

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: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/22/2021 4:11 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KISHWAUKEE COMMUNITY HOSPITAL (14-0286) 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	323,558	70,611	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	323,558	70,611	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: 14-0286		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 4:11 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: ONE KISH HOSPITAL DRIVE			PO Box:				1.00		
2.00	City: DEKALB			State: IL		Zip Code: 60115-		County: DEKALB 2.00		
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				1.00	2.00	3.00	4.00	5.00	V XVIII XIX 6.00 7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			KISHWAUKEE COMMUNITY HOSPITAL	140286	16974	1	12/21/1975	N P O 3.00	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF								5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
17.10	Hospital-Based (CORF) I								17.10	
18.00	Renal Dialysis								18.00	
19.00	Other								19.00	
								From:	To:	
								1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)							09/01/2019	08/31/2020 20.00	
21.00	Type of Control (see instructions)							2	21.00	
								1.00	2.00 3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N	23.00	
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
					1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				1,039	497	0	0	2,411	0 24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/22/2021 4:11 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.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	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	45.00
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	46.00
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	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
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.					N		56.00
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.							57.00
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		58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/22/2021 4:11 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
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Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 4:11 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	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
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 4:11 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	354,762	282,099	3,122,091118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0640	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0286		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 4:11 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131		141.00		
142.00	Street: 251 E HURON STREET		PO Box:				142.00		
143.00	City: CHICAGO		State: IL		Zip Code: 60611		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		155.00
156.00	Subprovider - IPF			N	N	N	N		156.00
157.00	Subprovider - IRF			N	N	N	N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF			N	N	N	N		159.00
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00
161.00	CMHC				N	N	N		161.00
161.10	CORF				N	N	N		161.10
								1.00	
Multicampus									
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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.								N	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
						Beginning 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	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/22/2021 4:11 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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/22/2021 4:11 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON	HOFMANN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-766-7529	BRANDON.HOFMANN@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
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		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.	SR FINANCIAL ANALYST	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: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 4:11 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	86	31,476	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)		86	31,476	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		98	35,868	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 4:11 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)	7,425	1,051	16,419			1.00
2.00	HMO and other (see instructions)	2,881	2,411				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	7,425	1,051	16,419			7.00
8.00	INTENSIVE CARE UNIT	1,231	31	1,731			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		323	1,316			13.00
14.00	Total (see instructions)	8,656	1,405	19,466	0.00	781.73	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			113			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	781.73	27.00
28.00	Observation Bed Days		0	4,743			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	131	289			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 4:11 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,959	346	4,859	1.00
2.00 HMO and other (see instructions)			582	926		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,959	346	4,859	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/22/2021 4:11 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	58,409,475	-310,729	58,098,746	1,632,252.68	35.59
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		103,445	0	103,445	689.63	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		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)		495,902	-118,196	377,706	23,304.68	16.21
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
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		253,136	0	253,136	1,654.24	153.02
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		14,551,143	0	14,551,143	336,884.00	43.19
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,886,912	0	13,886,912		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		119,884	0	119,884		
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		24,850	0	24,850		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,268,514	0	1,268,514		
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: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/22/2021 4:11 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	384,106	-367,348	16,758	0.00	0.00	26.00
27.00	Administrative & General	5.00	7,930,274	-409,291	7,520,983	198,471.91	37.89	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	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,165,062	7,376	1,172,438	62,724.65	18.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	986,448	-661,421	325,027	20,637.42	15.75	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	667,666	667,666	42,393.18	15.75	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,106,007	14,224	2,120,231	72,097.72	29.41	38.00
39.00	Central Services and Supply	14.00	293,838	1,860	295,698	11,773.06	25.12	39.00
40.00	Pharmacy	15.00	2,125,567	13,457	2,139,024	44,622.60	47.94	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	655,328	4,149	659,477	17,572.90	37.53	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part III
Date/Time Prepared:
3/22/2021 4:11 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)	58,409,475	-310,729	58,098,746	1,632,252.68	35.59	1.00
2.00	Excluded area salaries (see instructions)	495,902	-118,196	377,706	23,304.68	16.21	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,913,573	-192,533	57,721,040	1,608,948.00	35.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,804,279	0	14,804,279	338,538.24	43.73	4.00
5.00	Subtotal wage-related costs (see inst.)	15,180,276	0	15,180,276	0.00	26.30	5.00
6.00	Total (sum of lines 3 thru 5)	87,898,128	-192,533	87,705,595	1,947,486.24	45.04	6.00
7.00	Total overhead cost (see instructions)	15,646,630	-729,328	14,917,302	470,293.44	31.72	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/22/2021 4:11 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,384,691	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)	3,711,617	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,848,919	9.00
10.00	Dental, Hearing and Vision Plan	125,190	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	371,753	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)	174,629	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	4,126,744	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	60,591	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	227,511	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,031,645	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part V
Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	14,031,645	1.00
2.00	Hospital	0	13,824,675	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	206,970	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0286

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

Worksheet S-10

Date/Time Prepared:
3/22/2021 4:11 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)			0.211975	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			17,876,487	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			1,783,243	5.00
6.00	Medicaid charges			124,277,939	6.00
7.00	Medicaid cost (line 1 times line 6)			26,343,816	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)			6,684,086	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
	Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			6,684,086	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)	19,071,241	1,766,938	20,838,179	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,042,626	1,766,938	5,809,564	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)	4,042,626	1,766,938	5,809,564	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)			9,162,404	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			773,853	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,190,543	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,971,861	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,106,525	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,916,089	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,600,175	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

Period:

From 09/01/2019

To 08/31/2020

Worksheet A

Date/Time Prepared:
3/22/2021 4:11 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		12,867,901	12,867,901	-3,738,645	9,129,256	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,738,645	3,738,645	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	384,106	80,749	464,855	15,446,501	15,911,356	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,930,274	72,427,008	80,357,282	-4,980,375	75,376,907	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	488,824	488,824	0	488,824	8.00
9.00	00900	HOUSEKEEPING	1,165,062	1,132,060	2,297,122	-487,574	1,809,548	9.00
10.00	01000	DIETARY	986,448	1,861,044	2,847,492	-2,409,769	437,723	10.00
11.00	01100	CAFETERIA	0	0	0	1,919,369	1,919,369	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	458,915	458,915	11,362	470,277	12.01
13.00	01300	NURSING ADMINISTRATION	2,106,007	766,645	2,872,652	-568,888	2,303,764	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	293,838	235,158	528,996	-84,876	444,120	14.00
15.00	01500	PHARMACY	2,125,567	5,980,199	8,105,766	-6,276,834	1,828,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	655,328	188,264	843,592	-154,445	689,147	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,597,607	7,433,148	20,030,755	-4,941,777	15,088,978	30.00
31.00	03100	INTENSIVE CARE UNIT	2,390,195	2,033,309	4,423,504	-660,954	3,762,550	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	400,623	400,623	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,664,947	7,758,601	9,423,548	-6,602,668	2,820,880	50.00
50.01	05001	AMBULATORY SERVICES	1,102,319	484,220	1,586,539	-153,395	1,433,144	50.01
50.02	05002	ENDOSCOPY	419,273	375,752	795,025	-8,400	786,625	50.02
51.00	05100	RECOVERY ROOM	603,067	147,644	750,711	-106,909	643,802	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,763,753	1,763,753	52.00
53.00	05300	ANESTHESIOLOGY	0	1,028,587	1,028,587	-1,576	1,027,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,486,777	6,442,830	11,929,607	-2,140,100	9,789,507	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,411,235	15,967,863	18,379,098	-623,809	17,755,289	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,340,424	5,792,644	9,133,068	-655,585	8,477,483	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,485,448	499,123	1,984,571	-363,113	1,621,458	65.00
66.00	06600	PHYSICAL THERAPY	2,543,934	798,403	3,342,337	-526,005	2,816,332	66.00
67.00	06700	OCCUPATIONAL THERAPY	277,907	74,089	351,996	-59,852	292,144	67.00
68.00	06800	SPEECH PATHOLOGY	250,260	53,708	303,968	-45,803	258,165	68.00
69.00	06900	ELECTROCARDIOLOGY	443,077	919,905	1,362,982	-83,341	1,279,641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,940,156	2,940,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,300,870	5,300,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,907,512	5,907,512	73.00
76.00	03950	SLEEP LAB	0	267,199	267,199	831	268,030	76.00
76.01	03951	CLINICAL NUTRITION	189,969	60,931	250,900	-62,107	188,793	76.01
76.97	07697	CARDIAC REHABILITATION	352,199	105,876	458,075	-74,155	383,920	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	325,935	108,733	434,668	-84,728	349,940	90.00
90.01	09001	GENETIC COUNSELING	15,705	4,261	19,966	-4,162	15,804	90.01
91.00	09100	EMERGENCY	5,160,053	4,758,000	9,918,053	-1,157,442	8,760,611	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	1,206,612	428,950	1,635,562	-168,380	1,467,182	93.00
93.01	04951	OUTSIDE SERVICES	0	428,774	428,774	67	428,841	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,913,573	152,459,317	210,372,890	204,022	210,576,912	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106,574	193,532	300,106	-49,656	250,450	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
3/22/2021 4:11 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	
194.00	07950	HOME OFFICE COSTS	0	113,649	113,649	0	113,649	194.00
194.01	07951	COMMUNITY WELLNESS	0	111	111	0	111	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	135,943	1,881,596	2,017,539	-35,282	1,982,257	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	253,385	2,560,498	2,813,883	-119,084	2,694,799	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	58,409,475	157,208,703	215,618,178	0	215,618,178	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
3/22/2021 4:11 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	-809,307	8,319,949	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-391,812	3,346,833	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,538,212	14,373,144	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,571,538	54,805,369	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	488,824	8.00
9.00	00900	HOUSEKEEPING	-88,655	1,720,893	9.00
10.00	01000	DIETARY	0	437,723	10.00
11.00	01100	CAFETERIA	-927,180	992,189	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	-17,711	452,566	12.01
13.00	01300	NURSING ADMINISTRATION	-6,448	2,297,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	444,120	14.00
15.00	01500	PHARMACY	0	1,828,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	689,147	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,470,760	13,618,218	30.00
31.00	03100	INTENSIVE CARE UNIT	-508,424	3,254,126	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	400,623	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-66,358	2,754,522	50.00
50.01	05001	AMBULATORY SERVICES	0	1,433,144	50.01
50.02	05002	ENDOSCOPY	0	786,625	50.02
51.00	05100	RECOVERY ROOM	-2,436	641,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,779	1,760,974	52.00
53.00	05300	ANESTHESIOLOGY	-781,675	245,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-848,971	8,940,536	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,126,593	15,628,696	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-120,678	8,356,805	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-8,656	1,612,802	65.00
66.00	06600	PHYSICAL THERAPY	-66,725	2,749,607	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	292,144	67.00
68.00	06800	SPEECH PATHOLOGY	0	258,165	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,766	1,266,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,940,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,300,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,907,512	73.00
76.00	03950	SLEEP LAB	0	268,030	76.00
76.01	03951	CLINICAL NUTRITION	2,100	190,893	76.01
76.97	07697	CARDIAC REHABILITATION	-38,067	345,853	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	349,940	90.00
90.01	09001	GENETIC COUNSELING	0	15,804	90.01
91.00	09100	EMERGENCY	-1,958,995	6,801,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-272,371	1,194,811	93.00
93.01	04951	OUTSIDE SERVICES	0	428,841	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,635,017	177,941,895	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-16,600	233,850	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	-113,648	1	194.00
194.01	07951	COMMUNITY WELLNESS	0	111	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A

Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-626,653	1,355,604	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	-526,192	2,168,607	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,918,110	181,700,068	200.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
3/22/2021 4:11 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	663,466	1,251,703		1.00
	TOTALS		663,466	1,251,703		
	B - SCHEDULING COSTS					
1.00	OPERATING ROOM	50.00	101,365	838		1.00
2.00	AMBULATORY SERVICES	50.01	112,960	934		2.00
3.00	ENDOSCOPY	50.02	97,988	810		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	59,140	489		4.00
	TOTALS		371,453	3,071		
	C - NURSERY DELIVERY AND LABOR					
1.00	NURSERY	43.00	383,339	14,857		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,676,424	64,975		2.00
	TOTALS		2,059,763	79,832		
	D - MEDICAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,829,475		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
14.00		0.00	0	0		14.00
	TOTALS		0	2,829,475		
	F - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,738,645		1.00
	TOTALS		0	3,738,645		
	G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,907,512		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	TOTALS		0	5,907,512		
	H - ROUTINE OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	130,242	5,906		1.00
	TOTALS		130,242	5,906		
	J - MOB BUILDING COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	809		1.00
2.00	HOUSEKEEPING	9.00	0	48		2.00
3.00	MAINTENANCE OF PLANT	12.01	0	84		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,184		4.00
5.00	SLEEP LAB	76.00	0	831		5.00
6.00	CARDIAC REHABILITATION	76.97	0	4,228		6.00
7.00	CLINIC	90.00	0	907		7.00
8.00	OUTSIDE SERVICES	93.01	0	67		8.00
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	221		9.00
10.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	1,478		10.00
	TOTALS		0	11,857		
	K - KISH HEALTHCARE BUILDING COSTS					
1.00	EMERGENCY	91.00	0	15,139		1.00
	TOTALS		0	15,139		
	L - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,299,050		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	5,299,050		
	M - MEDICAL DIRECTOR FEES					
1.00	NURSING ADMINISTRATION	13.00	0	20,175		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	43,575		2.00
3.00	OPERATING ROOM	50.00	42,600	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	11,667	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	21,150	609,624		5.00
6.00	OUTPATIENT COUNSELING	93.00	8,850	78,336		6.00
7.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	15,000		7.00
	TOTALS		84,267	766,710		

