	90.01
90.02	09002	TRANSPLANT CLINIC	18,890	60,580	3,504	14	950	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	406,315	1,726,738	38,867	3,914	52,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	83,841	339,466	3,168	1,955	2,420	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	30,516	0	38	517	2,903	105.00
106.00	10600	HEART ACQUISITION	11,889	8,209	252	0	667	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

 Period:
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 To 08/31/2020

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
107.00	10700	LIVER ACQUISITION	16,923	12	0	103	1,745	107.00
108.00	10800	LUNG ACQUISITION	24,668	2,216	0	0	1,808	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	247	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,008,792	24,041,886	33,465,025	26,696,983	1,195,993	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	751	0	0	0	0	190.00
191.00	19100	RESEARCH	7	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	1,629	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,011,179	24,041,886	33,465,025	26,696,983	1,195,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	7,190,451					17.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			68,571,786			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				8,878,700		22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)					2,207,473	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)						23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,908,413	0	17,808,450	2,305,843	0	30.00
31.00	03100	INTENSIVE CARE UNIT	644,993	0	7,553,930	978,086	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	465,378	0	416,662	53,950	0	35.00
40.00	04000	SUBPROVIDER - IPF	220,241	0	2,091,027	270,747	0	40.00
43.00	04300	NURSERY	557,155	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	17,152,591	2,220,924	0	50.00
51.00	05100	RECOVERY ROOM	0	0	794,744	102,904	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,831,759	366,657	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	115,739	14,986	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,200,561	673,371	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,658,933	214,799	0	55.00
56.00	05600	RADIOISOTOPE	0	0	223,763	28,973	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	447,526	57,946	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	686,721	88,917	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	254,627	32,969	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	432,094	55,948	0	59.05
60.00	06000	LABORATORY	0	0	4,236,065	548,487	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	324,071	41,961	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	223,763	28,973	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,432	1,998	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	23,148	2,997	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	185,183	23,978	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	7,716	999	2,207,473	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,530,837	327,694	0	90.00
90.01	09001	PSYCH CLINIC	0	0	385,798	49,953	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	385,798	49,953	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	2,361,085	305,714	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	394,271	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
			17.00	20.00			23.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,190,451	0	68,348,023	8,849,727	2,207,473	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	223,763	28,973	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	7,190,451	0	68,571,786	8,878,700	2,207,473	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	660,355					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)		576,430				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)			550,420			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				624,556		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					564,228	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	525,508	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	69,055	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	23,580	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	576,430	0	0	564,228	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	550,420	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	624,556	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	42,212	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	660,355	576,430	550,420	624,556	564,228	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	660,355	576,430	550,420	624,556	564,228	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(PHARMACY)				23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	354,325,966	-20,114,293	334,211,673	30.00
31.00	03100	INTENSIVE CARE UNIT	94,085,333	-8,532,016	85,553,317	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	32,441,156	-470,612	31,970,544	35.00
40.00	04000	SUBPROVIDER - IPF	13,661,433	-2,361,774	11,299,659	40.00
43.00	04300	NURSERY	9,025,997	0	9,025,997	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	140,726,135	-19,373,515	121,352,620	50.00
51.00	05100	RECOVERY ROOM	14,806,403	-897,648	13,908,755	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,912,011	-3,198,416	40,713,595	52.00
53.00	05300	ANESTHESIOLOGY	8,799,443	-130,725	8,668,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,134,095	-5,873,932	62,260,163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,249,825	-1,873,732	22,376,093	55.00
56.00	05600	RADIOISOTOPE	23,103,535	-252,736	22,850,799	56.00
57.00	05700	CT SCAN	16,251,464	0	16,251,464	57.00
58.00	05800	MRI	22,663,980	0	22,663,980	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,974,297	-505,472	5,468,825	59.00
59.01	03650	VASCULAR LAB	2,092,053	0	2,092,053	59.01
59.02	03140	CARDIOLOGY	12,009,776	-775,638	11,234,138	59.02
59.03	03560	PULMONARY FUNCTION TESTING	1,904,877	-287,596	1,617,281	59.03
59.04	03290	ELECTROMYOGRAPHY	2,871,727	0	2,871,727	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	20,247,242	-488,042	19,759,200	59.05
60.00	06000	LABORATORY	111,109,034	-4,784,552	106,324,482	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,859,815	-366,032	18,493,783	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,579,408	0	10,579,408	63.00
65.00	06500	RESPIRATORY THERAPY	22,429,535	-252,736	22,176,799	65.00
66.00	06600	PHYSICAL THERAPY	7,032,010	-17,430	7,014,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,928,084	-26,145	3,901,939	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,571,766	0	8,571,766	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,654,850	-209,161	61,445,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,308,389	0	98,308,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,575,038	-8,715	161,566,323	73.00
74.00	07400	RENAL DIALYSIS	5,782,242	0	5,782,242	74.00
76.97	07697	CARDIAC REHABILITATION	659,197	0	659,197	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	27,448,734	-2,858,531	24,590,203	90.00
90.01	09001	PSYCH CLINIC	4,734,001	-435,751	4,298,250	90.01
90.02	09002	TRANSPLANT CLINIC	6,450,170	-435,751	6,014,419	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	752,780	0	752,780	90.03
91.00	09100	EMERGENCY	42,413,370	-2,666,799	39,746,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,643,315	0	8,643,315	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	13,300,893	0	13,300,893		105.00
106.00	10600	HEART ACQUISITION	5,263,970	0	5,263,970		106.00
107.00	10700	LIVER ACQUISITION	8,456,266	0	8,456,266		107.00
108.00	10800	LUNG ACQUISITION	5,231,182	0	5,231,182		108.00
109.00	10900	PANCREAS ACQUISITION	1,444,555	0	1,444,555		109.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,545,915,352	-77,197,750	1,468,717,602		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76,860	0	76,860		190.00
191.00	19100	RESEARCH	3,004,833	-252,736	2,752,097		191.00
191.01	19101	SPONSERED PROJECT	6,482,999	0	6,482,999		191.01
194.00	07950	REAL ESTATE	52,950,171	0	52,950,171		194.00
194.01	07951	MARKETING, OTHER NON-REIMB	26,545,428	0	26,545,428		194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0		194.02
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,634,975,643	-77,450,486	1,557,525,157		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,956,313	3,011,924	1,431,587	54,399,824	0 5.00
7.00	00700	OPERATION OF PLANT	402,151	21,881,684	10,400,506	32,684,341	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	0	354,055	168,285	522,340	0 9.00
10.00	01000	DIETARY	0	619,685	294,540	914,225	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	34,960	60,814	28,906	124,680	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,377	393,316	186,946	632,639	0 14.00
15.00	01500	PHARMACY	0	320,142	152,166	472,308	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,922	4,241	13,163	0 16.00
17.00	01700	SOCIAL SERVICE	0	31,158	14,809	45,967	0 17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	129,023	61,325	190,348	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-(PHARMACY)	0	15,115	7,184	22,299	0 23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	25,742	12,235	37,977	0 23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	16,206	7,703	23,909	0 23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	16,206	7,703	23,909	0 23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	16,206	7,703	23,909	0 23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	16,206	7,703	23,909	0 23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	372,620	6,839,510	3,250,864	10,462,994	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,426,875	678,203	2,105,078	0 31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	573,099	272,398	845,497	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	425,455	202,222	627,677	0 40.00
43.00	04300	NURSERY	0	135,175	64,250	199,425	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,480	2,847,733	1,353,547	4,276,760	0 50.00
51.00	05100	RECOVERY ROOM	0	238,879	113,541	352,420	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	743,674	353,473	1,097,147	0 52.00
53.00	05300	ANESTHESIOLOGY	0	63,352	30,112	93,464	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,800	1,313,226	624,185	1,946,211	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	496,842	236,152	732,994	0 55.00
56.00	05600	RADIOISOTOPE	0	329,896	156,802	486,698	0 56.00
57.00	05700	CT SCAN	0	390,847	185,772	576,619	0 57.00
58.00	05800	MRI	0	248,237	117,989	366,226	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	75,234	35,759	110,993	0 59.00
59.01	03650	VASCULAR LAB	0	50,883	24,185	75,068	0 59.01
59.02	03140	CARDIOLOGY	0	176,400	83,844	260,244	0 59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	74,838	35,571	110,409	0 59.03
59.04	03290	ELECTROMYOGRAPHY	0	128,545	61,098	189,643	0 59.04
59.05	03340	GASTRO INTESTINAL SERVICES	2,200	533,184	253,426	788,810	0 59.05
60.00	06000	LABORATORY	0	884,142	420,239	1,304,381	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	298,575	141,914	440,489	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	219,717	67,281	31,979	318,977	0 65.00
66.00	06600	PHYSICAL THERAPY	0	11,036	5,246	16,282	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	90,567	43,047	133,614	0 67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	187,041	88,902	275,943	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	746,307	354,725	1,101,032	0 90.00
90.01	09001	PSYCH CLINIC	0	6,562	3,119	9,681	0 90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0 90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	5,729	2,723	8,452	0 90.03
91.00	09100	EMERGENCY	0	621,472	295,390	916,862	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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3/25/2021 12:24 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	35,468	16,858	52,326	0 105.00
106.00	10600	HEART ACQUISITION	0	6,821	3,242	10,063	0 106.00
107.00	10700	LIVER ACQUISITION	0	18,130	8,617	26,747	0 107.00
108.00	10800	LUNG ACQUISITION	0	9,345	4,442	13,787	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	2,387	1,135	3,522	0 109.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,124,618	47,019,151	22,348,513	120,492,282	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	23,109	10,984	34,093	0 191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0 191.01
194.00	07950	REAL ESTATE	0	0	0	0	0 194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	17,756,328	8,439,700	26,196,028	0 194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0 194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	51,124,618	64,798,588	30,799,197	146,722,403	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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To 08/31/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,399,824					5.00
7.00	00700	OPERATION OF PLANT	3,651,263	36,335,604				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	213,557	0	213,557			8.00
9.00	00900	HOUSEKEEPING	976,203	580,839	0	2,079,382		9.00
10.00	01000	DIETARY	380,432	1,016,614	0	59,123	2,370,394	10.00
11.00	01100	CAFETERIA	385,093	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	819,452	99,768	0	5,802	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,079,500	645,248	0	37,526	0	14.00
15.00	01500	PHARMACY	842,271	525,204	0	30,544	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39,391	14,636	0	851	0	16.00
17.00	01700	SOCIAL SERVICE	241,603	51,115	0	2,973	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,340,618	211,666	0	12,310	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	310,075	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	72,858	24,797	0	1,442	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	17,403	42,230	0	2,456	0	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	16,402	26,587	0	1,546	0	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	15,497	26,587	0	1,546	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	18,047	26,587	0	1,546	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	15,972	26,587	0	1,546	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,992,005	11,220,446	145,780	652,542	1,886,353	30.00
31.00	03100	INTENSIVE CARE UNIT	2,408,836	2,340,836	19,156	136,136	247,878	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	888,651	940,188	13,822	54,678	0	35.00
40.00	04000	SUBPROVIDER - IPF	260,576	697,974	6,541	40,592	84,641	40.00
43.00	04300	NURSERY	250,777	221,759	16,548	12,897	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,484,247	4,671,802	0	271,697	0	50.00
51.00	05100	RECOVERY ROOM	428,927	391,889	0	22,791	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,178,517	1,220,022	0	70,953	0	52.00
53.00	05300	ANESTHESIOLOGY	281,330	103,931	0	6,044	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,790,167	2,154,392	0	125,293	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	642,474	815,086	0	47,403	0	55.00
56.00	05600	RADIOISOTOPE	651,727	541,205	0	31,475	0	56.00
57.00	05700	CT SCAN	470,102	641,197	0	37,290	0	57.00
58.00	05800	MRI	712,313	407,241	0	23,684	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	160,689	123,423	0	7,178	0	59.00
59.01	03650	VASCULAR LAB	61,338	83,476	0	4,855	0	59.01
59.02	03140	CARDIOLOGY	348,144	289,390	0	16,830	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	38,838	122,774	0	7,140	0	59.03
59.04	03290	ELECTROMYOGRAPHY	63,479	210,883	0	12,264	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	543,381	874,705	0	50,870	0	59.05
60.00	06000	LABORATORY	3,400,454	1,450,465	0	84,354	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	530,433	489,822	0	28,486	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	357,846	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	734,839	110,376	0	6,419	0	65.00
66.00	06600	PHYSICAL THERAPY	240,059	18,105	0	1,053	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,463	148,578	0	8,641	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,322	306,846	0	17,845	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,795,885	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,061,559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,651,301	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	202,222	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	22,517	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	674,133	1,224,342	0	71,204	0	90.00
90.01	09001	PSYCH CLINIC	144,143	10,765	0	626	0	90.01
90.02	09002	TRANSPLANT CLINIC	207,406	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	25,110	9,399	0	547	0	90.03
91.00	09100	EMERGENCY	1,180,168	1,019,546	0	59,294	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	227,510	0	11,710	0	151,522	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	456,452	58,187	0	3,384	0	105.00
106.00	10600	HEART ACQUISITION	181,913	11,190	0	651	0	106.00
107.00	10700	LIVER ACQUISITION	291,234	29,742	0	1,730	0	107.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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To 08/31/2020Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	179,962	15,330	0	892	0	108.00
109.00	10900	PANCREAS ACQUISITION	50,005	3,916	0	228	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,079,091	36,297,693	213,557	2,077,177	2,370,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,662	0	0	0	0	190.00
191.00	19100	RESEARCH	91,342	37,911	0	2,205	0	191.00
191.01	19101	SPONSERED PROJECT	226,729	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	54,399,824	36,335,604	213,557	2,079,382	2,370,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
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Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	385,093					11.00
13.00	01300	NURSING ADMINISTRATION	8,454	1,058,156				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,362	0	2,402,275			14.00
15.00	01500	PHARMACY	23,436	0	0	1,893,763		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	542	0	0	0	68,583	16.00
17.00	01700	SOCIAL SERVICE	3,253	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	30,154	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	438	0	2	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,135	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	226	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	317	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	312	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	355	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	319	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,647	471,821	46,534	8,125	5,952	30.00
31.00	03100	INTENSIVE CARE UNIT	27,640	182,551	7,579	10,231	1,909	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,690	80,867	1,773	52	1,378	35.00
40.00	04000	SUBPROVIDER - IPF	3,378	9,287	30	0	248	40.00
43.00	04300	NURSERY	0	0	0	0	252	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,900	378	246,012	2,731	11,496	50.00
51.00	05100	RECOVERY ROOM	5,710	498	589	117	545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,551	86,378	5,555	876	1,861	52.00
53.00	05300	ANESTHESIOLOGY	3,258	0	7,923	659	1,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,013	32,186	41,456	2,846	3,832	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,864	8,979	164	55	2,018	55.00
56.00	05600	RADIOISOTOPE	1,977	2,086	105,520	35	791	56.00
57.00	05700	CT SCAN	4,971	8,370	2,906	23	3,626	57.00
58.00	05800	MRI	7,543	15,740	11,499	662	2,656	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,632	7,406	13,551	15	769	59.00
59.01	03650	VASCULAR LAB	821	0	0	6	325	59.01
59.02	03140	CARDIOLOGY	3,834	2,044	1,401	29	1,856	59.02
59.03	03560	PULMONARY FUNCTION TESTING	204	1,142	1,265	71	113	59.03
59.04	03290	ELECTROMYOGRAPHY	1,051	3,387	11,589	75	384	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	4,032	17,954	31,396	136	1,286	59.05
60.00	06000	LABORATORY	21,590	7	211,738	255	8,842	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	107,506	578	477	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,813	6,589	7,865	110	346	63.00
65.00	06500	RESPIRATORY THERAPY	8,193	0	36,126	183	950	65.00
66.00	06600	PHYSICAL THERAPY	2,599	0	397	0	206	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,666	0	72	0	112	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,766	549	409	0	561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	721,303	0	2,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	769,499	0	2,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,863,800	4,950	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	275	310	4	0	24	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,228	20,936	7,322	1,631	275	90.00
90.01	09001	PSYCH CLINIC	1,112	4,618	0	0	8	90.01
90.02	09002	TRANSPLANT CLINIC	661	2,667	252	1	54	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	14,216	76,004	2,790	278	2,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,933	14,942	227	139	138	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,068	0	3	37	165	105.00
106.00	10600	HEART ACQUISITION	416	361	18	0	38	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
107.00	10700	LIVER ACQUISITION	592	1	0	7	99	107.00
108.00	10800	LUNG ACQUISITION	863	98	0	0	103	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	14	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	385,010	1,058,156	2,402,275	1,893,763	68,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	57	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	385,093	1,058,156	2,402,275	1,893,763	68,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM-(PHARMACY)	
			SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES APPRV	PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	344,911					17.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		2,785,096			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			310,515		22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0				122,531	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0					23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0					23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0					23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0					23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	235,446					30.00
31.00	03100	INTENSIVE CARE UNIT	30,939					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,323					35.00
40.00	04000	SUBPROVIDER - IPF	10,565					40.00
43.00	04300	NURSERY	26,726					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MRI	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
59.01	03650	VASCULAR LAB	0					59.01
59.02	03140	CARDIOLOGY	0					59.02
59.03	03560	PULMONARY FUNCTION TESTING	0					59.03
59.04	03290	ELECTROMYOGRAPHY	0					59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0					59.05
60.00	06000	LABORATORY	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
90.01	09001	PSYCH CLINIC	0					90.01
90.02	09002	TRANSPLANT CLINIC	0					90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0					90.03
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	18,912					92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	344,911	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	19100	RESEARCH	0					191.00
191.01	19101	SPONSERED PROJECT	0					191.01
194.00	07950	REAL ESTATE	0					194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0					194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0					194.02
200.00		Cross Foot Adjustments		0	2,785,096	310,515	122,531	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	344,911	0	2,785,096	310,515	122,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	100,292					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)		68,761				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)			67,851			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				70,444		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					68,333	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
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
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	03650	VASCULAR LAB						59.01
59.02	03140	CARDIOLOGY						59.02
59.03	03560	PULMONARY FUNCTION TESTING						59.03
59.04	03290	ELECTROMYOGRAPHY						59.04
59.05	03340	GASTRO INTESTINAL SERVICES						59.05
60.00	06000	LABORATORY						60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
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
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	PSYCH CLINIC						90.01
90.02	09002	TRANSPLANT CLINIC						90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT						90.03
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM-(CHAPLAIN CY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	SPONSERED PROJECT						191.01
194.00	07950	REAL ESTATE						194.00
194.01	07951	MARKETING, OTHER NON-REIMB						194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY						194.02
200.00		Cross Foot Adjustments	100,292	68,761	67,851	70,444	68,333	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	100,292	68,761	67,851	70,444	68,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(PHARMACY)				23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,223,645	0	34,223,645	30.00
31.00	03100	INTENSIVE CARE UNIT	7,518,769	0	7,518,769	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,860,919	0	2,860,919	35.00
40.00	04000	SUBPROVIDER - IPF	1,741,509	0	1,741,509	40.00
43.00	04300	NURSERY	728,384	0	728,384	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,992,023	0	12,992,023	50.00
51.00	05100	RECOVERY ROOM	1,203,486	0	1,203,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,675,860	0	3,675,860	52.00
53.00	05300	ANESTHESIOLOGY	498,152	0	498,152	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,115,396	0	6,115,396	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,256,037	0	2,256,037	55.00
56.00	05600	RADIOISOTOPE	1,821,514	0	1,821,514	56.00
57.00	05700	CT SCAN	1,745,104	0	1,745,104	57.00
58.00	05800	MRI	1,547,564	0	1,547,564	58.00
59.00	05900	CARDIAC CATHETERIZATION	425,656	0	425,656	59.00
59.01	03650	VASCULAR LAB	225,889	0	225,889	59.01
59.02	03140	CARDIOLOGY	923,772	0	923,772	59.02
59.03	03560	PULMONARY FUNCTION TESTING	281,956	0	281,956	59.03
59.04	03290	ELECTROMYOGRAPHY	492,755	0	492,755	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	2,312,570	0	2,312,570	59.05
60.00	06000	LABORATORY	6,482,086	0	6,482,086	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,597,791	0	1,597,791	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	375,569	0	375,569	63.00
65.00	06500	RESPIRATORY THERAPY	1,216,063	0	1,216,063	65.00
66.00	06600	PHYSICAL THERAPY	278,701	0	278,701	66.00
67.00	06700	OCCUPATIONAL THERAPY	408,146	0	408,146	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	861,241	0	861,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,519,855	0	2,519,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,833,779	0	3,833,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,520,051	0	6,520,051	73.00
74.00	07400	RENAL DIALYSIS	202,222	0	202,222	74.00
76.97	07697	CARDIAC REHABILITATION	23,130	0	23,130	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,107,103	0	3,107,103	90.00
90.01	09001	PSYCH CLINIC	170,953	0	170,953	90.01
90.02	09002	TRANSPLANT CLINIC	211,041	0	211,041	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	43,508	0	43,508	90.03
91.00	09100	EMERGENCY	3,272,151	0	3,272,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	428,033	0	428,033	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	571,622	0	571,622		105.00
106.00	10600	HEART ACQUISITION	204,650	0	204,650		106.00
107.00	10700	LIVER ACQUISITION	350,152	0	350,152		107.00
108.00	10800	LUNG ACQUISITION	211,035	0	211,035		108.00
109.00	10900	PANCREAS ACQUISITION	57,685	0	57,685		109.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,537,527	0	116,537,527		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,688	0	2,688		190.00
191.00	19100	RESEARCH	165,551	0	165,551		191.00
191.01	19101	SPONSERED PROJECT	226,729	0	226,729		191.01
194.00	07950	REAL ESTATE	57	0	57		194.00
194.01	07951	MARKETING, OTHER NON-REIMB	26,196,028	0	26,196,028		194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0		194.02
200.00		Cross Foot Adjustments	3,593,823	0	3,593,823		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	146,722,403	0	146,722,403		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,750,058				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,750,058			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	509,733,336		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	220,789	220,789	54,602,935	-413,662,336	5.00
7.00	00700	OPERATION OF PLANT	1,604,036	1,604,036	1,791,984	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	25,954	25,954	16,845,170	0	9.00
10.00	01000	DIETARY	45,426	45,426	7,960,139	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,458	4,458	9,403,299	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,832	28,832	8,189,423	0	14.00
15.00	01500	PHARMACY	23,468	23,468	26,069,166	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654	654	602,866	0	16.00
17.00	01700	SOCIAL SERVICE	2,284	2,284	3,618,814	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,458	9,458	33,541,253	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	487,085	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,108	1,108	1,262,615	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	1,887	1,887	250,943	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	1,188	1,188	352,428	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	1,188	1,188	346,709	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	1,188	1,188	394,707	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	1,188	1,188	355,277	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	501,370	501,370	106,567,009	0	30.00
31.00	03100	INTENSIVE CARE UNIT	104,597	104,597	30,745,685	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	42,011	42,011	13,002,791	0	35.00
40.00	04000	SUBPROVIDER - IPF	31,188	31,188	3,757,197	0	40.00
43.00	04300	NURSERY	9,909	9,909	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,753	208,753	29,922,630	0	50.00
51.00	05100	RECOVERY ROOM	17,511	17,511	6,351,224	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,515	54,515	16,185,424	0	52.00
53.00	05300	ANESTHESIOLOGY	4,644	4,644	3,624,263	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,266	96,266	21,149,605	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,421	36,421	7,635,624	0	55.00
56.00	05600	RADIOISOTOPE	24,183	24,183	2,198,919	0	56.00
57.00	05700	CT SCAN	28,651	28,651	5,529,612	0	57.00
58.00	05800	MRI	18,197	18,197	8,390,450	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,515	5,515	1,815,395	0	59.00
59.01	03650	VASCULAR LAB	3,730	3,730	913,438	0	59.01
59.02	03140	CARDIOLOGY	12,931	12,931	4,265,031	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,486	5,486	227,290	0	59.03
59.04	03290	ELECTROMYOGRAPHY	9,423	9,423	1,169,206	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	39,085	39,085	4,485,004	0	59.05
60.00	06000	LABORATORY	64,812	64,812	24,015,201	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,887	21,887	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,129,568	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,932	4,932	9,113,214	0	65.00
66.00	06600	PHYSICAL THERAPY	809	809	2,891,026	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,639	6,639	1,853,491	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	13,711	3,076,436	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
76.97	07697	CARDIAC REHABILITATION	0	0	305,354	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	54,708	54,708	6,928,116	0	90.00
90.01	09001	PSYCH CLINIC	481	481	1,237,329	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	735,175	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	420	420	0	0	90.03
91.00	09100	EMERGENCY	45,557	45,557	15,813,016	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,262,924	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,600	2,600	1,187,616	0	9,580,667	105.00
106.00	10600 HEART ACQUISITION	500	500	462,700	0	3,818,252	106.00
107.00	10700 LIVER ACQUISITION	1,329	1,329	658,625	0	6,112,834	107.00
108.00	10800 LUNG ACQUISITION	685	685	960,016	0	3,777,303	108.00
109.00	10900 PANCREAS ACQUISITION	175	175	0	0	1,049,572	109.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,446,737	3,446,737	509,640,417	-413,662,336	1,135,087,331	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29,232	0	55,869	190.00
191.00	19100 RESEARCH	1,694	1,694	284	0	1,917,218	191.00
191.01	19101 SPONSERED PROJECT	0	0	0	0	4,758,919	191.01
194.00	07950 REAL ESTATE	0	0	63,403	-52,948,542	0	194.00
194.01	07951 MARKETING, OTHER NON-REIMB	1,301,627	1,301,627	0	-26,545,428	0	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	64,798,588	30,799,197	88,443,608		413,662,336	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.641641	6.483962	0.173510		0.362284	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		54,399,824	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.047643	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,623,606				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	301,244			8.00
9.00	00900	HOUSEKEEPING	25,954	0	1,597,652		9.00
10.00	01000	DIETARY	45,426	0	45,426	258,405	10.00
11.00	01100	CAFETERIA	0	0	0	428,533,108	11.00
13.00	01300	NURSING ADMINISTRATION	4,458	0	4,458	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,832	0	28,832	0	14.00
15.00	01500	PHARMACY	23,468	0	23,468	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654	0	654	0	16.00
17.00	01700	SOCIAL SERVICE	2,284	0	2,284	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,458	0	9,458	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	487,085	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,108	0	1,108	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	1,887	0	1,887	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	1,188	0	1,188	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	1,188	0	1,188	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	1,188	0	1,188	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	1,188	0	1,188	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	501,370	205,638	501,370	205,638	30.00
31.00	03100	INTENSIVE CARE UNIT	104,597	27,022	104,597	27,022	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	42,011	19,497	42,011	0	35.00
40.00	04000	SUBPROVIDER - IPF	31,188	9,227	31,188	9,227	40.00
43.00	04300	NURSERY	9,909	23,342	9,909	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,753	0	208,753	0	50.00
51.00	05100	RECOVERY ROOM	17,511	0	17,511	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,515	0	54,515	0	52.00
53.00	05300	ANESTHESIOLOGY	4,644	0	4,644	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,266	0	96,266	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,421	0	36,421	0	55.00
56.00	05600	RADIOISOTOPE	24,183	0	24,183	0	56.00
57.00	05700	CT SCAN	28,651	0	28,651	0	57.00
58.00	05800	MRI	18,197	0	18,197	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,515	0	5,515	0	59.00
59.01	03650	VASCULAR LAB	3,730	0	3,730	0	59.01
59.02	03140	CARDIOLOGY	12,931	0	12,931	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,486	0	5,486	0	59.03
59.04	03290	ELECTROMYOGRAPHY	9,423	0	9,423	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	39,085	0	39,085	0	59.05
60.00	06000	LABORATORY	64,812	0	64,812	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,887	0	21,887	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,129,568	63.00
65.00	06500	RESPIRATORY THERAPY	4,932	0	4,932	0	65.00
66.00	06600	PHYSICAL THERAPY	809	0	809	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,639	0	6,639	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	0	13,711	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	305,354	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	54,708	0	54,708	0	90.00
90.01	09001	PSYCH CLINIC	481	0	481	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	735,175	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	420	0	420	0	90.03
91.00	09100	EMERGENCY	45,557	0	45,557	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,518	0	16,518	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,600	0	2,600	0	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
106.00	10600	HEART ACQUISITION	500	0	500	0	462,700	106.00
107.00	10700	LIVER ACQUISITION	1,329	0	1,329	0	658,625	107.00
108.00	10800	LUNG ACQUISITION	685	0	685	0	960,016	108.00
109.00	10900	PANCREAS ACQUISITION	175	0	175	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,621,912	301,244	1,595,958	258,405	428,440,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	29,232	190.00
191.00	19100	RESEARCH	1,694	0	1,694	0	284	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	63,403	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	104,402,682	6,106,358	29,582,064	14,640,059	11,011,179	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	64.302966	20.270472	18.515962	56.655479	0.025695	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	36,335,604	213,557	2,079,382	2,370,394	385,093	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	22.379570	0.708917	1.301524	9.173174	0.000899	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	160,265,684					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	236,865,508				14.00
15.00	01500	PHARMACY	0	0	281,886,985			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,552,721,033		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	301,244	17.00
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	160	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM- (NM SCHL)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM- (RAD THER)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MED)	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,467,175	4,588,245	1,209,412	661,291,022	205,638	30.00
31.00	03100	INTENSIVE CARE UNIT	27,646,738	747,307	1,522,899	212,132,425	27,022	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,247,072	174,840	7,687	153,094,353	19,497	35.00
40.00	04000	SUBPROVIDER - IPF	1,406,503	2,930	16	27,507,213	9,227	40.00
43.00	04300	NURSERY	0	0	0	27,948,926	23,342	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,270	24,256,715	406,539	1,209,745,288	0	50.00
51.00	05100	RECOVERY ROOM	75,419	58,089	17,469	60,576,057	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,081,682	547,698	130,341	206,771,964	0	52.00
53.00	05300	ANESTHESIOLOGY	0	781,183	98,078	171,455,962	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,874,505	4,087,535	423,623	425,732,288	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,359,872	16,207	8,257	224,259,411	0	55.00
56.00	05600	RADIOISOTOPE	315,921	10,404,237	5,153	87,943,829	0	56.00
57.00	05700	CT SCAN	1,267,645	286,556	3,438	402,873,881	0	57.00
58.00	05800	MRI	2,383,781	1,133,807	98,490	295,149,828	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,121,605	1,336,169	2,246	85,430,660	0	59.00
59.01	03650	VASCULAR LAB	0	0	949	36,158,994	0	59.01
59.02	03140	CARDIOLOGY	309,539	138,098	4,304	206,198,200	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	173,015	124,754	10,642	12,557,580	0	59.03
59.04	03290	ELECTROMYOGRAPHY	512,957	1,142,661	11,150	42,681,439	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	2,719,127	3,095,668	20,225	142,878,696	0	59.05
60.00	06000	LABORATORY	992	20,877,330	37,957	982,424,051	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,600,107	86,065	53,040,089	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	997,898	775,451	16,432	38,470,721	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,561,988	27,302	105,512,031	0	65.00
66.00	06600	PHYSICAL THERAPY	0	39,099	0	22,936,476	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,102	0	12,452,698	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,097	40,373	0	62,286,230	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71,120,377	0	296,295,002	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	75,874,161	0	302,289,629	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	277,426,929	550,013,916	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	46,927	370	8	2,649,029	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,170,677	721,913	242,708	30,536,455	0	90.00
90.01	09001	PSYCH CLINIC	699,355	0	0	930,428	0	90.01
90.02	09002	TRANSPLANT CLINIC	403,832	24,804	150	6,015,510	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	11,510,590	275,099	41,323	332,517,229	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,262,911	22,423	20,644	15,315,461	16,518	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
			13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	271	5,461	18,376,468	0	105.00
106.00	10600	HEART ACQUISITION	54,721	1,781	0	4,219,296	0	106.00
107.00	10700	LIVER ACQUISITION	83	0	1,088	11,044,112	0	107.00
108.00	10800	LUNG ACQUISITION	14,775	0	0	11,445,240	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,562,946	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,265,684	236,865,508	281,886,985	7,552,721,033	301,244	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	24,041,886	33,465,025	26,696,983	1,195,993	7,190,451	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.150013	0.141283	0.094708	0.000158	23.869192	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,058,156	2,402,275	1,893,763	68,583	344,911	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006603	0.010142	0.006718	0.000009	1.144956	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAIN CY) (PATIENT DA YS)	
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES	PRGM COSTS			
				APPRV	APPRV			
			(ASSIGNED TIME)	(ASSIGNED TIME)				
			20.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		8,887				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,887			22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)				100		23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)					258,405	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)						23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,308	2,308	0	205,638	30.00
31.00	03100	INTENSIVE CARE UNIT	0	979	979	0	27,022	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	54	54	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	271	271	0	9,227	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,223	2,223	0	0	50.00
51.00	05100	RECOVERY ROOM	0	103	103	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	367	367	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15	15	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	674	674	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	215	215	0	0	55.00
56.00	05600	RADIOISOTOPE	0	29	29	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	58	58	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	89	89	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	33	33	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	56	56	0	0	59.05
60.00	06000	LABORATORY	0	549	549	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	42	42	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	29	29	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2	2	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	3	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24	24	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	1	1	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	328	328	0	0	90.00
90.01	09001	PSYCH CLINIC	0	50	50	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	50	50	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	306	306	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	16,518	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAIN CY) (PATIENT DA YS)	
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00	22.00	23.00	23.01		
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,858	8,858	100	258,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	29	29	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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	68,571,786	8,878,700	2,207,473	660,355	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	7,715.965568	999.066052	22,074.730000	2.555504	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,785,096	310,515	122,531	100,292	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	313.389895	34.940362	1,225.310000	0.388119	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAP HY) (ASSIGNED TIME) 23.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
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-(PHARMACY)					23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	100				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)		100			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)			100		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
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	100	0	0	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	100	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	100	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAP HY) (ASSIGNED TIME) 23.05	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	194.02
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)	576,430	550,420	624,556	564,228	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,764.300000	5,504.200000	6,245.560000	5,642.280000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,761	67,851	70,444	68,333	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	687.610000	678.510000	704.440000	683.330000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	334,211,673		334,211,673	1,283,368	335,495,041
31.00	03100	INTENSIVE CARE UNIT	85,553,317		85,553,317	345,492	85,898,809
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	31,970,544		31,970,544	0	31,970,544
40.00	04000	SUBPROVIDER - IPF	11,299,659		11,299,659	0	11,299,659
43.00	04300	NURSERY	9,025,997		9,025,997	0	9,025,997
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	121,352,620		121,352,620	1,331,946	122,684,566
51.00	05100	RECOVERY ROOM	13,908,755		13,908,755	38,942	13,947,697
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,713,595		40,713,595	32,552	40,746,147
53.00	05300	ANESTHESIOLOGY	8,668,718		8,668,718	119,584	8,788,302
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,260,163		62,260,163	159,349	62,419,512
55.00	05500	RADIOLOGY-THERAPEUTIC	22,376,093		22,376,093	77,218	22,453,311
56.00	05600	RADIOISOTOPE	22,850,799		22,850,799	10,942	22,861,741
57.00	05700	CT SCAN	16,251,464		16,251,464	99,605	16,351,069
58.00	05800	MRI	22,663,980		22,663,980	6,701	22,670,681
59.00	05900	CARDIAC CATHETERIZATION	5,468,825		5,468,825	16,646	5,485,471
59.01	03650	VASCULAR LAB	2,092,053		2,092,053	0	2,092,053
59.02	03140	CARDIOLOGY	11,234,138		11,234,138	31,143	11,265,281
59.03	03560	PULMONARY FUNCTION TESTING	1,617,281		1,617,281	7,349	1,624,630
59.04	03290	ELECTROMYOGRAPHY	2,871,727		2,871,727	61,238	2,932,965
59.05	03340	GASTRO INTESTINAL SERVICES	19,759,200		19,759,200	92,988	19,852,188
60.00	06000	LABORATORY	106,324,482		106,324,482	219,140	106,543,622
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,493,783		18,493,783	0	18,493,783
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,579,408		10,579,408	0	10,579,408
65.00	06500	RESPIRATORY THERAPY	22,176,799	0	22,176,799	63,802	22,240,601
66.00	06600	PHYSICAL THERAPY	7,014,580	0	7,014,580	2,362	7,016,942
67.00	06700	OCCUPATIONAL THERAPY	3,901,939	0	3,901,939	0	3,901,939
70.00	07000	ELECTROENCEPHALOGRAPHY	8,571,766		8,571,766	119,536	8,691,302
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,445,689		61,445,689	0	61,445,689
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,308,389		98,308,389	0	98,308,389
73.00	07300	DRUGS CHARGED TO PATIENTS	161,566,323		161,566,323	0	161,566,323
74.00	07400	RENAL DIALYSIS	5,782,242		5,782,242	3,294	5,785,536
76.97	07697	CARDIAC REHABILITATION	659,197		659,197	3,445	662,642
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	24,590,203		24,590,203	19,478	24,609,681
90.01	09001	PSYCH CLINIC	4,298,250		4,298,250	30,112	4,328,362
90.02	09002	TRANSPLANT CLINIC	6,014,419		6,014,419	362,466	6,376,885
90.03	09003	MEDICINE THERAPY MANAGEMENT	752,780		752,780	0	752,780
91.00	09100	EMERGENCY	39,746,571		39,746,571	338,639	40,085,210
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,597,112		21,597,112	0	21,597,112
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,643,315		8,643,315	0	8,643,315
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	13,300,893		13,300,893		13,300,893
106.00	10600	HEART ACQUISITION	5,263,970		5,263,970		5,263,970
107.00	10700	LIVER ACQUISITION	8,456,266		8,456,266		8,456,266
108.00	10800	LUNG ACQUISITION	5,231,182		5,231,182		5,231,182
109.00	10900	PANCREAS ACQUISITION	1,444,555		1,444,555		1,444,555
116.00	11600	HOSPICE	0		0		0
200.00		Subtotal (see instructions)	1,490,314,714	0	1,490,314,714	4,877,337	1,495,192,051
201.00		Less Observation Beds	21,597,112		21,597,112		21,597,112
202.00		Total (see instructions)	1,468,717,602	0	1,468,717,602	4,877,337	1,473,594,939