RECLASSIFICATIONS

Provider CCN: 14-0286

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		
	N - DIRECTLY ASSIGNED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,894,598		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
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	15,894,598		
	O - CLINICAL NUTRITION COSTS					
1.00	CLINICAL NUTRITION	76.01	0	1,718		1.00
	TOTALS		0	1,718		
	P - ROUTINE DIABETES					
1.00	ADULTS & PEDIATRICS	30.00	51,810	2,172		1.00
	TOTALS		51,810	2,172		
	Q - BUILDING RENTAL RECLASS					
1.00		0.00	0	0		1.00
4.00	PHYSICAL THERAPY	66.00	0	37,458		4.00
5.00	CLINICAL NUTRITION	76.01	0	36,709		5.00
	TOTALS		0	74,167		
	R - PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,432	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	47,320	0		2.00
3.00	HOUSEKEEPING	9.00	7,376	0		3.00
4.00	DIETARY	10.00	2,045	0		4.00
5.00	CAFETERIA	11.00	4,200	0		5.00
6.00	NURSING ADMINISTRATION	13.00	13,333	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,860	0		7.00
8.00	PHARMACY	15.00	13,457	0		8.00
9.00	SOCIAL SERVICE	17.00	4,149	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	67,865	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	14,307	0		11.00
12.00	NURSERY	43.00	2,427	0		12.00
13.00	OPERATING ROOM	50.00	11,452	0		13.00
14.00	AMBULATORY SERVICES	50.01	7,694	0		14.00
15.00	ENDOSCOPY	50.02	3,275	0		15.00
16.00	RECOVERY ROOM	51.00	3,818	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	10,687	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	35,244	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	15,265	0		19.00
20.00	LABORATORY	60.00	21,148	0		20.00
21.00	RESPIRATORY THERAPY	65.00	9,404	0		21.00
22.00	PHYSICAL THERAPY	66.00	16,105	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	1,759	0		23.00
24.00	SPEECH PATHOLOGY	68.00	1,584	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	2,805	0		25.00
26.00	CLINICAL NUTRITION	76.01	875	0		26.00
27.00	CARDIAC REHABILITATION	76.97	2,230	0		27.00
28.00	CLINIC	90.00	2,063	0		28.00
29.00	GENETIC COUNCELING	90.01	99	0		29.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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	
30.00	EMERGENCY	91.00	32,667	0	30.00
31.00	OUTPATIENT COUNSELING	93.00	7,695	0	31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	675	0	32.00
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	861	0	34.00
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	1,604	0	35.00
	TOTALS		369,780	0	
S - CORP INCENTIVE					
1.00	HOUSEKEEPING	9.00	0	21,732	1.00
2.00	DIETARY	10.00	0	22,772	2.00
3.00	NURSING ADMINISTRATION	13.00	0	72,998	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,680	4.00
5.00	PHARMACY	15.00	0	77,678	5.00
6.00	SOCIAL SERVICE	17.00	0	15,311	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	289,449	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	64,259	8.00
9.00	OPERATING ROOM	50.00	0	46,234	9.00
10.00	AMBULATORY SERVICES	50.01	0	25,887	10.00
11.00	ENDOSCOPY	50.02	0	9,035	11.00
12.00	RECOVERY ROOM	51.00	0	15,681	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,746	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	56,437	14.00
15.00	LABORATORY	60.00	0	92,295	15.00
16.00	RESPIRATORY THERAPY	65.00	0	54,328	16.00
17.00	PHYSICAL THERAPY	66.00	0	85,920	17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	7,147	18.00
19.00	SPEECH PATHOLOGY	68.00	0	5,369	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	7,803	20.00
21.00	CLINICAL NUTRITION	76.01	0	5,462	21.00
22.00	CARDIAC REHABILITATION	76.97	0	13,873	22.00
23.00	CLINIC	90.00	0	10,474	23.00
24.00	EMERGENCY	91.00	0	107,317	24.00
25.00	OUTPATIENT COUNSELING	93.00	0	37,017	25.00
26.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,582	26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	3,676	27.00
28.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	3,847	28.00
	TOTALS		0	1,302,009	
T - EMERGENCY INCIDENT					
1.00	HOUSEKEEPING	9.00	0	3,720	1.00
2.00	MAINTENANCE OF PLANT	12.01	0	11,278	2.00
3.00	NURSING ADMINISTRATION	13.00	891	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,221	4.00
5.00	OPERATING ROOM	50.00	0	10,918	5.00
6.00	LABORATORY	60.00	0	253,127	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	12,360	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	110,681	8.00
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,820	9.00
	TOTALS		891	419,125	
U - APN					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	113,608	1.00
2.00	OUTPATIENT COUNSELING	93.00	0	75,785	2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	121,336	3.00
	TOTALS		0	310,729	
500.00	Grand Total: Increases		3,731,672	37,913,418	500.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
3/22/2021 4:11 pm

	Decreases						3/22/2021 4:11 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	663,466	1,251,703	0		1.00
	TOTALS		663,466	1,251,703			
B - SCHEDULING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	371,453	3,071	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		371,453	3,071			
C - NURSERY DELIVERY AND LABOR							
1.00	ADULTS & PEDIATRICS	30.00	2,059,763	79,832	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,059,763	79,832			
D - MEDICAL SUPPLY							
1.00	ADULTS & PEDIATRICS	30.00	0	43,906	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	24,572	0		2.00
3.00	OPERATING ROOM	50.00	0	1,894,457	0		3.00
4.00	AMBULATORY SERVICES	50.01	0	11,770	0		4.00
5.00	ENDOSCOPY	50.02	0	22,539	0		5.00
6.00	RECOVERY ROOM	51.00	0	2,340	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	1,576	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	782,210	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	38	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	23,856	0		10.00
14.00	EMERGENCY	91.00	0	22,211	0		14.00
	TOTALS		0	2,829,475			
F - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,738,645	9		1.00
	TOTALS		0	3,738,645			
G - DRUGS							
1.00	PHARMACY	15.00	0	5,898,596	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,429	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	889	0		3.00
5.00	AMBULATORY SERVICES	50.01	0	2,951	0		5.00
6.00	ENDOSCOPY	50.02	0	74	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,573	0		7.00
	TOTALS		0	5,907,512			
H - ROUTINE OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	130,242	5,906	0		1.00
	TOTALS		130,242	5,906			
J - MOB BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST	0.00	0	0	0		1.00
2.00	CENTERS	194.02	0	11,857	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		0	11,857			
K - KISH HEALTHCARE BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST	194.02	0	15,139	0		1.00
	CENTERS						
	TOTALS		0	15,139			
L - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	4,473,575	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	825,475	0		2.00
	TOTALS		0	5,299,050			
M - MEDICAL DIRECTOR FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	84,267	766,710	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		84,267	766,710			
N - DIRECTLY ASSIGNED BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	80,749	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,006,811	0		2.00
3.00	HOUSEKEEPING	9.00	0	520,450	0		3.00

RECLASSIFICATIONS

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Worksheet A-6

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	DIETARY	10.00	0	517,699	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	676,285	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,637	0	6.00
7.00	PHARMACY	15.00	0	469,373	0	7.00
8.00	SOCIAL SERVICE	17.00	0	173,905	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,346,866	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	577,911	0	10.00
11.00	OPERATING ROOM	50.00	0	448,043	0	11.00
12.00	AMBULATORY SERVICES	50.01	0	286,149	0	12.00
13.00	ENDOSCOPY	50.02	0	96,895	0	13.00
14.00	RECOVERY ROOM	51.00	0	124,068	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,402,419	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	695,473	0	16.00
17.00	LABORATORY	60.00	0	1,022,155	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	402,989	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	665,488	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	68,758	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	52,756	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	106,309	0	22.00
23.00	CLINICAL NUTRITION	76.01	0	52,889	0	23.00
24.00	CARDIAC REHABILITATION	76.97	0	94,486	0	24.00
25.00	CLINIC	90.00	0	98,172	0	25.00
26.00	GENETIC COUNSELING	90.01	0	4,261	0	26.00
27.00	EMERGENCY	91.00	0	1,290,354	0	27.00
28.00	OUTPATIENT COUNSELING	93.00	0	300,278	0	28.00
29.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	53,134	0	29.00
31.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	29,301	0	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	124,535	0	32.00
	TOTALS		0	15,894,598		
O - CLINICAL NUTRITION COSTS						
1.00	DIETARY	10.00	0	1,718	0	1.00
	TOTALS		0	1,718		
P - ROUTINE DIABETES						
1.00	CLINICAL NUTRITION	76.01	51,810	2,172	0	1.00
	TOTALS		51,810	2,172		
Q - BUILDING RENTAL RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	74,167	0	1.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		0	74,167		
R - PTO ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	369,780	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00

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		
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	TOTALS		369,780	0			
	S - CORP INCENTIVE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,302,009	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
	TOTALS		0	1,302,009			
	T - EMERGENCY INCIDENT						
1.00	ADMINISTRATIVE & GENERAL	5.00	891	419,125	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		891	419,125			
	U - APN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	113,608	0	0		1.00
2.00	OUTPATIENT COUNSELING	93.00	75,785	0	0		2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	121,336	0	0		3.00
	TOTALS		310,729	0			
500.00	Grand Total: Decreases		4,042,401	37,602,689			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
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		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	17,228,636	0	0	0	50,156	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	159,338,686	6,057,624	0	6,057,624	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	27,111,253	9,550,097	0	9,550,097	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	203,678,575	15,607,721	0	15,607,721	50,156	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	203,678,575	15,607,721	0	15,607,721	50,156	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,178,480	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	165,396,310	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	36,661,350	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	219,236,140	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	219,236,140	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
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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	12,867,901	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,867,901	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	12,867,901				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	12,867,901				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
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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	182,574,790	0	182,574,790	0.832777	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	36,661,350	0	36,661,350	0.167223	0	2.00
3.00	Total (sum of lines 1-2)	219,236,140	0	219,236,140	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	8,233,620	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,346,833	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,580,453	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	86,329	0	0	0	8,319,949	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,346,833	2.00
3.00	Total (sum of lines 1-2)	86,329	0	0	0	11,666,782	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B		0ADMINISTRATIVE & GENERAL	5.00	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	-7,805,629			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	-14,828,676			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-601,123	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B		0MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			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		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

Period:
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Worksheet A-8

Date/Time Prepared:
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				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	PHYSICIAN RECRUITMENT & AMORTIZATION	A	-2,938	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	IHA LOBBYING EXPENSES	A	-27,138	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	AHA LOBBYING EXPENSES	A	-5,196	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	PHYSICIAN BILLING	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MEDICARE DEPRECIATION - STRAIGHTLINE	A	-467,823	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05	MEDICARE DEPERCIATION - STRAIGHTLINE	A	-333,669	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.05
33.06	MEDICARE TO LISTING DETAIL	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.06
33.07	MEDICARE TO LISTING DETAIL	A	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.07
33.08	GOODWILL	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09	AMORTIZATION INTANGIBLE	A	-6,230	CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10	WINDMILL PROPERTIES DEPRECIATION	A	-4,668	CAP REL COSTS-BLDG & FIXT	1.00	9	33.10
33.11	ROUTE 23 BUILDING DEPRECIATION	A	-52,153	CAP REL COSTS-BLDG & FIXT	1.00	9	33.11
33.12	BHS DISCOVERY HOUSE BLDG DEPR	A	-951	CAP REL COSTS-BLDG & FIXT	1.00	9	33.12
33.13	BEN GORDON EQUIPMENT	A	-58,143	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.13
33.14	HOME OFFICE BUILDING DEPRECIATION	A	-29,772	CAP REL COSTS-BLDG & FIXT	1.00	9	33.14
33.15	KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-56,322	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	33.15
33.16	TALBOT PROPERTIES EXPENSES	A	-1,476	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	WINDMILL PROPERTIES EXPENSES	A	-55,571	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	HOME OFFICE COSTS	A	-62,225	HOME OFFICE COSTS	194.00	0	33.18
33.19	PROPERTY TAX - WINDMILL	A	-175,410	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	PROPERTY TAX - HAUSER ROSS BUILDING	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	PROPERTY TAX - LAND DEVELOPMENT	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	PROPERTY TAX	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	PROPERTY TAX	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	PROPERTY TAX	A	66,542	RADIOLOGY-THERAPEUTIC	55.00	0	33.24
33.25	PROPERTY TAX - 2475 BETHANY	A	-51,423	HOME OFFICE COSTS	194.00	0	33.25
33.26	PROPERTY TAX - PROF BUILDING	A	-416,234	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	33.26
33.27	PROPERTY TAX	A	-526,192	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	33.27
33.28	MEDICAL MALPRACTICE - PHYSICIANS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	CHARITABLE CONTRIBUTIONS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	CHARITABLE CONTRIBUTIONS AND SCHOLAR	A	-16,600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.30
33.31	SCHOLARSHIPS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32	COMMUNITY SUPPORT	A	-33,879	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	MISC INCOME	B	-1,445,983	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	MISC INCOME	B	-57,401	OPERATING ROOM	50.00	0	33.34
33.35	MISC INCOME	B	-6,475	ANESTHESIOLOGY	53.00	0	33.35
33.36	MISC INCOME	B	0	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37	MISC INCOME	B	0	PHARMACY	15.00	0	33.37
33.38	MISC INCOME	B	-14,557	INTENSIVE CARE UNIT	31.00	0	33.38
34.00	MISC INCOME	B	-42,994	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
34.01	MISC INCOME	B	4,310	ADULTS & PEDIATRICS	30.00	0	34.01
34.02	MISC INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	34.02
34.03	MISC INCOME	B	-673	RADIOLOGY-THERAPEUTIC	55.00	0	34.03
34.04	MISC INCOME	B	-60,678	LABORATORY	60.00	0	34.04
34.05	MISC INCOME	B	-8,656	RESPIRATORY THERAPY	65.00	0	34.05
34.06	MISC INCOME	B	-52,448	PHYSICAL THERAPY	66.00	0	34.06
34.07	MISC INCOME	B	-12,766	ELECTROCARDIOLOGY	69.00	0	34.07
34.08	MISC INCOME	B	2,100	CLINICAL NUTRITION	76.01	0	34.08
34.09	MISC INCOME	B	0	CLINICAL NUTRITION	76.01	0	34.09
34.10	MISC INCOME	B	-38,067	CARDIAC REHABILITATION	76.97	0	34.10
34.11	MISC INCOME	B	114	EMERGENCY	91.00	0	34.11
34.12	MISC INCOME	B	-36,011	OUTPATIENT COUNSELING	93.00	0	34.12
34.13	LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	144,141	CAP REL COSTS-BLDG & FIXT	1.00	11	34.13
34.14	INVSTMNT INC OFFSET AGAINST LOSS INT	B	0	CAP REL COSTS-BLDG & FIXT	1.00	11	34.14
34.15	PROVIDER TAX	A	-5,482,548	ADMINISTRATIVE & GENERAL	5.00	0	34.15
34.16	COST OFFSET	A	-57,812	CAP REL COSTS-BLDG & FIXT	1.00	11	34.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
34.17	COST OFFSET	A	-2,436	RECOVERY ROOM	51.00	0	34.17
34.18	COST OFFSET	A	-1,225	RADIOLOGY-DIAGNOSTIC	54.00	0	34.18
34.19	COST OFFSET	A	-14,277	PHYSICAL THERAPY	66.00	0	34.19
34.20	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	OPERATING ROOM	50.00	0	34.20
34.21	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	CARDIAC REHABILITATION	76.97	0	34.21
34.22	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	RESPIRATORY THERAPY	65.00	0	34.22
34.23	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	ELECTROCARDIOLOGY	69.00	0	34.23
34.24	OFFSET GAIN/LOSS NOT RECOGNIZED	A	0	EMERGENCY	91.00	0	34.24
35.00	HOSPICE COSTS	A	-15,957	ADULTS & PEDIATRICS	30.00	0	35.00
36.00	HOSPICE COSTS	A	-1,256	INTENSIVE CARE UNIT	31.00	0	36.00
37.00	SALES TAX EXPENSE	A	-2,568	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	CRNA / PART B	A	0	RADIOLOGY-THERAPEUTIC	55.00	0	38.00
38.01	CRNA / PART B	A	0	ADMINISTRATIVE & GENERAL	5.00	0	38.01
38.02	CRNA / PART B	A	-144,282	RADIOLOGY-DIAGNOSTIC	54.00	0	38.02
39.00	CRNA / PART B	A	-96,247	OUTPATIENT COUNSELING	93.00	0	39.00
40.00	CRNA / PART B	A	-154,097	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	40.00
41.00	HAUSER ROSS BUILDING COSTS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	HOME OFFICE BUILDING DEPRECIATION	A	-334,039	CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00	HOME OFFICE HOUSEKEEPING	A	-88,655	HOUSEKEEPING	9.00	0	43.00
44.00	HOME OFFICE CAFETERIA	A	-326,057	CAFETERIA	11.00	0	44.00
44.01	HOME OFFICE MAINTENANCE OF PLANT	A	-17,711	MAINTENANCE OF PLANT	12.01	0	44.01
44.02	MEDICARE UNALLOWABLE	A	0	ADMINISTRATIVE & GENERAL	5.00	0	44.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,918,110				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: 14-0286