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet C Part I Date/Time Prepared: 3/25/2021 12:24 pm		
					Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
			Inpatient	Outpatient	Total (col. 6 + col. 7)						
			6.00	7.00	8.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	632,615,485		632,615,485					30.00	
31.00	03100	INTENSIVE CARE UNIT	212,132,425		212,132,425					31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0					34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	153,094,353		153,094,353					35.00	
40.00	04000	SUBPROVIDER - IPF	27,507,213		27,507,213					40.00	
43.00	04300	NURSERY	27,948,926		27,948,926					43.00	
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	664,116,992	545,628,296	1,209,745,288	0.100313	0.000000			50.00	
51.00	05100	RECOVERY ROOM	26,607,083	33,968,974	60,576,057	0.229608	0.000000			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,242,869	7,529,095	206,771,964	0.196901	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	89,240,882	82,215,080	171,455,962	0.050559	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	141,145,450	284,586,838	425,732,288	0.146243	0.000000			54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	16,782,646	207,476,765	224,259,411	0.099778	0.000000			55.00	
56.00	05600	RADIOISOTOPE	10,497,966	77,445,864	87,943,830	0.259834	0.000000			56.00	
57.00	05700	CT SCAN	126,979,038	275,894,843	402,873,881	0.040339	0.000000			57.00	
58.00	05800	MRI	51,156,530	243,993,297	295,149,827	0.076788	0.000000			58.00	
59.00	05900	CARDIAC CATHETERIZATION	45,697,076	39,733,584	85,430,660	0.064015	0.000000			59.00	
59.01	03650	VASCULAR LAB	15,396,363	20,762,631	36,158,994	0.057857	0.000000			59.01	
59.02	03140	CARDIOLOGY	82,772,929	123,425,271	206,198,200	0.054482	0.000000			59.02	
59.03	03560	PULMONARY FUNCTION TESTING	3,232,168	9,325,412	12,557,580	0.128789	0.000000			59.03	
59.04	03290	ELECTROMYOGRAPHY	10,296,464	32,384,975	42,681,439	0.067283	0.000000			59.04	
59.05	03340	GASTRO INTESTINAL SERVICES	16,746,661	126,132,035	142,878,696	0.138294	0.000000			59.05	
60.00	06000	LABORATORY	365,340,700	617,083,351	982,424,051	0.108227	0.000000			60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	44,220,633	8,819,456	53,040,089	0.348676	0.000000			62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,093,366	21,377,355	38,470,721	0.274999	0.000000			63.00	
65.00	06500	RESPIRATORY THERAPY	104,571,265	940,766	105,512,031	0.210183	0.000000			65.00	
66.00	06600	PHYSICAL THERAPY	20,660,286	2,276,190	22,936,476	0.305826	0.000000			66.00	
67.00	06700	OCCUPATIONAL THERAPY	11,674,099	778,599	12,452,698	0.313341	0.000000			67.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	38,968,477	23,317,753	62,286,230	0.137619	0.000000			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	182,708,952	113,586,051	296,295,003	0.207380	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,321,849	192,967,780	302,289,629	0.325213	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	320,925,270	209,913,422	530,838,692	0.304360	0.000000			73.00	
74.00	07400	RENAL DIALYSIS	28,675,537	0	28,675,537	0.201644	0.000000			74.00	
76.97	07697	CARDIAC REHABILITATION	3,168	2,645,861	2,649,029	0.248845	0.000000			76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000			76.98	
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	152,559	30,383,896	30,536,455	0.805274	0.000000			90.00	
90.01	09001	PSYCH CLINIC	193,356	737,072	930,428	4.619648	0.000000			90.01	
90.02	09002	TRANSPLANT CLINIC	137,595	5,878,115	6,015,710	0.999785	0.000000			90.02	
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	0.000000			90.03	
91.00	09100	EMERGENCY	99,484,233	233,032,996	332,517,229	0.119532	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,277,759	48,463,764	62,741,523	0.344224	0.000000			92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,297,251	9,018,210	15,315,461	0.564352	0.000000			92.01	
OTHER REIMBURSABLE COST CENTERS											
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0					100.00	
SPECIAL PURPOSE COST CENTERS											
105.00	10500	KIDNEY ACQUISITION	18,281,166	95,302	18,376,468					105.00	
106.00	10600	HEART ACQUISITION	4,219,296	0	4,219,296					106.00	
107.00	10700	LIVER ACQUISITION	11,044,112	0	11,044,112					107.00	
108.00	10800	LUNG ACQUISITION	11,445,236	0	11,445,236					108.00	
109.00	10900	PANCREAS ACQUISITION	1,562,946	0	1,562,946					109.00	
116.00	11600	HOSPICE	0	0	0					116.00	
200.00		Subtotal (see instructions)	3,964,468,630	3,631,818,899	7,596,287,529					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	3,964,468,630	3,631,818,899	7,596,287,529					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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	0.101414			50.00
51.00	05100	RECOVERY ROOM	0.230251			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.197058			52.00
53.00	05300	ANESTHESIOLOGY	0.051257			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146617			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100122			55.00
56.00	05600	RADIOISOTOPE	0.259958			56.00
57.00	05700	CT SCAN	0.040586			57.00
58.00	05800	MRI	0.076811			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064210			59.00
59.01	03650	VASCULAR LAB	0.057857			59.01
59.02	03140	CARDIOLOGY	0.054633			59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.129374			59.03
59.04	03290	ELECTROMYOGRAPHY	0.068718			59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.138944			59.05
60.00	06000	LABORATORY	0.108450			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.348676			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.274999			63.00
65.00	06500	RESPIRATORY THERAPY	0.210787			65.00
66.00	06600	PHYSICAL THERAPY	0.305929			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313341			67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139538			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207380			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.325213			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304360			73.00
74.00	07400	RENAL DIALYSIS	0.201759			74.00
76.97	07697	CARDIAC REHABILITATION	0.250145			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.805912			90.00
90.01	09001	PSYCH CLINIC	4.652012			90.01
90.02	09002	TRANSPLANT CLINIC	1.060039			90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000			90.03
91.00	09100	EMERGENCY	0.120551			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344224			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.564352			92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	334,211,673		334,211,673	1,283,368
31.00	03100	INTENSIVE CARE UNIT	85,553,317		85,553,317	345,492
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	31,970,544		31,970,544	0
40.00	04000	SUBPROVIDER - IPF	11,299,659		11,299,659	0
43.00	04300	NURSERY	9,025,997		9,025,997	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	121,352,620		121,352,620	1,331,946
51.00	05100	RECOVERY ROOM	13,908,755		13,908,755	38,942
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,713,595		40,713,595	32,552
53.00	05300	ANESTHESIOLOGY	8,668,718		8,668,718	119,584
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,260,163		62,260,163	159,349
55.00	05500	RADIOLOGY-THERAPEUTIC	22,376,093		22,376,093	77,218
56.00	05600	RADIOISOTOPE	22,850,799		22,850,799	10,942
57.00	05700	CT SCAN	16,251,464		16,251,464	99,605
58.00	05800	MRI	22,663,980		22,663,980	6,701
59.00	05900	CARDIAC CATHETERIZATION	5,468,825		5,468,825	16,646
59.01	03650	VASCULAR LAB	2,092,053		2,092,053	0
59.02	03140	CARDIOLOGY	11,234,138		11,234,138	31,143
59.03	03560	PULMONARY FUNCTION TESTING	1,617,281		1,617,281	7,349
59.04	03290	ELECTROMYOGRAPHY	2,871,727		2,871,727	61,238
59.05	03340	GASTRO INTESTINAL SERVICES	19,759,200		19,759,200	92,988
60.00	06000	LABORATORY	106,324,482		106,324,482	219,140
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,493,783		18,493,783	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,579,408		10,579,408	0
65.00	06500	RESPIRATORY THERAPY	22,176,799	0	22,176,799	63,802
66.00	06600	PHYSICAL THERAPY	7,014,580	0	7,014,580	2,362
67.00	06700	OCCUPATIONAL THERAPY	3,901,939	0	3,901,939	0
70.00	07000	ELECTROENCEPHALOGRAPHY	8,571,766		8,571,766	119,536
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,445,689		61,445,689	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,308,389		98,308,389	0
73.00	07300	DRUGS CHARGED TO PATIENTS	161,566,323		161,566,323	0
74.00	07400	RENAL DIALYSIS	5,782,242		5,782,242	3,294
76.97	07697	CARDIAC REHABILITATION	659,197		659,197	3,445
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,590,203		24,590,203	19,478
90.01	09001	PSYCH CLINIC	4,298,250		4,298,250	30,112
90.02	09002	TRANSPLANT CLINIC	6,014,419		6,014,419	362,466
90.03	09003	MEDICINE THERAPY MANAGEMENT	752,780		752,780	0
91.00	09100	EMERGENCY	39,746,571		39,746,571	338,639
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,597,112		21,597,112	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,643,315		8,643,315	0
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,300,893		13,300,893	0
106.00	10600	HEART ACQUISITION	5,263,970		5,263,970	0
107.00	10700	LIVER ACQUISITION	8,456,266		8,456,266	0
108.00	10800	LUNG ACQUISITION	5,231,182		5,231,182	0
109.00	10900	PANCREAS ACQUISITION	1,444,555		1,444,555	0
116.00	11600	HOSPICE	0		0	0
200.00		Subtotal (see instructions)	1,490,314,714	0	1,490,314,714	4,877,337
201.00		Less Observation Beds	21,597,112		21,597,112	0
202.00		Total (see instructions)	1,468,717,602	0	1,468,717,602	4,877,337

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020	Worksheet C Part I Date/Time Prepared: 3/25/2021 12:24 pm	
				Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	632,615,485		632,615,485			30.00
31.00	03100	INTENSIVE CARE UNIT	212,132,425		212,132,425			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	153,094,353		153,094,353			35.00
40.00	04000	SUBPROVIDER - IPF	27,507,213		27,507,213			40.00
43.00	04300	NURSERY	27,948,926		27,948,926			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	664,116,992	545,628,296	1,209,745,288	0.100313	0.000000	50.00
51.00	05100	RECOVERY ROOM	26,607,083	33,968,974	60,576,057	0.229608	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,242,869	7,529,095	206,771,964	0.196901	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	89,240,882	82,215,080	171,455,962	0.050559	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	141,145,450	284,586,838	425,732,288	0.146243	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,782,646	207,476,765	224,259,411	0.099778	0.000000	55.00
56.00	05600	RADIOISOTOPE	10,497,966	77,445,864	87,943,830	0.259834	0.000000	56.00
57.00	05700	CT SCAN	126,979,038	275,894,843	402,873,881	0.040339	0.000000	57.00
58.00	05800	MRI	51,156,530	243,993,297	295,149,827	0.076788	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,697,076	39,733,584	85,430,660	0.064015	0.000000	59.00
59.01	03650	VASCULAR LAB	15,396,363	20,762,631	36,158,994	0.057857	0.000000	59.01
59.02	03140	CARDIOLOGY	82,772,929	123,425,271	206,198,200	0.054482	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	3,232,168	9,325,412	12,557,580	0.128789	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	10,296,464	32,384,975	42,681,439	0.067283	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	16,746,661	126,132,035	142,878,696	0.138294	0.000000	59.05
60.00	06000	LABORATORY	365,340,700	617,083,351	982,424,051	0.108227	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	44,220,633	8,819,456	53,040,089	0.348676	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,093,366	21,377,355	38,470,721	0.274999	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	104,571,265	940,766	105,512,031	0.210183	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,660,286	2,276,190	22,936,476	0.305826	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,674,099	778,599	12,452,698	0.313341	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,968,477	23,317,753	62,286,230	0.137619	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	182,708,952	113,586,051	296,295,003	0.207380	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,321,849	192,967,780	302,289,629	0.325213	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,925,270	209,913,422	530,838,692	0.304360	0.000000	73.00
74.00	07400	RENAL DIALYSIS	28,675,537	0	28,675,537	0.201644	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	3,168	2,645,861	2,649,029	0.248845	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	152,559	30,383,896	30,536,455	0.805274	0.000000	90.00
90.01	09001	PSYCH CLINIC	193,356	737,072	930,428	4.619648	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	137,595	5,878,115	6,015,710	0.999785	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	99,484,233	233,032,996	332,517,229	0.119532	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,277,759	48,463,764	62,741,523	0.344224	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,297,251	9,018,210	15,315,461	0.564352	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	18,281,166	95,302	18,376,468			105.00
106.00	10600	HEART ACQUISITION	4,219,296	0	4,219,296			106.00
107.00	10700	LIVER ACQUISITION	11,044,112	0	11,044,112			107.00
108.00	10800	LUNG ACQUISITION	11,445,236	0	11,445,236			108.00
109.00	10900	PANCREAS ACQUISITION	1,562,946	0	1,562,946			109.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	3,964,468,630	3,631,818,899	7,596,287,529			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,964,468,630	3,631,818,899	7,596,287,529			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	03650	VASCULAR LAB	0.000000			59.01
59.02	03140	CARDIOLOGY	0.000000			59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000			59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000			59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000			59.05
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PSYCH CLINIC	0.000000			90.01
90.02	09002	TRANSPLANT CLINIC	0.000000			90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	34,223,645	0	34,223,645	215,600	158.74	30.00
31.00	INTENSIVE CARE UNIT	7,518,769		7,518,769	27,022	278.25	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,860,919		2,860,919	19,497	146.74	35.00
40.00	SUBPROVIDER - IPF	1,741,509	0	1,741,509	9,227	188.74	40.00
43.00	NURSERY	728,384		728,384	23,342	31.20	43.00
200.00	Total (lines 30 through 199)	47,073,226		47,073,226	294,688		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	56,312	8,938,967				30.00
31.00	INTENSIVE CARE UNIT	11,966	3,329,540				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,832	345,772				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	70,110	12,614,279				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,992,023	1,209,745,288	0.010739	207,694,646	2,230,433	50.00
51.00	05100 RECOVERY ROOM	1,203,486	60,576,057	0.019867	7,358,965	146,201	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,675,860	206,771,964	0.017777	276,481	4,915	52.00
53.00	05300 ANESTHESIOLOGY	498,152	171,455,962	0.002905	28,625,043	83,156	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,115,396	425,732,288	0.014364	44,900,335	644,948	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,256,037	224,259,411	0.010060	5,990,237	60,262	55.00
56.00	05600 RADIOISOTOPE	1,821,514	87,943,830	0.020712	4,141,896	85,787	56.00
57.00	05700 CT SCAN	1,745,104	402,873,881	0.004332	44,777,058	193,974	57.00
58.00	05800 MRI	1,547,564	295,149,827	0.005243	16,885,513	88,531	58.00
59.00	05900 CARDIAC CATHETERIZATION	425,656	85,430,660	0.004982	20,846,084	103,855	59.00
59.01	03650 VASCULAR LAB	225,889	36,158,994	0.006247	5,817,955	36,345	59.01
59.02	03140 CARDIOLOGY	923,772	206,198,200	0.004480	30,474,497	136,526	59.02
59.03	03560 PULMONARY FUNCTION TESTING	281,956	12,557,580	0.022453	1,037,774	23,301	59.03
59.04	03290 ELECTROMYOGRAPHY	492,755	42,681,439	0.011545	5,036,295	58,144	59.04
59.05	03340 GASTRO INTESTINAL SERVICES	2,312,570	142,878,696	0.016186	6,018,330	97,413	59.05
60.00	06000 LABORATORY	6,482,086	982,424,051	0.006598	113,497,754	748,858	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,597,791	53,040,089	0.030124	11,994,454	361,321	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	375,569	38,470,721	0.009762	4,261,651	41,602	63.00
65.00	06500 RESPIRATORY THERAPY	1,216,063	105,512,031	0.011525	31,640,891	364,661	65.00
66.00	06600 PHYSICAL THERAPY	278,701	22,936,476	0.012151	8,306,109	100,928	66.00
67.00	06700 OCCUPATIONAL THERAPY	408,146	12,452,698	0.032776	4,815,063	157,819	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	861,241	62,286,230	0.013827	11,536,840	159,520	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,519,855	296,295,003	0.008505	54,180,762	460,807	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,833,779	302,289,629	0.012682	95,633,613	1,212,825	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,520,051	530,838,692	0.012283	92,546,136	1,136,744	73.00
74.00	07400 RENAL DIALYSIS	202,222	28,675,537	0.007052	12,400,206	87,446	74.00
76.97	07697 CARDIAC REHABILITATION	23,130	2,649,029	0.008732	1,584	14	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,107,103	30,536,455	0.101751	88,048	8,959	90.00
90.01	09001 PSYCH CLINIC	170,953	930,428	0.183736	3,761	691	90.01
90.02	09002 TRANSPLANT CLINIC	211,041	6,015,710	0.035082	92,192	3,234	90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	43,508	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	3,272,151	332,517,229	0.009841	32,100,363	315,900	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,203,100	62,741,523	0.035114	10,420,911	365,920	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	428,033	15,315,461	0.027948	2,808,288	78,486	92.01
200.00	Total (lines 50 through 199)	70,272,257	6,496,341,069		916,209,735	9,599,526	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part III
Date/Time Prepared:
3/25/2021 12:24 pm