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

Worksheet A-8-1

Date/Time Prepared:
3/22/2021 4:11 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE ALLOCATION	33,014,825	46,305,289	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE ALLOCATION	10,258,560	11,796,772	4.00
4.01	0.00			0	0	4.01
4.03	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY	9,269,802	9,269,802	4.03
4.04	50.02	ENDOSCOPY	INTERCOMPANY	458	458	4.04
4.05	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	2,140,212	2,140,212	4.05
4.06	60.00	LABORATORY	INTERCOMPANY	19,683	19,683	4.06
4.07	66.00	PHYSICAL THERAPY	INTERCOMPANY	38,353	38,353	4.07
4.09	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	504,620	504,620	4.09
4.10	76.01	CLINICAL NUTRITION	INTERCOMPANY	36,709	36,709	4.10
4.11	93.00	OUTPATIENT COUNSELING	INTERCOMPANY	825	825	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
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			55,284,047	70,112,723	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0286

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

Worksheet A-8-1

Date/Time Prepared:
3/22/2021 4:11 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	-13,290,464	0		1.00
2.00	0	9		2.00
3.00	0	9		3.00
4.00	-1,538,212	0		4.00
4.01	0	0		4.01
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
4.09	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	9		4.14
4.15	0	9		4.15
5.00	-14,828,676			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

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

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 4:11 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	0.00		0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	112,935	17,707	95,228	211,500	635	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	20,175	0	20,175	211,500	135	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,482,855	1,439,280	43,575	169,700	291	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	492,611	492,611	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	42,600	0	42,600	246,400	284	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	11,667	0	11,667	237,000	78	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	775,200	775,200	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	691,974	650,824	41,150	271,900	241	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	2,192,462	2,192,462	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	60,000	60,000	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	1,959,109	1,959,109	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	190,755	103,569	87,186	181,300	581	13.00
200.00			8,032,343	7,690,762	341,581		2,245	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	64,568	3,228	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	13,727	686	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	23,742	1,187	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	33,643	1,682	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	8,888	444	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	31,504	1,575	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	50,642	2,532	0	0	0	13.00
200.00			226,714	11,334	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	0.00		0	0	0	0		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	64,568	30,660	48,367		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	13,727	6,448	6,448		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	23,742	19,833	1,459,113		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	492,611		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	33,643	8,957	8,957		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	8,888	2,779	2,779		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	775,200		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	31,504	9,646	660,470		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	2,192,462		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	60,000		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,959,109		12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	50,642	36,544	140,113		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

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

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 4:11 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		
200.00			0	226,714	114,867	7,805,629		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,319,949	8,319,949			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,346,833		3,346,833		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,373,144	0	4,807	14,377,951	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,805,369	787,294	343,667	1,861,789	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	488,824	61,705	0	0	8.00
9.00	00900	HOUSEKEEPING	1,720,893	190,309	57,312	290,232	9.00
10.00	01000	DIETARY	437,723	124,719	987	80,459	10.00
11.00	01100	CAFETERIA	992,189	291,080	2,027	165,278	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	452,566	642,092	24,791	0	12.01
13.00	01300	NURSING ADMINISTRATION	2,297,316	34,421	76,121	524,855	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	444,120	101,996	198,654	73,199	14.00
15.00	01500	PHARMACY	1,828,932	136,164	4,442	529,507	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,386	0	0	16.00
17.00	01700	SOCIAL SERVICE	689,147	0	3,370	163,251	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,618,218	1,770,258	73,907	2,670,455	30.00
31.00	03100	INTENSIVE CARE UNIT	3,254,126	318,744	140,800	562,984	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	400,623	71,545	9,909	95,495	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,754,522	442,745	422,163	450,624	50.00
50.01	05001	AMBULATORY SERVICES	1,433,144	318,153	11,949	302,742	50.01
50.02	05002	ENDOSCOPY	786,625	28,044	18,965	128,857	50.02
51.00	05100	RECOVERY ROOM	641,366	87,341	3,478	150,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,760,974	265,782	43,336	420,526	52.00
53.00	05300	ANESTHESIOLOGY	245,336	13,642	35,722	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,940,536	740,456	1,220,766	1,358,706	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,628,696	552,723	302,616	600,670	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,356,805	377,872	144,106	832,144	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,612,802	47,725	38,078	370,045	65.00
66.00	06600	PHYSICAL THERAPY	2,749,607	13,515	6,602	633,727	66.00
67.00	06700	OCCUPATIONAL THERAPY	292,144	0	105	69,230	67.00
68.00	06800	SPEECH PATHOLOGY	258,165	0	0	62,343	68.00
69.00	06900	ELECTROCARDIOLOGY	1,266,875	100,054	62,290	110,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,940,156	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,300,870	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,907,512	0	0	0	73.00
76.00	03950	SLEEP LAB	268,030	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	190,893	0	1,951	34,417	76.01
76.97	07697	CARDIAC REHABILITATION	345,853	0	15,163	87,737	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	349,940	0	1,163	81,195	90.00
90.01	09001	GENETIC COUNSELING	15,804	0	0	3,912	90.01
91.00	09100	EMERGENCY	6,801,616	718,494	49,030	1,285,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	1,194,811	0	20,303	284,027	93.00
93.01	04951	OUTSIDE SERVICES	428,841	3,928	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,941,895	8,260,187	3,338,580	14,284,451	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	233,850	39,489	4,097	26,549	303,985
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	1	0	0	0	1
194.01	07951	COMMUNITY WELLNESS	111	0	0	0	111
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	1,355,604	20,273	4,156	3,829	1,383,862
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	2,168,607	0	0	63,122	2,231,729
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	181,700,068	8,319,949	3,346,833	14,377,951	181,700,068