				Title XVIII		Hospital		PPS	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	525,508	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	69,055	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	23,580	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	618,143	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	525,508	215,600	2.44	56,312	30.00	
31.00	03100	INTENSIVE CARE UNIT		69,055	27,022	2.56	11,966	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	19,497	0.00	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	23,580	9,227	2.56	1,832	40.00	
43.00	04300	NURSERY		0	23,342	0.00	0	43.00	
200.00		Total (lines 30 through 199)		618,143	294,688		70,110	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	137,401						30.00
31.00	03100	INTENSIVE CARE UNIT	30,633						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - IPF	4,690						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	172,724						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
			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	1,140,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	550,420	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	624,556	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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	2,207,473	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	33,821	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	42,212	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	4,599,140	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/25/2021 12:24 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,209,745,288	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	60,576,057	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	206,771,964	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	171,455,962	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,140,658	1,140,658	425,732,288	0.002679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	550,420	550,420	224,259,411	0.002454	55.00
56.00	05600	RADIOISOTOPE	0	624,556	624,556	87,943,830	0.007102	56.00
57.00	05700	CT SCAN	0	0	0	402,873,881	0.000000	57.00
58.00	05800	MRI	0	0	0	295,149,827	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	85,430,660	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	36,158,994	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	206,198,200	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	12,557,580	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	42,681,439	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	142,878,696	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	982,424,051	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	53,040,089	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	38,470,721	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	105,512,031	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,936,476	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,452,698	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	62,286,230	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	296,295,003	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	302,289,629	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,207,473	2,207,473	530,838,692	0.004158	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	28,675,537	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,649,029	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	30,536,455	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	930,428	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,015,710	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	332,517,229	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,821	33,821	62,741,523	0.000539	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	42,212	42,212	15,315,461	0.002756	92.01
200.00		Total (lines 50 through 199)	0	4,599,140	4,599,140	6,496,341,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/25/2021 12:24 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	207,694,646	0	110,650,042	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	7,358,965	0	7,027,084	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	276,481	0	19,369	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	28,625,043	0	17,080,261	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002679	44,900,335	120,288	55,882,828	149,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002454	5,990,237	14,700	61,734,256	151,496	55.00
56.00	05600	RADIOISOTOPE	0.007102	4,141,896	29,416	28,753,518	204,207	56.00
57.00	05700	CT SCAN	0.000000	44,777,058	0	84,331,091	0	57.00
58.00	05800	MRI	0.000000	16,885,513	0	61,708,556	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	20,846,084	0	17,101,052	0	59.00
59.01	03650	VASCULAR LAB	0.000000	5,817,955	0	7,847,243	0	59.01
59.02	03140	CARDIOLOGY	0.000000	30,474,497	0	37,977,472	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	1,037,774	0	3,510,685	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	5,036,295	0	12,316,888	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	6,018,330	0	28,961,661	0	59.05
60.00	06000	LABORATORY	0.000000	113,497,754	0	53,324,341	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	11,994,454	0	2,475,903	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	4,261,651	0	5,985,680	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	31,640,891	0	286,242	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,306,109	0	278,416	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,815,063	0	109,854	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	11,536,840	0	5,492,867	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	54,180,762	0	32,870,974	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	95,633,613	0	33,783,274	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004158	92,546,136	384,807	55,652,837	231,404	73.00
74.00	07400	RENAL DIALYSIS	0.000000	12,400,206	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,584	0	975,216	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	88,048	0	9,627,099	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	3,761	0	40,893	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	92,192	0	2,629,575	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	32,100,363	0	36,585,810	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000539	10,420,911	5,617	10,740,474	5,789	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002756	2,808,288	7,740	2,920,610	8,049	92.01
200.00	Total (lines 50 through 199)			916,209,735	562,568	788,682,071	750,655	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/25/2021 12:24 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.100313	110,650,042	0	0	11,099,638	50.00
51.00	05100	RECOVERY ROOM	0.229608	7,027,084	0	0	1,613,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.196901	19,369	0	0	3,814	52.00
53.00	05300	ANESTHESIOLOGY	0.050559	17,080,261	0	0	863,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146243	55,882,828	0	0	8,172,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099778	61,734,256	0	0	6,159,721	55.00
56.00	05600	RADIOISOTOPE	0.259834	28,753,518	0	0	7,471,142	56.00
57.00	05700	CT SCAN	0.040339	84,331,091	1		3,401,832	57.00
58.00	05800	MRI	0.076788	61,708,556	0	0	4,738,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064015	17,101,052	0	0	1,094,724	59.00
59.01	03650	VASCULAR LAB	0.057857	7,847,243	0	0	454,018	59.01
59.02	03140	CARDIOLOGY	0.054482	37,977,472	0	0	2,069,089	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.128789	3,510,685	0	0	452,138	59.03
59.04	03290	ELECTROMYOGRAPHY	0.067283	12,316,888	0	0	828,717	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.138294	28,961,661	0	0	4,005,224	59.05
60.00	06000	LABORATORY	0.108227	53,324,341	100	0	5,771,133	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.348676	2,475,903	0	0	863,288	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.274999	5,985,680	0	0	1,646,056	63.00
65.00	06500	RESPIRATORY THERAPY	0.210183	286,242	0	0	60,163	65.00
66.00	06600	PHYSICAL THERAPY	0.305826	278,416	0	0	85,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313341	109,854	0	0	34,422	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137619	5,492,867	0	0	755,923	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207380	32,870,974	3,582	0	6,816,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.325213	33,783,274	94,999	0	10,986,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304360	55,652,837	14,418	167,390	16,938,497	73.00
74.00	07400	RENAL DIALYSIS	0.201644	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.248845	975,216	0	0	242,678	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.805274	9,627,099	0	3,918	7,752,453	90.00
90.01	09001	PSYCH CLINIC	4.619648	40,893	0	0	188,911	90.01
90.02	09002	TRANSPLANT CLINIC	0.999785	2,629,575	0	0	2,629,010	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.119532	36,585,810	0	0	4,373,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344224	10,740,474	0	0	3,697,129	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.564352	2,920,610	0	0	1,648,252	92.01
200.00		Subtotal (see instructions)		788,682,071	113,100	171,308	116,917,822	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		788,682,071	113,100	171,308	116,917,822	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/25/2021 12:24 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	03650	VASCULAR LAB	0	0		59.01
59.02	03140	CARDIOLOGY	0	0		59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0		59.03
59.04	03290	ELECTROMYOGRAPHY	0	0		59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0		59.05
60.00	06000	LABORATORY	11	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	743	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,895	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,388	50,947		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	3,155		90.00
90.01	09001	PSYCH CLINIC	0	0		90.01
90.02	09002	TRANSPLANT CLINIC	0	0		90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	36,037	54,102		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	36,037	54,102		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2019
To 08/31/2020Part II
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,992,023	1,209,745,288	0.010739	0	0	50.00
51.00	05100 RECOVERY ROOM	1,203,486	60,576,057	0.019867	180,779	3,592	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,675,860	206,771,964	0.017777	0	0	52.00
53.00	05300 ANESTHESIOLOGY	498,152	171,455,962	0.002905	69,077	201	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,115,396	425,732,288	0.014364	30,840	443	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,256,037	224,259,411	0.010060	0	0	55.00
56.00	05600 RADIOISOTOPE	1,821,514	87,943,830	0.020712	0	0	56.00
57.00	05700 CT SCAN	1,745,104	402,873,881	0.004332	80,845	350	57.00
58.00	05800 MRI	1,547,564	295,149,827	0.005243	30,796	161	58.00
59.00	05900 CARDIAC CATHETERIZATION	425,656	85,430,660	0.004982	0	0	59.00
59.01	03650 VASCULAR LAB	225,889	36,158,994	0.006247	5,754	36	59.01
59.02	03140 RADIOLOGY	923,772	206,198,200	0.004480	50,939	228	59.02
59.03	03560 PULMONARY FUNCTION TESTING	281,956	12,557,580	0.022453	41,109	923	59.03
59.04	03290 ELECTROMYOGRAPHY	492,755	42,681,439	0.011545	0	0	59.04
59.05	03340 GASTRO INTESTINAL SERVICES	2,312,570	142,878,696	0.016186	0	0	59.05
60.00	06000 LABORATORY	6,482,086	982,424,051	0.006598	273,869	1,807	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,597,791	53,040,089	0.030124	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	375,569	38,470,721	0.009762	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	1,216,063	105,512,031	0.011525	3,129	36	65.00
66.00	06600 PHYSICAL THERAPY	278,701	22,936,476	0.012151	5,100	62	66.00
67.00	06700 OCCUPATIONAL THERAPY	408,146	12,452,698	0.032776	297,493	9,751	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	861,241	62,286,230	0.013827	16,744	232	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,519,855	296,295,003	0.008505	6,834	58	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,833,779	302,289,629	0.012682	1,504	19	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,520,051	530,838,692	0.012283	159,863	1,964	73.00
74.00	07400 RENAL DIALYSIS	202,222	28,675,537	0.007052	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	23,130	2,649,029	0.008732	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,107,103	30,536,455	0.0101751	0	0	90.00
90.01	09001 PSYCH CLINIC	170,953	930,428	0.183736	155,661	28,601	90.01
90.02	09002 TRANSPLANT CLINIC	211,041	6,015,710	0.035082	0	0	90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	43,508	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	3,272,151	332,517,229	0.009841	277,117	2,727	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	62,741,523	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	428,033	15,315,461	0.027948	0	0	92.01
200.00	Total (lines 50 through 199)	68,069,157	6,496,341,069		1,687,453	51,191	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	1,140,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	550,420	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	624,556	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
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	2,207,473	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	42,212	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	4,565,319	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,209,745,288	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	60,576,057	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	206,771,964	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	171,455,962	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,140,658	1,140,658	425,732,288	0.002679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	550,420	550,420	224,259,411	0.002454	55.00
56.00	05600	RADIOISOTOPE	0	624,556	624,556	87,943,830	0.007102	56.00
57.00	05700	CT SCAN	0	0	0	402,873,881	0.000000	57.00
58.00	05800	MRI	0	0	0	295,149,827	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	85,430,660	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	36,158,994	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	206,198,200	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	12,557,580	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	42,681,439	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	142,878,696	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	982,424,051	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	53,040,089	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	38,470,721	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	105,512,031	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,936,476	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,452,698	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	62,286,230	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	296,295,003	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	302,289,629	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,207,473	2,207,473	530,838,692	0.004158	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	28,675,537	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,649,029	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	30,536,455	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	930,428	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,015,710	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	332,517,229	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	62,741,523	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	42,212	42,212	15,315,461	0.002756	92.01
200.00		Total (lines 50 through 199)	0	4,565,319	4,565,319	6,496,341,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	180,779	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	69,077	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.002679	30,840	83	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.002454	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.007102	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	80,845	0	0	0	57.00
58.00	05800	MRI		0.000000	30,796	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0.000000	5,754	0	0	0	59.01
59.02	03140	CARDIOLOGY		0.000000	50,939	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0.000000	41,109	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	59.05
60.00	06000	LABORATORY		0.000000	273,869	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	3,129	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,100	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	297,493	0	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	16,744	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	6,834	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,504	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.004158	159,863	665	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0.000000	155,661	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.000000	277,117	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.002756	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			1,687,453	748	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2019
To 08/31/2020Part V
Date/Time Prepared:
3/25/2021 12:24 pm

Title XVIII

Subprovider -

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	0.100313	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.229608	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.196901	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.050559	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146243	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.099778	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.259834	0	0	0	0 56.00
57.00	05700 CT SCAN	0.040339	0	0	0	0 57.00
58.00	05800 MRI	0.076788	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064015	0	0	0	0 59.00
59.01	03650 VASCULAR LAB	0.057857	0	0	0	0 59.01
59.02	03140 CARDIOLOGY	0.054482	0	0	0	0 59.02
59.03	03560 PULMONARY FUNCTION TESTING	0.128789	0	0	0	0 59.03
59.04	03290 ELECTROMYOGRAPHY	0.067283	0	0	0	0 59.04
59.05	03340 GASTRO INTESTINAL SERVICES	0.138294	0	0	0	0 59.05
60.00	06000 LABORATORY	0.108227	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.348676	0	0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.274999	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.210183	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.305826	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313341	0	0	0	0 67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137619	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.207380	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.325213	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.304360	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.201644	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.248845	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.805274	0	0	0	0 90.00
90.01	09001 PSYCH CLINIC	4.619648	0	0	0	0 90.01
90.02	09002 TRANSPLANT CLINIC	0.999785	0	0	0	0 90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0 90.03
91.00	09100 EMERGENCY	0.119532	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.344224	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.564352	0	0	0	0 92.01
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2019
To 08/31/2020Part V
Date/Time Prepared:
3/25/2021 12:24 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Costs			
		Cost	Cost		
		Reimbursed	Reimbursed		
		Services Subject To Ded. & Coins. (see inst.)	Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	59.05
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
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
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
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 OTHER PASS THROUGH COSTS					Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/25/2021 12:24 pm	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	525,508	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	69,055	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	23,580	0	40.00	
43.00	04300	NURSERY		0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	618,143	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	525,508	215,600	2.44	13,138	30.00	
31.00	03100	INTENSIVE CARE UNIT			69,055	27,022	2.56	723	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0.00	0	34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT			0	19,497	0.00	772	35.00	
40.00	04000	SUBPROVIDER - IPF		0	23,580	9,227	2.56	218	40.00	
43.00	04300	NURSERY			0	23,342	0.00	3,065	43.00	
200.00		Total (lines 30 through 199)			618,143	294,688		17,916	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		32,057						30.00
31.00	03100	INTENSIVE CARE UNIT		1,851						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0						34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0						35.00
40.00	04000	SUBPROVIDER - IPF		558						40.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		34,466						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/25/2021 12:24 pm

			Title XIX		Hospital		Cost	
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	1,140,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	550,420	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	624,556	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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	2,207,473	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	33,821	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	42,212	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	4,599,140	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/25/2021 12:24 pm

			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	1,209,745,288	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	60,576,057	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	206,771,964	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	171,455,962	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,140,658	1,140,658	425,732,288	0.002679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	550,420	550,420	224,259,411	0.002454	55.00
56.00	05600	RADIOISOTOPE	0	624,556	624,556	87,943,830	0.007102	56.00
57.00	05700	CT SCAN	0	0	0	402,873,881	0.000000	57.00
58.00	05800	MRI	0	0	0	295,149,827	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	85,430,660	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	36,158,994	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	206,198,200	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	12,557,580	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	42,681,439	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	142,878,696	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	982,424,051	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	53,040,089	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	38,470,721	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	105,512,031	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,936,476	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,452,698	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	62,286,230	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	296,295,003	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	302,289,629	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,207,473	2,207,473	530,838,692	0.004158	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	28,675,537	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,649,029	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	30,536,455	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	930,428	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,015,710	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	332,517,229	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,821	33,821	62,741,523	0.000539	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	42,212	42,212	15,315,461	0.002756	92.01
200.00		Total (lines 50 through 199)	0	4,599,140	4,599,140	6,496,341,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/25/2021 12:24 pm

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	0.002679	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002454	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.007102	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
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0.000000	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
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
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	0.004158	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000539	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002756	0	0	0	0	92.01
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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
				Title XIX		Subprovider - IPF		Cost	
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	1,140,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	550,420	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	624,556	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
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	2,207,473	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	42,212	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	4,565,319	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
			Title XIX		Subprovider - IPF		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	1,209,745,288	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	60,576,057	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	206,771,964	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	171,455,962	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,140,658	1,140,658	425,732,288	0.002679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	550,420	550,420	224,259,411	0.002454	55.00
56.00	05600	RADIOISOTOPE	0	624,556	624,556	87,943,830	0.007102	56.00
57.00	05700	CT SCAN	0	0	0	402,873,881	0.000000	57.00
58.00	05800	MRI	0	0	0	295,149,827	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	85,430,660	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	36,158,994	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	206,198,200	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	12,557,580	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	42,681,439	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	142,878,696	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	982,424,051	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	53,040,089	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	38,470,721	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	105,512,031	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,936,476	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,452,698	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	62,286,230	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	296,295,003	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	302,289,629	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,207,473	2,207,473	530,838,692	0.004158	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	28,675,537	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,649,029	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	30,536,455	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	930,428	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,015,710	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	332,517,229	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	62,741,523	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	42,212	42,212	15,315,461	0.002756	92.01
200.00		Total (lines 50 through 199)	0	4,565,319	4,565,319	6,496,341,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/25/2021 12:24 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
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		0.002679	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.002454	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.007102	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
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0.000000	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0.000000	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
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
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		0.004158	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0.000000	0	0	0	0	90.03
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.002756	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		215,600	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		215,600	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)		201,721	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)		56,312	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)		335,495,041	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		335,495,041	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		335,495,041	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,556.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		87,627,103	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)		87,627,103	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
3/25/2021 12:24 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	85,898,809	27,022	3,178.85	11,966	38,038,119	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,970,544	19,497	1,639.77	0	0	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					152,536,724	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					278,201,946	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)					12,436,541	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,162,094	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					22,598,635	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					255,603,311	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)					13,879	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,556.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					21,597,112	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
3/25/2021 12:24 pm

		Title XVIII		Hospital	PPS		
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	34,223,645	335,495,041	0.102009	21,597,112	2,203,100	90.00
91.00	Nursing School cost	0	335,495,041	0.000000	21,597,112	0	91.00
92.00	Allied health cost	525,508	335,495,041	0.001566	21,597,112	33,821	92.00
93.00	All other Medical Education	0	335,495,041	0.000000	21,597,112	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,227	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,227	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)		9,227	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)		1,832	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)		11,299,659	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)		11,299,659	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)		11,299,659	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)		1,224.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,243,522	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)		2,243,522	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					999,348
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,242,870
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					350,462
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51,939
52.00 Total Program excludable cost (sum of lines 50 and 51)					402,401
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,840,469
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)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

Period:

Worksheet D-1

Component CCN: 14-S281

From 09/01/2019
To 08/31/2020Date/Time Prepared:
3/25/2021 12:24 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,741,509	11,299,659	0.154120	0	0	90.00
91.00	Nursing School cost	0	11,299,659	0.000000	0	0	91.00
92.00	Allied health cost	23,580	11,299,659	0.002087	0	0	92.00
93.00	All other Medical Education	0	11,299,659	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm	
		Title XIX	Hospital	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)		215,600	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		215,600	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)		201,721	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)		13,138	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)		23,342	15.00	
16.00	Nursery days (title V or XIX only)		3,065	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)		334,211,673	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)		334,211,673	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)		334,211,673	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)		1,550.15	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,365,871	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)		20,365,871	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital 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)	9,025,997	23,342	386.68	3,065	1,185,174	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	85,553,317	27,022	3,166.06	723	2,289,061	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	31,970,544	19,497	1,639.77	772	1,265,902	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)						25,106,008	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)						13,879	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,550.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						21,514,532	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
3/25/2021 12:24 pm

		Title XIX		Hospital	Cost	
Cost Center Description		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	34,223,645	334,211,673	0.102401	21,514,532	2,203,110
91.00	Nursing School cost	0	334,211,673	0.000000	21,514,532	0
92.00	Allied health cost	525,508	334,211,673	0.001572	21,514,532	33,821
93.00	All other Medical Education	0	334,211,673	0.000000	21,514,532	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm
		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)			9,227 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,227 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)			9,227 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)			218 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)			23,342 15.00
16.00	Nursery days (title V or XIX only)			3,065 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)			11,299,659 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)			11,299,659 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)			11,299,659 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)			1,224.63 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			266,969 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)			266,969 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm
			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	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					266,969
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
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/25/2021 12:24 pm	
			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	1,741,509	11,299,659	0.154120	0	0	90.00
91.00	Nursing School cost	0	11,299,659	0.000000	0	0	91.00
92.00	Allied health cost	23,580	11,299,659	0.002087	0	0	92.00
93.00	All other Medical Education	0	11,299,659	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00 Total cost of services rendered	100.00	0				1.00
Hospital Inpatient Routine Services:						
2.00 ADULTS & PEDIATRICS	95.01	0	215,600	0.00	0	2.00
3.00 INTENSIVE CARE UNIT	0.00	0	27,022	0.00	0	3.00
4.00 CORONARY CARE UNIT						4.00
5.00 BURN INTENSIVE CARE UNIT						5.00
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00
7.00 NEONATAL INTENSIVE CARE UNIT	0.00	0	19,497	0.00	0	7.00
8.00 NURSERY	0.00	0	23,342	0.00	0	8.00
9.00 Subtotal (sum of lines 2 through 8)	95.01	0				9.00
10.00 SUBPROVIDER - IPF	0.00	0	9,227	0.00	0	10.00
11.00 SUBPROVIDER - IRF						11.00
12.00 SUBPROVIDER						12.00
13.00 SKILLED NURSING FACILITY						13.00
14.00 NURSING FACILITY						14.00
15.00 OTHER LONG TERM CARE						15.00
16.00 HOME HEALTH AGENCY						16.00
17.00 CMHC						17.00
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00 HOSPICE	0.00	0				19.00
20.00 Subtotal (sum of lines 9 through 19)	95.01	0				20.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V	
	1.00	2.00	3.00	4.00	5.00	
Hospital Outpatient Services:						
21.00 RURAL HEALTH CLINIC						21.00
22.00 FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00 CLINIC	4.99	0	30,536,455	0.000000	0	23.00
23.01 PSYCH CLINIC	0.00	0	930,428	0.000000	0	23.01
23.02 TRANSPLANT CLINIC	0.00	0	6,015,710	0.000000	0	23.02
23.03 MEDICINE THERAPY MANAGEMENT	0.00	0	0	0.000000	0	23.03
24.00 EMERGENCY	0.00	0	332,517,229	0.000000	0	24.00
25.00 OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	62,741,523	0.000000	0	25.00
25.01 OBSERVATION BEDS (DISTINCT PART)	0.00	0	15,315,461	0.000000	0	25.01
26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00 Subtotal (sum of lines 21 through 26)	4.99	0				27.00
28.00 Total (sum of lines 20 and 27)	100.00	0				28.00
Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00 ADULTS & PEDIATRICS	0	0	0	0	0.00	29.00
30.00 Swing Bed - SNF		0	0	0	0.00	30.00
31.00 Swing Bed - NF		0				31.00
32.00 INTENSIVE CARE UNIT	0		0	0	0.00	32.00
33.00 CORONARY CARE UNIT						33.00
34.00 BURN INTENSIVE CARE UNIT						34.00
35.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	35.00
36.00 NEONATAL INTENSIVE CARE UNIT	0		0	0	0.00	36.00
37.00 Subtotal (sum of lines 29, and 32 through 36)	0		0			37.00
38.00 SUBPROVIDER - IPF	0	0	0	0	0.00	38.00
39.00 SUBPROVIDER - IRF						39.00
40.00 SUBPROVIDER						40.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)	0		0			42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
	Hospital						
43.00	Inpatient	col. 9, line 9.00			0	line 37.00	43.00
44.00	Outpatient	col. 9, line 27.00			0		44.00
45.00	Total Hospital (sum of lines 43 and 44)				0		45.00
46.00	SUBPROVIDER - IPF	col. 9, line 10.00			0	col. 9, line 38.00	46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
		Title XVIII, Part B Only less Part A Coverage but no Part B Coverage	Title XIX				
		6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered						1.00
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	56,312	13,138	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	11,966	723	0	0	0	3.00
4.00	CORONARY CARE UNIT						4.00
5.00	BURN INTENSIVE CARE UNIT						5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	0	772	0	0	0	7.00
8.00	NURSERY		3,065	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	0	9.00
10.00	SUBPROVIDER - IPF	1,832	218	0	0	0	10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00	CLINIC	11,043,338	0	0	0	0	23.00
23.01	PSYCH CLINIC	2,521,918	0	0	0	0	23.01
23.02	TRANSPLANT CLINIC	5,636,448	0	0	0	0	23.02
23.03	MEDICINE THERAPY MANAGEMENT	1,012	0	0	0	0	23.03
24.00	EMERGENCY	126,689,158	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	40,025,488	0	0	0	0	25.00
25.01	OBSERVATION BEDS (DISTINCT PART)	7,403,854	0	0	0	0	25.01
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT						33.00
34.00	BURN INTENSIVE CARE UNIT						34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			35.00
36.00	NEONATAL INTENSIVE CARE UNIT	0	0	0			36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0			37.00
38.00	SUBPROVIDER - IPF	0	0	0			38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)		0	0			42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22	0	45.00
46.00	SUBPROVIDER - IPF	0	line 22	0	46.00
47.00	SUBPROVIDER - IRF				47.00
48.00	SUBPROVIDER				48.00
49.00	SKILLED NURSING FACILITY				49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/25/2021 12:24 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		178,556,241	30.00
31.00	03100	INTENSIVE CARE UNIT		71,779,944	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
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	0.101414	207,694,646	50.00
51.00	05100	RECOVERY ROOM	0.230251	7,358,965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.197058	276,481	52.00
53.00	05300	ANESTHESIOLOGY	0.051257	28,625,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146617	44,900,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100122	5,990,237	55.00
56.00	05600	RADIOISOTOPE	0.259958	4,141,896	56.00
57.00	05700	CT SCAN	0.040586	44,777,058	57.00
58.00	05800	MRI	0.076811	16,885,513	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064210	20,846,084	59.00
59.01	03650	VASCULAR LAB	0.057857	5,817,955	59.01
59.02	03140	CARDIOLOGY	0.054633	30,474,497	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.129374	1,037,774	59.03
59.04	03290	ELECTROMYOGRAPHY	0.068718	5,036,295	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.138944	6,018,330	59.05
60.00	06000	LABORATORY	0.108450	113,497,754	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.348676	11,994,454	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.274999	4,261,651	63.00
65.00	06500	RESPIRATORY THERAPY	0.210787	31,640,891	65.00
66.00	06600	PHYSICAL THERAPY	0.305929	8,306,109	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313341	4,815,063	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139538	11,536,840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207380	54,180,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.325213	95,633,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304360	92,546,136	73.00
74.00	07400	RENAL DIALYSIS	0.201759	12,400,206	74.00
76.97	07697	CARDIAC REHABILITATION	0.250145	1,584	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.805912	88,048	90.00
90.01	09001	PSYCH CLINIC	4.652012	3,761	90.01
90.02	09002	TRANSPLANT CLINIC	1.060039	92,192	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	90.03
91.00	09100	EMERGENCY	0.120551	32,100,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344224	10,420,911	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.564352	2,808,288	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		916,209,735	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)		916,209,735	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/25/2021 12:24 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,999,220		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.101414	0	0	50.00
51.00	05100 RECOVERY ROOM	0.230251	180,779	41,625	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.197058	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051257	69,077	3,541	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146617	30,840	4,522	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.100122	0	0	55.00
56.00	05600 RADIOISOTOPE	0.259958	0	0	56.00
57.00	05700 CT SCAN	0.040586	80,845	3,281	57.00
58.00	05800 MRI	0.076811	30,796	2,365	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064210	0	0	59.00
59.01	03650 VASCULAR LAB	0.057857	5,754	333	59.01
59.02	03140 CARDIOLOGY	0.054633	50,939	2,783	59.02
59.03	03560 PULMONARY FUNCTION TESTING	0.129374	41,109	5,318	59.03
59.04	03290 ELECTROMYOGRAPHY	0.068718	0	0	59.04
59.05	03340 GASTRO INTESTINAL SERVICES	0.138944	0	0	59.05
60.00	06000 LABORATORY	0.108450	273,869	29,701	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.348676	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.274999	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.210787	3,129	660	65.00
66.00	06600 PHYSICAL THERAPY	0.305929	5,100	1,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313341	297,493	93,217	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139538	16,744	2,336	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.207380	6,834	1,417	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.325213	1,504	489	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.304360	159,863	48,656	73.00
74.00	07400 RENAL DIALYSIS	0.201759	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.250145	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.805912	0	0	90.00
90.01	09001 PSYCH CLINIC	4.652012	155,661	724,137	90.01
90.02	09002 TRANSPLANT CLINIC	1.060039	0	0	90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.120551	277,117	33,407	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.344224	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.564352	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,687,453	999,348	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)		1,687,453		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0281

Period:

From 09/01/2019

To 08/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:

3/25/2021 12:24 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	311,103	1,556.10	114	177,395	1.00
2.00	INTENSIVE CARE UNIT	43.00	100,907	3,178.85	17	54,040	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,639.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		412,010		131	231,435	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.100313	6,696,557	671,752		8.00
9.00	RECOVERY ROOM	51.00	0.229608	386,598	88,766		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.196901	0	0		10.00
11.00	ANESTHESIOLOGY	53.00	0.050559	592,828	29,973		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146243	258,891	37,861		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.099778	0	0		13.00
14.00	RADIOISOTOPE	56.00	0.259834	915,521	237,883		14.00
15.00	CT SCAN	57.00	0.040339	1,158,445	46,731		15.00
16.00	MRI	58.00	0.076788	0	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.064015	0	0		17.00
17.01	VASCULAR LAB	59.01	0.057857	2,003	116		17.01
17.02	CARDIOLOGY	59.02	0.054482	226,874	12,361		17.02
17.03	PULMONARY FUNCTION TESTING	59.03	0.128789	6,674	860		17.03
17.04	ELECTROMYOGRAPHY	59.04	0.067283	0	0		17.04
17.05	GASTRO INTESTINAL SERVICES	59.05	0.138294	7,152	989		17.05
18.00	LABORATORY	60.00	0.108227	1,392,046	150,657		18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.348676	0	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.274999	9,446	2,598		21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0.210183	22,439	4,716		23.00
24.00	PHYSICAL THERAPY	66.00	0.305826	0	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.313341	0	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137619	5,973	822		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.207380	932,118	193,303		29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.325213	109	35		30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.304360	430,672	131,079		31.00
32.00	RENAL DIALYSIS	74.00	0.201644	0	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0		33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0		34.00
34.97	CARDIAC REHABILITATION	76.97	0.248845	0	0		34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0		34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0		35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0		36.00
37.00	CLINIC	90.00	0.805274	0	0		37.00
37.01	PSYCH CLINIC	90.01	4.619648	0	0		37.01
37.02	TRANSPLANT CLINIC	90.02	0.999785	177,163	177,125		37.02
37.03	MEDICINE THERAPY MANAGEMENT	90.03	0.000000	0	0		37.03
38.00	EMERGENCY	91.00	0.119532	18,259	2,183		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.344224	56,625	19,492		39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.564352	0	0		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			13,296,393	1,809,302		41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 3/25/2021 12:24 pm	
				Kidney		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS			2.00	0.00	114	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	17	0	43.00	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					131	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC			23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC			23.02	177,163	0.000000	0	51.02	
51.03	MEDICINE THERAPY MANAGEMENT			23.03	0	0.000000	0	51.03	
52.00	EMERGENCY			24.00	18,259	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART			25.00	56,625	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)			25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER			26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)				252,047		0	55.00	
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I			2,040,737		13,708,403		56.00	
57.00	Interns and Residents (inpatient)			0		0		57.00	
58.00	Interns and Residents (outpatient)			0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)			13,300,893		14,752,451		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)			0		0		60.00	
61.00	Total (sum of lines 56 thru 60)			15,341,630		28,460,854		61.00	
62.00	Total Usable Organs (see instructions)				239			62.00	
63.00	Medicare Usable Organs (see instructions)				142			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)				0.594142			64.00	
65.00	Medicare Cost/Charges (see instructions)			9,115,107		16,909,789		65.00	
66.00	Revenue for Organs Sold			344,142		0		66.00	
67.00	Subtotal (line 65 minus line 66)			8,770,965		16,909,789		67.00	
68.00	Organs Furnished Part B			0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)			8,770,965	0	16,909,789	0	69.00	
Cost Center Description				Living Related		Cadaveric	Revenue		
				1.00		2.00	3.00		
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)				75	39		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)				0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals				0	0		72.00	
73.00	Organs Purchased from OPOs				0	125		73.00	
74.00	Total (sum of lines 70 through 73)				75	164		74.00	
75.00	Organs Transplanted				69	125	0	75.00	
76.00	Organs Sold to Other Hospitals				6	0	0	76.00	
77.00	Organs Sold to OPOs				0	39	0	77.00	
78.00	Organs Sold to Transplant Hospitals				0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals				0	0	0	79.00	
80.00	Organs Sold Outside the U.S.				0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)				0	0		81.00	
82.00	Organs Used for Research				0	0		82.00	
83.00	Unusable/Discarded Organs				0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)				75	164		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0281