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,798,119					5.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	256,812	0	807,341			8.00
9.00	00900	HOUSEKEEPING	1,053,667	0	0	3,312,413		9.00
10.00	01000	DIETARY	300,363	0	0	56,215	1,000,466	10.00
11.00	01100	CAFETERIA	676,668	0	0	131,200	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	522,204	0	0	292,096	0	12.01
13.00	01300	NURSING ADMINISTRATION	1,368,061	0	0	15,515	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381,569	0	0	45,973	0	14.00
15.00	01500	PHARMACY	1,165,762	0	0	61,374	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,043	0	0	8,738	0	16.00
17.00	01700	SOCIAL SERVICE	399,201	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,458,625	0	271,211	797,914	880,916	30.00
31.00	03100	INTENSIVE CARE UNIT	1,994,986	0	40,486	143,669	119,550	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	269,428	0	8,966	32,248	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,898,611	0	29,564	199,560	0	50.00
50.01	05001	AMBULATORY SERVICES	963,748	0	75,722	143,402	0	50.01
50.02	05002	ENDOSCOPY	448,986	0	0	12,640	0	50.02
51.00	05100	RECOVERY ROOM	411,633	0	11,847	39,368	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,161,831	0	39,207	119,797	0	52.00
53.00	05300	ANESTHESIOLOGY	137,473	0	0	6,149	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,719,298	0	122,656	406,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,969,724	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,529,982	0	0	159,488	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	964,990	0	0	28,117	0	65.00
66.00	06600	PHYSICAL THERAPY	1,587,652	0	3,112	6,092	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	168,624	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	149,512	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	718,195	0	0	45,098	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,371,533	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,472,766	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,755,754	0	0	0	0	73.00
76.00	03950	SLEEP LAB	125,031	0	0	28,003	0	76.00
76.01	03951	CLINICAL NUTRITION	106,013	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	209,336	0	2,047	126,897	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	201,660	0	0	29,963	0	90.00
90.01	09001	GENETIC COUNCELING	9,197	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,130,510	0	202,523	289,698	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	699,324	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	201,879	0	0	3,941	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,969,651	0	807,341	3,229,794	1,000,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,804	0	0	24,843	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	52	0	0	0	0	194.01

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	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	645,548	0	0	57,776	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	1,041,064	0	0	0	0	194.03
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)	57,798,119	0	807,341	3,312,413	1,000,466	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	2,258,442					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	1,933,749			12.01
13.00	01300	NURSING ADMINISTRATION	124,482	0	12,090	4,452,861		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,332	0	35,824	0	1,301,667	14.00
15.00	01500	PHARMACY	77,039	0	47,825	0	3,166	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,809	0	0	16.00
17.00	01700	SOCIAL SERVICE	30,354	0	0	1,834	75	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	500,053	0	621,758	1,809,998	74,628	30.00
31.00	03100	INTENSIVE CARE UNIT	90,198	0	111,952	383,083	18,613	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	17,232	0	25,129	64,725	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,934	0	155,504	218,486	185,445	50.00
50.01	05001	AMBULATORY SERVICES	54,905	0	111,744	214,486	12,475	50.01
50.02	05002	ENDOSCOPY	21,089	0	9,850	75,003	17,655	50.02
51.00	05100	RECOVERY ROOM	19,215	0	30,677	97,035	1,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,309	0	93,350	283,062	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,791	0	13,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,880	0	235,919	189,485	63,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	125,167	0	0	208,985	19,274	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	190,886	0	124,279	29,489	26,945	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	70,659	0	16,762	655	0	65.00
66.00	06600	PHYSICAL THERAPY	116,262	0	4,747	0	1,042	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,608	0	0	1,144	48	67.00
68.00	06800	SPEECH PATHOLOGY	8,256	0	0	4,139	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,304	0	35,142	40,973	678	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	280,814	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	525,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	62	76.00
76.01	03951	CLINICAL NUTRITION	6,525	0	0	7,527	6	76.01
76.97	07697	CARDIAC REHABILITATION	16,980	0	0	57,363	130	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	17,845	0	0	0	804	90.00
90.01	09001	GENETIC COUNSELING	757	0	0	0	0	90.01
91.00	09100	EMERGENCY	226,035	0	225,743	742,257	54,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	50,903	0	0	23,132	339	93.00
93.01	04951	OUTSIDE SERVICES	0	0	1,380	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,218,209	0	1,911,275	4,452,861	1,301,257	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,806	0	13,870	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	3	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	4,254	0	8,604	0	111	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	26,173	0	0	0	295	194.03
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)	2,258,442	0	1,933,749	4,452,861	1,301,667	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,854,211					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43,976				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,287,232			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,957	1,055,546	32,606,444	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	505	143,249	7,322,945	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	111	88,437	1,083,848	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,843	0	6,846,001	0	50.00
50.01	05001	AMBULATORY SERVICES	0	247	0	3,642,717	0	50.01
50.02	05002	ENDOSCOPY	0	560	0	1,548,274	0	50.02
51.00	05100	RECOVERY ROOM	0	260	0	1,493,894	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	504	0	4,263,678	0	52.00
53.00	05300	ANESTHESIOLOGY	0	885	0	457,944	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,729	0	19,250,414	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,721	0	25,413,576	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,099	0	14,776,095	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	625	0	3,150,458	0	65.00
66.00	06600	PHYSICAL THERAPY	0	792	0	5,123,150	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	126	0	543,029	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	95	0	482,510	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,422	0	2,398,407	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,892	0	4,594,395	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,440	0	8,300,981	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,854,211	5,839	0	12,523,316	0	73.00
76.00	03950	SLEEP LAB	0	140	0	421,266	0	76.00
76.01	03951	CLINICAL NUTRITION	0	14	0	347,346	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	45	0	861,551	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	82	0	682,652	0	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	29,670	0	90.01
91.00	09100	EMERGENCY	0	2,925	0	14,728,689	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	31	0	2,272,870	0	93.00
93.01	04951	OUTSIDE SERVICES	0	87	0	640,056	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,854,211	43,976	1,287,232	175,806,176	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	494,309	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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			15.00	16.00	17.00	24.00	25.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	1	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	166	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,100,155	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	3,299,261	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,854,211	43,976	1,287,232	181,700,068	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
12.01	01201	MAINTENANCE OF PLANT	12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SERVICES	50.01
50.02	05002	ENDOSCOPY	50.02
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
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SLEEP LAB	76.00
76.01	03951	CLINICAL NUTRITION	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	GENETIC COUNSELING	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04950	OUTPATIENT COUNSELING	93.00
93.01	04951	OUTSIDE SERVICES	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE COSTS	194.00
194.01	07951	COMMUNITY WELLNESS	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	3,299,261	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	181,700,068	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	4,807	4,807	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,952,366	787,294	343,667	8,083,327	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	61,705	0	61,705	8.00
9.00	00900	HOUSEKEEPING	0	190,309	57,312	247,621	9.00
10.00	01000	DIETARY	561	124,719	987	126,267	10.00
11.00	01100	CAFETERIA	1,151	291,080	2,027	294,258	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	642,092	24,791	666,883	12.01
13.00	01300	NURSING ADMINISTRATION	0	34,421	76,121	110,542	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	101,996	198,654	300,650	14.00
15.00	01500	PHARMACY	272,124	136,164	4,442	412,730	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,386	0	19,386	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,370	3,370	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,187	1,770,258	73,907	1,916,352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	318,744	140,800	459,544	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	71,545	9,909	81,454	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	442,745	422,163	864,908	50.00
50.01	05001	AMBULATORY SERVICES	0	318,153	11,949	330,102	50.01
50.02	05002	ENDOSCOPY	0	28,044	18,965	47,009	50.02
51.00	05100	RECOVERY ROOM	0	87,341	3,478	90,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	265,782	43,336	309,118	52.00
53.00	05300	ANESTHESIOLOGY	0	13,642	35,722	49,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	740,456	1,220,766	1,961,222	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	552,723	302,616	855,339	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	377,872	144,106	521,978	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	47,725	38,078	85,803	65.00
66.00	06600	PHYSICAL THERAPY	38,353	13,515	6,602	58,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	105	105	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	100,054	62,290	162,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	36,709	0	1,951	38,660	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	15,163	15,163	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1,163	1,163	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	718,494	49,030	767,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	825	0	20,303	21,128	93.00
93.01	04951	OUTSIDE SERVICES	0	3,928	0	3,928	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,374,276	8,260,187	3,338,580	18,973,043	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,489	4,097	43,586	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	17,862	20,273	4,156	42,291	1	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	21	194.03
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)	7,392,138	8,319,949	3,346,833	19,058,920	4,807	202.00