Period:

From 09/01/2019

To 08/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:

3/25/2021 12:24 pm

Cost Center Description		Liver		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	40,966	1,556.10	15	23,342	1.00
2.00	INTENSIVE CARE UNIT	43.00	90,626	3,178.85	15	47,683	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,639.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		131,592		30	71,025	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.100313	1,313,466	131,758		8.00
9.00	RECOVERY ROOM	51.00	0.229608	6,582	1,511		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.196901	0	0		10.00
11.00	ANESTHESIOLOGY	53.00	0.050559	120,806	6,108		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146243	29,491	4,313		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.099778	0	0		13.00
14.00	RADIOISOTOPE	56.00	0.259834	0	0		14.00
15.00	CT SCAN	57.00	0.040339	31,659	1,277		15.00
16.00	MRI	58.00	0.076788	485,100	37,250		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.064015	0	0		17.00
17.01	VASCULAR LAB	59.01	0.057857	4,808	278		17.01
17.02	CARDIOLOGY	59.02	0.054482	40,734	2,219		17.02
17.03	PULMONARY FUNCTION TESTING	59.03	0.128789	426	55		17.03
17.04	ELECTROMYOGRAPHY	59.04	0.067283	0	0		17.04
17.05	GASTRO INTESTINAL SERVICES	59.05	0.138294	5,265	728		17.05
18.00	LABORATORY	60.00	0.108227	426,767	46,188		18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.348676	0	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.274999	4,981	1,370		21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0.210183	11,194	2,353		23.00
24.00	PHYSICAL THERAPY	66.00	0.305826	0	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.313341	0	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137619	0	0		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.207380	129,281	26,810		29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.325213	52	17		30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.304360	69,495	21,151		31.00
32.00	RENAL DIALYSIS	74.00	0.201644	0	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0		33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0		34.00
34.97	CARDIAC REHABILITATION	76.97	0.248845	0	0		34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0		34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0		35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0		36.00
37.00	CLINIC	90.00	0.805274	0	0		37.00
37.01	PSYCH CLINIC	90.01	4.619648	0	0		37.01
37.02	TRANSPLANT CLINIC	90.02	0.999785	32,382	32,375		37.02
37.03	MEDICINE THERAPY MANAGEMENT	90.03	0.000000	0	0		37.03
38.00	EMERGENCY	91.00	0.119532	4,317	516		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.344224	9,894	3,406		39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.564352	0	0		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			2,726,700	319,683		41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 3/25/2021 12:24 pm	
				Liver		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	15	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	15	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			30	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01			
51.02	TRANSPLANT CLINIC	23.02	32,382	0.000000	0	51.02			
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03			
52.00	EMERGENCY	24.00	4,317	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	9,894	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		46,593		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	390,708		2,858,292		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	8,456,266		5,627,768		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	8,846,974		8,486,060		61.00			
62.00	Total Usable Organs (see instructions)		122			62.00			
63.00	Medicare Usable Organs (see instructions)		46			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.377049			64.00			
65.00	Medicare Cost/Charges (see instructions)	3,335,743		3,199,660		65.00			
66.00	Revenue for Organs Sold	106,826		0		66.00			
67.00	Subtotal (line 65 minus line 66)	3,228,917		3,199,660		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,228,917	0	3,199,660	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		7	19		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	98		73.00			
74.00	Total (sum of lines 70 through 73)		7	117		74.00			
75.00	Organs Transplanted		6	96	0	75.00			
76.00	Organs Sold to Other Hospitals		1	0	0	76.00			
77.00	Organs Sold to OPOs		0	19	0	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00			
82.00	Organs Used for Research		0	0	0	82.00			
83.00	Unusable/Discarded Organs		0	2	0	83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		7	117		84.00			

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0281

Period:

From 09/01/2019

To 08/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:

3/25/2021 12:24 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,556.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	15,523	3,178.85	3	9,537	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,639.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		15,523		3	9,537	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.100313	105,762	10,609	8.00
9.00	RECOVERY ROOM		51.00	0.229608	14,938	3,430	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.196901	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.050559	57,593	2,912	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.146243	512,011	74,878	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.099778	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.259834	12,911	3,355	14.00
15.00	CT SCAN		57.00	0.040339	462,793	18,669	15.00
16.00	MRI		58.00	0.076788	64,120	4,924	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.064015	592,655	37,939	17.00
17.01	VASCULAR LAB		59.01	0.057857	343,303	19,862	17.01
17.02	CARDIOLOGY		59.02	0.054482	376,399	20,507	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.128789	206,242	26,562	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.067283	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.138294	12,629	1,747	17.05
18.00	LABORATORY		60.00	0.108227	1,401,376	151,667	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.348676	62,777	21,889	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.274999	1,453	400	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.210183	3,452	726	23.00
24.00	PHYSICAL THERAPY		66.00	0.305826	9,751	2,982	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.313341	10,276	3,220	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.137619	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.207380	13,990	2,901	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.325213	17	6	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.304360	7,230	2,201	31.00
32.00	RENAL DIALYSIS		74.00	0.201644	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.248845	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.805274	0	0	37.00
37.01	PSYCH CLINIC		90.01	4.619648	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	0.999785	1,546	1,546	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.119532	21,720	2,596	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.344224	62,648	21,565	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.564352	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				4,357,592	437,093	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-4		
				Component CCN:		Date/Time Prepared: 3/25/2021 12:24 pm		
				Heart	Hospital	PPS		
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
				0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)								
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program								
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00		
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00		
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00		
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00		
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00		
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00		
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00		
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
				0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program								
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00		
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00		
51.00	CLINIC	23.00	0	0.000000	0	51.00		
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01		
51.02	TRANSPLANT CLINIC	23.02	1,546	0.000000	0	51.02		
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03		
52.00	EMERGENCY	24.00	21,720	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	62,648	0.000000	0	53.00		
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		85,914		0	55.00		
Cost Center Description				Cost		Charges		
				Part A	Part B	Part A	Part B	
				1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES								
56.00	Routine and Ancillary from Part I	446,630		4,373,115		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	5,263,970		3,339,354		59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	5,710,600		7,712,469		61.00		
62.00	Total Usable Organs (see instructions)		38			62.00		
63.00	Medicare Usable Organs (see instructions)		13			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.342105			64.00		
65.00	Medicare Cost/Charges (see instructions)	1,953,625		2,638,474		65.00		
66.00	Revenue for Organs Sold	15,523		0		66.00		
67.00	Subtotal (line 65 minus line 66)	1,938,102		2,638,474		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,938,102	0	2,638,474	0	69.00		
Cost Center Description				Living Related	Cadaveric	Revenue		
				1.00	2.00	3.00		
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)		0	6		70.00		
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00		
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00		
73.00	Organs Purchased from OPOs		0	32		73.00		
74.00	Total (sum of lines 70 through 73)		0	38		74.00		
75.00	Organs Transplanted		0	32	0	75.00		
76.00	Organs Sold to Other Hospitals		0	0	0	76.00		
77.00	Organs Sold to OPOs		0	6	0	77.00		
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00		
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00		
80.00	Organs Sold Outside the U.S.		0	0	0	80.00		
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00		
82.00	Organs Used for Research		0	0	0	82.00		
83.00	Unusable/Discarded Organs		0	0	0	83.00		
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	38		84.00		

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0281

Period:

From 09/01/2019

To 08/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:

3/25/2021 12:24 pm

Cost Center Description		Lung		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
0		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,556.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	18,110	3,178.85	3	9,537	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,639.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		18,110		3	9,537	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
0		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.100313	116,124	11,649	8.00	
9.00	RECOVERY ROOM	51.00	0.229608	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.196901	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.050559	7,276	368	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146243	5,033	736	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.099778	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.259834	0	0	14.00	
15.00	CT SCAN	57.00	0.040339	4,530	183	15.00	
16.00	MRI	58.00	0.076788	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064015	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.057857	0	0	17.01	
17.02	CARDIOLOGY	59.02	0.054482	13,722	748	17.02	
17.03	PULMONARY FUNCTION TESTING	59.03	0.128789	4	1	17.03	
17.04	ELECTROMYOGRAPHY	59.04	0.067283	0	0	17.04	
17.05	GASTRO INTESTINAL SERVICES	59.05	0.138294	0	0	17.05	
18.00	LABORATORY	60.00	0.108227	29,329	3,174	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.348676	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.274999	1,695	466	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.210183	4,027	846	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305826	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.313341	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137619	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.207380	6,627	1,374	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.325213	20	7	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.304360	8,435	2,567	31.00	
32.00	RENAL DIALYSIS	74.00	0.201644	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.248845	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.805274	0	0	37.00	
37.01	PSYCH CLINIC	90.01	4.619648	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.999785	222	222	37.02	
37.03	MEDICINE THERAPY MANAGEMENT	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.119532	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.344224	1,358	467	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.564352	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			198,402	22,808	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-4
					Component CCN:		Date/Time Prepared: 3/25/2021 12:24 pm
					Lung	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	222	0.000000	0	51.02	
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,358	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,580		0	55.00	
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	32,345		216,512		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,231,182		1,745,349		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,263,527		1,961,861		61.00	
62.00	Total Usable Organs (see instructions)		51			62.00	
63.00	Medicare Usable Organs (see instructions)		23			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.450980			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,373,745		884,760		65.00	
66.00	Revenue for Organs Sold	18,110		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,355,635		884,760		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,355,635	0	884,760	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	7		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	44		73.00	
74.00	Total (sum of lines 70 through 73)		0	51		74.00	
75.00	Organs Transplanted		0	44	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	7	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	51		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0281

Period:

From 09/01/2019

To 08/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:

3/25/2021 12:24 pm

Cost Center Description		Pancreas		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,556.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,936	3,178.85	2	6,358	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,639.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		12,936		2	6,358	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.100313	82,945	8,320	8.00	
9.00	RECOVERY ROOM	51.00	0.229608	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.196901	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.050559	5,197	263	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146243	3,595	526	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.099778	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.259834	0	0	14.00	
15.00	CT SCAN	57.00	0.040339	3,236	131	15.00	
16.00	MRI	58.00	0.076788	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064015	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.057857	0	0	17.01	
17.02	CARDIOLOGY	59.02	0.054482	9,801	534	17.02	
17.03	PULMONARY FUNCTION TESTING	59.03	0.128789	0	0	17.03	
17.04	ELECTROMYOGRAPHY	59.04	0.067283	0	0	17.04	
17.05	GASTRO INTESTINAL SERVICES	59.05	0.138294	0	0	17.05	
18.00	LABORATORY	60.00	0.108227	21,135	2,287	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.348676	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.274999	1,211	333	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.210183	2,877	605	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305826	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.313341	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137619	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.207380	4,733	982	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.325213	14	5	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.304360	6,025	1,834	31.00	
32.00	RENAL DIALYSIS	74.00	0.201644	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.248845	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.805274	0	0	37.00	
37.01	PSYCH CLINIC	90.01	4.619648	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.999785	1,250	1,250	37.02	
37.03	MEDICINE THERAPY MANAGEMENT	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.119532	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.344224	970	334	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.564352	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			142,989	17,404	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet D-4
					Component CCN:		Date/Time Prepared: 3/25/2021 12:24 pm
					Pancreas	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	1,250	0.000000	0	51.02	
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	970	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		2,220		0	55.00	
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	23,762		155,925		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,444,555		1,684,347		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,468,317		1,840,272		61.00	
62.00	Total Usable Organs (see instructions)		21			62.00	
63.00	Medicare Usable Organs (see instructions)		9			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.428571			64.00	
65.00	Medicare Cost/Charges (see instructions)	629,278		788,687		65.00	
66.00	Revenue for Organs Sold	12,664		0		66.00	
67.00	Subtotal (line 65 minus line 66)	616,614		788,687		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	616,614	0	788,687	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	18		73.00	
74.00	Total (sum of lines 70 through 73)		0	21		74.00	
75.00	Organs Transplanted		0	18	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	3	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	21		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/25/2021 12:24 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			13,634,158	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			132,721,649	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)			2,341,007	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			18,820,278	2.04
3.00	Managed Care Simulated Payments			41,603,051	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			869.84	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)			385.53	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)			1.11	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)			32.55	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)			419.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			597.61	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.04	11.00
12.00	Current year allowable FTE (see instructions)			422.23	12.00
13.00	Total allowable FTE count for the prior year.			422.25	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.			422.24	14.00
15.00	Sum of lines 12 through 14 divided by 3.			422.24	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			422.24	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.485423	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.492297	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.485423	21.00
22.00	IME payment adjustment (see instructions)			34,342,244	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			9,762,114	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)			178.42	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			34,342,244	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			9,762,114	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.29	31.00
32.00	Sum of lines 30 and 31			24.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)			9.77	33.00
34.00	Disproportionate share adjustment (see instructions)			3,574,740	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/25/2021 12:24 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		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)	9,727,681	8,608,027		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	799,538	7,902,453		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,701,991			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)	214,136,067			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)		223,898,181		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		15,875,305		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).		8,682,010		52.00
53.00	Nursing and Allied Health Managed Care payment		178,392		53.00
54.00	Special add-on payments for new technologies		1,449,378		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)		16,910,233		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).		168,034		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		562,568		58.00
59.00	Total (sum of amounts on lines 49 through 58)		267,724,101		59.00
60.00	Primary payer payments		28,634		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		267,695,467		61.00
62.00	Deductibles billed to program beneficiaries		9,304,856		62.00
63.00	Coinsurance billed to program beneficiaries		2,054,217		63.00
64.00	Allowable bad debts (see instructions)		2,619,167		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,702,459		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,725,632		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		258,038,853		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	RECONCILIATION		0		70.00
70.01	OTHER ADJUSTMENTS		0		70.01
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)		391,857		70.93
70.94	HRR adjustment amount (see instructions)		-458,755		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A
Date/Time Prepared:
3/25/2021 12:24 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		257,971,955	71.00	
71.01	Sequestration adjustment (see instructions)		3,431,027	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		252,970,120	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,570,808	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,370,852	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)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/25/2021 12:24 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,634,158	0	13,634,158		13,634,158
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	132,721,649	0		132,721,649	132,721,649
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	2,341,007	0	2,341,007		2,341,007
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	18,820,278	0		18,820,278	18,820,278
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	41,603,051	0	3,061,801	38,541,249	41,603,050
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.485423	0.485423	0.485423	0.485423	
6.00	IME payment adjustment (see instructions)	22.00	34,342,244	0	3,199,242	31,143,002	34,342,244
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,762,114	0	718,449	9,043,665	9,762,114
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	34,342,244	0	3,199,242	31,143,002	34,342,244
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,762,114	0	718,449	9,043,665	9,762,114
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0977	0.0977	0.0977	0.0977	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,574,740	0	333,014	3,241,726	3,574,740
11.01	Uncompensated care payments	36.00	8,701,991	0	827,144	7,730,908	8,558,052
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	214,136,067	0	20,334,565	193,801,502	214,136,067
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	223,898,181	0	21,053,014	202,845,167	223,898,181
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	15,875,305	0	17,390,822	-1,515,517	15,875,305

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/25/2021 12:24 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	1,449,378	0	47,942	1,401,435	1,449,377	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	38,491,778	202,731,085	241,222,863	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	11,617,928	0	12,727,128	-1,109,200	11,617,928	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,062,750	0	2,259,539	-196,789	2,062,750	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1889	0.1889	0.1889	0.1889		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,194,627	0	2,404,155	-209,528	2,194,627	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,875,305	0	17,390,822	-1,515,517	15,875,305	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/25/2021 12:24 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,634,158	13,634,158		13,634,158	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	132,721,649		132,721,649	132,721,649	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	2,341,007	2,341,007		2,341,007	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	18,820,278		18,820,278	18,820,278	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	41,603,051	3,061,801	38,541,249	41,603,050	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.485423	0.485423	0.485423		5.00
6.00	IME payment adjustment (see instructions)	22.00	34,342,244	3,199,242	31,143,002	34,342,244	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,762,114	718,449	9,043,665	9,762,114	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	34,342,244	3,199,242	31,143,002	34,342,244	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,762,114	718,449	9,043,665	9,762,114	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0977	0.0977	0.0977		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,574,740	333,014	3,241,726	3,574,740	11.00
11.01	Uncompensated care payments	36.00	8,701,991	696,953	8,928,143	9,625,096	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	214,136,067	20,204,374	193,931,693	214,136,067	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	223,898,181	20,922,823	202,975,358	223,898,181	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	15,875,305	17,390,822	-1,515,517	15,875,305	16.00
17.00	Special add-on payments for new technologies	54.00	1,449,378	47,942	1,401,436	1,449,378	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			38,361,587	202,861,277	241,222,864	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/25/2021 12:24 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	11,617,928	12,727,128	-1,109,200	11,617,928	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,062,750	2,259,539	-196,789	2,062,750	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1889	0.1889	0.1889		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,194,627	2,404,155	-209,528	2,194,627	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,875,305	17,390,822	-1,515,517	15,875,305	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	391,857	73,358	318,499	391,857	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-458,755	-2,736	-456,019	-458,755	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/25/2021 12:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		90,139	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		116,167,167	2.00
3.00	OPPS payments		93,554,168	3.00
4.00	Outlier payment (see instructions)		950,483	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		95,257,077	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		99.21	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		750,655	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		90,139	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		284,408	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)		284,408	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)		284,408	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		194,269	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)		90,139	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)		95,255,306	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		392,819	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		15,655,984	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)		79,296,642	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,405,061	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)		82,701,703	30.00
31.00	Primary payer payments		4,958	31.00
32.00	Subtotal (line 30 minus line 31)		82,696,745	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)		2,293,180	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,490,567	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,700,887	36.00
37.00	Subtotal (see instructions)		84,187,312	37.00
38.00	MSP-LCC reconciliation amount from PS&R		425	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)		84,186,887	40.00
40.01	Sequestration adjustment (see instructions)		1,119,686	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		83,313,032	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)		-245,831	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

Health Financial Systems		NORTHWESTERN MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2019	Worksheet E	
		Component CCN: 14-S281	To 08/31/2020	Part B	
		Title XVIII	Subprovider - IPF	Date/Time Prepared: 3/25/2021 12:24 pm	
				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)			0	2.00
3.00	OPPS payments			0	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)			0	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)			0	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)			0	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)			0	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			0	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)			0	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)			0	40.00
40.01	Sequestration adjustment (see instructions)			0	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			0	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			0	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/25/2021 12:24 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		225,125,236		77,439,279	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		25,163,540		5,921,582	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	12/20/2019	660,219	12/20/2019	9,751	3.01
3.02		05/06/2020	2,021,125		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	05/06/2020	57,580	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)		2,681,344		-47,829	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)		252,970,120		83,313,032	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		1,570,808		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		245,831	6.02
7.00	Total Medicare program liability (see instructions)		254,540,928		83,067,201	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0281

Period:

Worksheet E-1

Component CCN: 14-S281

From 09/01/2019
To 08/31/2020Part I
Date/Time Prepared:
3/25/2021 12:24 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,662,765		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,662,765		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,873		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,665,638		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part II
Date/Time Prepared:
3/25/2021 12:24 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part II Date/Time Prepared: 3/25/2021 12:24 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,672,497 1.00
2.00	Net IPF PPS Outlier Payments			82,659 2.00
3.00	Net IPF PPS ECT Payments			49,201 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)			2.29 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)			25.210383 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)			1,804,357 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)			1,804,357 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,804,357 18.00
19.00	Deductibles			66,352 19.00
20.00	Subtotal (line 18 minus line 19)			1,738,005 20.00
21.00	Coinurance			75,240 21.00
22.00	Subtotal (line 20 minus line 21)			1,662,765 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			30,595 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			19,887 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			17,343 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,682,652 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			5,438 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)			1,688,090 31.00
31.01	Sequestration adjustment (see instructions)			22,452 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,662,765 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)			2,873 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			82,659 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: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
3/25/2021 12:24 pm

		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	25,106,008			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)	25,106,008		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)	25,106,008		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)	25,106,008		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				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)	25,106,008		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: 14-0281 Component CCN: 14-S281	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 3/25/2021 12:24 pm	
		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	266,969			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)	266,969	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)	266,969	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)	266,969		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)	266,969		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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281		Period: From 09/01/2019 To 08/31/2020		Worksheet E-4 Date/Time Prepared: 3/25/2021 12:24 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					318.27	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					1.11	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					36.76	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					356.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					598.45	6.00
7.00	Enter the lesser of line 5 or line 6					356.14	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	145.34	394.34	539.68		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	86.49	234.67	321.16		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		2.95			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	86.49	237.62			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	88.59	239.74			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	89.80	238.58			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	88.29	238.65			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	88.29	238.65			17.00	
18.00	Per resident amount	108,637.64	103,687.48			18.00	
19.00	Approved amount for resident costs	9,591,617	24,745,017	34,336,634		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.61		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			242.31		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.35		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,646.00		23.00	
24.00	Multiply line 22 time line 23			238,868		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			34,575,502		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	70,110	7,464	15,351		26.00	
27.00	Total Inpatient Days (see instructions)	261,247	261,247	261,247		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.268367	0.028571	0.058760		28.00	
29.00	Program direct GME amount	9,278,924	987,857	2,031,656	12,298,437	29.00	
29.01	Percent reduction for MA DGME		7.00	7.00		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		69,150	142,216	211,366	30.00	
31.00	Net Program direct GME amount				12,087,071	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet E-4 Date/Time Prepared: 3/25/2021 12:24 pm	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			28,675,537	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			281,444,816	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			16,910,233	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			28,634	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			298,326,415	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			117,007,961	42.00
43.00	Primary payer payments (see instructions)			4,958	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			117,003,003	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			415,329,418	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.718289	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.281711	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			12,087,071	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			8,682,010	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,405,061	50.00

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

Provider CCN: 14-0281

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

Worksheet G

Date/Time Prepared:
3/25/2021 12:24 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	0	4,167,313	12,582,782	0	1.00
2.00 Temporary investments	501,466,484	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	363,899,150	0	0	0	4.00
5.00 Other receivable	16,345,464	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-100,264,438	0	0	0	6.00
7.00 Inventory	48,603,446	0	0	0	7.00
8.00 Prepaid expenses	7,913,494	0	0	0	8.00
9.00 Other current assets	59,955,283	0	0	0	9.00
10.00 Due from other funds	37,480,206	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	935,399,089	4,167,313	12,582,782	0	11.00
FIXED ASSETS					
12.00 Land	208,500,354	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	2,069,670,651	0	0	0	15.00
16.00 Accumulated depreciation	-1,181,180,765	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	445,089,454	0	0	0	19.00
20.00 Accumulated depreciation	-325,963,070	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)	1,216,116,624	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,822,502,786	-138,964	2,107,033	0	31.00
32.00 Deposits on leases	0	1	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	361,722,831	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	2,184,225,617	-138,963	2,107,033	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	4,335,741,330	4,028,350	14,689,815	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	32,451,870	0	0	0	37.00
38.00 Salaries, wages, and fees payable	54,826,599	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	279,402,504	0	0	0	43.00
44.00 Other current liabilities	151,104,455	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	517,785,428	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	33,405,957	0	0	0	47.00
48.00 Unsecured loans	3	0	0	0	48.00
49.00 Other long term liabilities	501,917,909	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	535,323,869	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	1,053,109,297	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	3,282,632,033				52.00
53.00 Specific purpose fund		4,028,350			53.00
54.00 Donor created - endowment fund balance - restricted			14,689,815		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)	3,282,632,033	4,028,350	14,689,815	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	4,335,741,330	4,028,350	14,689,815	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0281

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

Worksheet G-1

Date/Time Prepared:
3/25/2021 12:24 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,760,001,454		4,167,314		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		155,507,262				2.00
3.00	Total (sum of line 1 and line 2)		2,915,508,716		4,167,314		3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP	898,991		1		0	4.00
5.00	INVESTMENT INCOME - REALIZED GAINS	0		948,338		0	5.00
6.00	INTERCOMPANY SETTLEMENT	372,204,823		23,460,376		0	6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE	0		37,824		0	7.00
8.00	GIFTS, GRANTS OTHER REVENUE	0		2,975,622		2,107,033	8.00
9.00	OTHER	102,710		20,053		0	9.00
10.00	Total additions (sum of line 4-9)		373,206,524		27,442,214		10.00
11.00	Subtotal (line 3 plus line 10)		3,288,715,240		31,609,528		11.00
12.00	POST BENEF CHGS OTHTHAN NET PENS CST	6,083,205		0		0	12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM	0		0		0	13.00
14.00	NET TRANSFERS TO AFFILIATES	2		0		0	14.00
15.00	FOR OPERATING EXPENSES	0		26,682,187		0	15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS	0		898,991		0	16.00
17.00	OTHER	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,083,207		27,581,178		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,282,632,033		4,028,350		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	12,582,782		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)	12,582,782		0			3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP		0				4.00
5.00	INVESTMENT INCOME - REALIZED GAINS		0				5.00
6.00	INTERCOMPANY SETTLEMENT		0				6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE		0				7.00
8.00	GIFTS, GRANTS OTHER REVENUE		0				8.00
9.00	OTHER		0				9.00
10.00	Total additions (sum of line 4-9)	2,107,033		0			10.00
11.00	Subtotal (line 3 plus line 10)	14,689,815		0			11.00
12.00	POST BENEF CHGS OTHTHAN NET PENS CST		0				12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM		0				13.00
14.00	NET TRANSFERS TO AFFILIATES		0				14.00
15.00	FOR OPERATING EXPENSES		0				15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS		0				16.00
17.00	OTHER		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)	14,689,815		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/25/2021 12:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	638,701,493		638,701,493	1.00
2.00	SUBPROVIDER - IPF	25,618,536		25,618,536	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)	664,320,029		664,320,029	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	158,917,026		158,917,026	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	124,012,054		124,012,054	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	282,929,080		282,929,080	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	947,249,109		947,249,109	17.00
18.00	Ancillary services	3,085,581,228	0	3,085,581,228	18.00
19.00	Outpatient services	0	3,563,458,329	3,563,458,329	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,032,830,337	3,563,458,329	7,596,288,666	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,232,104,704		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	BAD DEBT	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,232,104,704		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0281

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

Worksheet G-3

Date/Time Prepared:
3/25/2021 12:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	7,596,288,666	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,804,279,359	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,792,009,307	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,232,104,704	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-440,095,397	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	28,997,349	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	10,825,164	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	271,641	14.00
15.00	Revenue from rental of living quarters	1,417,067	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	160,314,637	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,311,245	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	315,409	21.00
22.00	Rental of hospital space	71,209,474	22.00
23.00	Governmental appropriations	97,162,008	23.00
24.00	OTHER REVENUE, SHARED, NET ASSETS,	68,585,800	24.00
24.11	SHARED, TELECOM, OTHER	39,522,007	24.11
24.50	COVID-19 PHE Funding	115,670,858	24.50
25.00	Total other income (sum of lines 6-24)	595,602,659	25.00
26.00	Total (line 5 plus line 25)	155,507,262	26.00
27.00	OTHER EXPENSES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	155,507,262	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0281	Period: From 09/01/2019 To 08/31/2020	Worksheet L Parts I-III Date/Time Prepared: 3/25/2021 12:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		11,617,928	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,062,750	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)		688.58	3.00
4.00	Number of interns & residents (see instructions)		422.24	4.00
5.00	Indirect medical education percentage (see instructions)		18.89	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)		2,194,627	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		15,875,305	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