ALLOCATION OF CAPITAL RELATED 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	
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	8,083,951					5.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,919	0	97,624			8.00
9.00	00900	HOUSEKEEPING	147,372	0	0	395,090		9.00
10.00	01000	DIETARY	42,010	0	0	6,705	175,009	10.00
11.00	01100	CAFETERIA	94,643	0	0	15,649	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	73,038	0	0	34,840	0	12.01
13.00	01300	NURSING ADMINISTRATION	191,345	0	0	1,851	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,368	0	0	5,483	0	14.00
15.00	01500	PHARMACY	163,050	0	0	7,320	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,265	0	0	1,042	0	16.00
17.00	01700	SOCIAL SERVICE	55,835	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,183,046	0	32,794	95,172	154,096	30.00
31.00	03100	INTENSIVE CARE UNIT	279,030	0	4,896	17,136	20,913	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	37,684	0	1,084	3,846	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	265,551	0	3,575	23,803	0	50.00
50.01	05001	AMBULATORY SERVICES	134,795	0	9,156	17,104	0	50.01
50.02	05002	ENDOSCOPY	62,798	0	0	1,508	0	50.02
51.00	05100	RECOVERY ROOM	57,573	0	1,433	4,696	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,500	0	4,741	14,289	0	52.00
53.00	05300	ANESTHESIOLOGY	19,228	0	0	733	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	799,934	0	14,832	48,502	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,114,692	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	633,589	0	0	19,023	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	134,969	0	0	3,354	0	65.00
66.00	06600	PHYSICAL THERAPY	222,058	0	376	727	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,585	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,912	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	100,451	0	0	5,379	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	191,830	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	345,855	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	385,436	0	0	0	0	73.00
76.00	03950	SLEEP LAB	17,488	0	0	3,340	0	76.00
76.01	03951	CLINICAL NUTRITION	14,828	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	29,279	0	248	15,136	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	28,205	0	0	3,574	0	90.00
90.01	09001	GENETIC COUNSELING	1,286	0	0	0	0	90.01
91.00	09100	EMERGENCY	577,717	0	24,489	34,554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	97,811	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	28,236	0	0	470	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,828,211	0	97,624	385,236	175,009	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,834	0	0	2,963	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	7	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
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	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	90,290	0	0	6,891	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	145,609	0	0	0	0	194.03
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)	8,083,951	0	97,624	395,090	175,009	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	404,605					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	774,761			12.01
13.00	01300	NURSING ADMINISTRATION	22,301	0	4,844	331,059		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,643	0	14,353	0	377,522	14.00
15.00	01500	PHARMACY	13,802	0	19,161	0	918	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,728	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,438	0	0	136	22	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,584	0	249,110	134,569	21,644	30.00
31.00	03100	INTENSIVE CARE UNIT	16,159	0	44,854	28,481	5,398	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,087	0	10,068	4,812	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,216	0	62,303	16,244	53,784	50.00
50.01	05001	AMBULATORY SERVICES	9,836	0	44,770	15,947	3,618	50.01
50.02	05002	ENDOSCOPY	3,778	0	3,946	5,576	5,120	50.02
51.00	05100	RECOVERY ROOM	3,442	0	12,291	7,214	418	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,492	0	37,401	21,045	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,920	0	4,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,692	0	94,521	14,088	18,372	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,424	0	0	15,537	5,590	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	34,198	0	49,792	2,192	7,815	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	12,659	0	6,716	49	0	65.00
66.00	06600	PHYSICAL THERAPY	20,829	0	1,902	0	302	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,080	0	0	85	14	67.00
68.00	06800	SPEECH PATHOLOGY	1,479	0	0	308	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,100	0	14,080	3,046	197	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	81,444	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	152,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	18	76.00
76.01	03951	CLINICAL NUTRITION	1,169	0	0	560	2	76.01
76.97	07697	CARDIAC REHABILITATION	3,042	0	0	4,265	38	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,197	0	0	0	233	90.00
90.01	09001	GENETIC COUNSELING	136	0	0	0	0	90.01
91.00	09100	EMERGENCY	40,495	0	90,444	55,185	15,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OUTPATIENT COUNSELING	9,119	0	0	1,720	98	93.00
93.01	04951	OUTSIDE SERVICES	0	0	553	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,397	0	765,757	331,059	377,403	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,757	0	5,557	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	1	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	762	0	3,447	0	32	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	4,689	0	0	0	86	194.03
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)	404,605	0	774,761	331,059	377,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	617,159					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,421				16.00
17.00	01700	SOCIAL SERVICE	0	0	64,856			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,618	53,183	3,932,051	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	276	7,217	884,093	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	61	4,456	146,584	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,103	0	1,307,638	0	50.00
50.01	05001	AMBULATORY SERVICES	0	135	0	565,565	0	50.01
50.02	05002	ENDOSCOPY	0	307	0	130,085	0	50.02
51.00	05100	RECOVERY ROOM	0	142	0	178,078	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	276	0	563,003	0	52.00
53.00	05300	ANESTHESIOLOGY	0	484	0	75,774	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,133	0	3,000,752	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,130	0	2,016,913	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,243	0	1,271,109	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	342	0	244,016	0	65.00
66.00	06600	PHYSICAL THERAPY	0	433	0	305,309	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	69	0	25,961	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	52	0	22,772	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	778	0	289,412	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,035	0	274,309	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	788	0	499,172	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	617,159	3,195	0	1,005,790	0	73.00
76.00	03950	SLEEP LAB	0	77	0	20,923	0	76.00
76.01	03951	CLINICAL NUTRITION	0	8	0	55,239	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	25	0	67,225	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	45	0	36,444	0	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	1,423	0	90.01
91.00	09100	EMERGENCY	0	1,601	0	1,608,224	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	17	0	129,988	0	93.00
93.01	04951	OUTSIDE SERVICES	0	48	0	33,235	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	617,159	24,421	64,856	18,691,087	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	73,706	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	8	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	143,714	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	150,405	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	617,159	24,421	64,856	19,058,920	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
12.01	01201	MAINTENANCE OF PLANT	12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SERVICES	50.01
50.02	05002	ENDOSCOPY	50.02
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
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SLEEP LAB	76.00
76.01	03951	CLINICAL NUTRITION	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	GENETIC COUNSELING	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04950	OUTPATIENT COUNSELING	93.00
93.01	04951	OUTSIDE SERVICES	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE COSTS	194.00
194.01	07951	COMMUNITY WELLNESS	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

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Cost Center Description			Total	
			26.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	150,405	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,058,920	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	196,994					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,177,227				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,563	58,081,988			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,641	326,251	7,520,983	-57,798,119	123,901,949	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,461	0	0	0	550,529	8.00
9.00	00900	HOUSEKEEPING	4,506	54,408	1,172,438	0	2,258,746	9.00
10.00	01000	DIETARY	2,953	937	325,027	0	643,888	10.00
11.00	01100	CAFETERIA	6,892	1,924	667,666	0	1,450,574	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	15,203	23,535	0	0	1,119,449	12.01
13.00	01300	NURSING ADMINISTRATION	815	72,263	2,120,231	0	2,932,713	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,415	188,587	295,698	0	817,969	14.00
15.00	01500	PHARMACY	3,224	4,217	2,139,024	0	2,499,045	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	459	0	0	0	19,386	16.00
17.00	01700	SOCIAL SERVICE	0	3,199	659,477	0	855,768	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,915	70,162	10,787,761	0	18,132,838	30.00
31.00	03100	INTENSIVE CARE UNIT	7,547	133,665	2,274,260	0	4,276,654	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,694	9,407	385,766	0	577,572	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,483	400,769	1,820,364	0	4,070,054	50.00
50.01	05001	AMBULATORY SERVICES	7,533	11,343	1,222,973	0	2,065,988	50.01
50.02	05002	ENDOSCOPY	664	18,004	520,536	0	962,491	50.02
51.00	05100	RECOVERY ROOM	2,068	3,302	606,885	0	882,417	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,293	41,140	1,698,778	0	2,490,618	52.00
53.00	05300	ANESTHESIOLOGY	323	33,912	0	0	294,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,532	1,158,904	5,488,703	0	12,260,464	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,087	287,280	2,426,500	0	17,084,705	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,947	136,803	3,361,572	0	9,710,927	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,130	36,148	1,494,852	0	2,068,650	65.00
66.00	06600	PHYSICAL THERAPY	320	6,267	2,560,039	0	3,403,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	100	279,666	0	361,479	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	251,844	0	320,508	68.00
69.00	06900	ELECTROCARDIOLOGY	2,369	59,133	445,882	0	1,539,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,940,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,300,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,907,512	73.00
76.00	03950	SLEEP LAB	0	0	0	0	268,030	76.00
76.01	03951	CLINICAL NUTRITION	0	1,852	139,034	0	227,261	76.01
76.97	07697	CARDIAC REHABILITATION	0	14,395	354,429	0	448,753	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,104	327,998	0	432,298	90.00
90.01	09001	GENETIC COUNSELING	0	0	15,804	0	19,716	90.01
91.00	09100	EMERGENCY	17,012	46,545	5,192,720	0	8,854,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	19,274	1,147,372	0	1,499,141	93.00
93.01	04951	OUTSIDE SERVICES	93	0	0	0	432,769	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	195,579	3,169,393	57,704,282	-57,798,119	119,982,261	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	935	3,889	107,249	0	303,985	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	1	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	111	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	480	3,945	15,468	0	1,383,862	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	254,989	0	2,231,729	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,319,949	3,346,833	14,377,951		57,798,119	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.234530	1.053382	0.247546		0.466483	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			4,807		8,083,951	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000083		0.065245	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: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	97,791				8.00
9.00	00900	HOUSEKEEPING	0	0	174,003			9.00
10.00	01000	DIETARY	0	0	2,953	18,503		10.00
11.00	01100	CAFETERIA	0	0	6,892	0	62,647	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,344	0	0	12.01
13.00	01300	NURSING ADMINISTRATION	0	0	815	0	3,453	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,415	0	564	14.00
15.00	01500	PHARMACY	0	0	3,224	0	2,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	459	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	842	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	32,851	41,915	16,292	13,871	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,904	7,547	2,211	2,502	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,086	1,694	0	478	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,581	10,483	0	2,356	50.00
50.01	05001	AMBULATORY SERVICES	0	9,172	7,533	0	1,523	50.01
50.02	05002	ENDOSCOPY	0	0	664	0	585	50.02
51.00	05100	RECOVERY ROOM	0	1,435	2,068	0	533	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,749	6,293	0	2,089	52.00
53.00	05300	ANESTHESIOLOGY	0	0	323	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,857	21,361	0	6,765	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	3,472	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	8,378	0	5,295	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,477	0	1,960	65.00
66.00	06600	PHYSICAL THERAPY	0	377	320	0	3,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	322	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	229	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,369	0	480	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	1,471	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	0	181	76.01
76.97	07697	CARDIAC REHABILITATION	0	248	6,666	0	471	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1,574	0	495	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	0	21	90.01
91.00	09100	EMERGENCY	0	24,531	15,218	0	6,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	1,412	93.00
93.01	04951	OUTSIDE SERVICES	0	0	207	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	97,791	169,663	18,503	61,531	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,305	0	272	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,035	0	118	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	726	194.03
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	807,341	3,312,413	1,000,466	2,258,442	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	8.255780	19.036528	54.070475	36.050282	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	97,624	395,090	175,009	404,605	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.998292	2.270593	9.458412	6.458490	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: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
12.01	01201	MAINTENANCE OF PLANT	0	130,360				12.01
13.00	01300	NURSING ADMINISTRATION	0	815	509,922			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,415	0	13,115,615		14.00
15.00	01500	PHARMACY	0	3,224	0	31,904	5,907,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	459	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	210	757	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	41,915	207,273	751,950	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,547	43,869	187,549	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,694	7,412	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,483	25,020	1,868,537	0	50.00
50.01	05001	AMBULATORY SERVICES	0	7,533	24,562	125,700	0	50.01
50.02	05002	ENDOSCOPY	0	664	8,589	177,889	0	50.02
51.00	05100	RECOVERY ROOM	0	2,068	11,112	14,529	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,293	32,415	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	323	0	140,516	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,904	21,699	638,257	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	23,932	194,202	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	8,378	3,377	271,494	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,130	75	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	320	0	10,504	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	131	487	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	474	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,369	4,692	6,830	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,829,475	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,299,050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,907,512	73.00
76.00	03950	SLEEP LAB	0	0	0	624	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	862	62	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	6,569	1,314	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	8,097	0	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	15,218	85,000	548,343	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	2,649	3,411	0	93.00
93.01	04951	OUTSIDE SERVICES	0	93	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	128,845	509,922	13,111,481	5,907,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	935	0	12	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	35	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	580	0	1,114	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,973	0	194.03
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	1,933,749	4,452,861	1,301,667	3,854,211	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	14.833914	8.732436	0.099246	0.652425	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	774,761	331,059	377,522	617,159	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.943242	0.649235	0.028784	0.104470	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: 14-0286

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DATES)	
			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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
12.01	01201	MAINTENANCE OF PLANT			12.01
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	829,344,929		16.00
17.00	01700	SOCIAL SERVICE	0	19,868	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	55,801,705	16,292	30.00
31.00	03100	INTENSIVE CARE UNIT	9,521,165	2,211	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	2,088,255	1,365	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	72,501,784	0	50.00
50.01	05001	AMBULATORY SERVICES	4,651,372	0	50.01
50.02	05002	ENDOSCOPY	10,571,737	0	50.02
51.00	05100	RECOVERY ROOM	4,908,237	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,516,540	0	52.00
53.00	05300	ANESTHESIOLOGY	16,692,430	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164,298,917	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	107,942,160	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	77,336,288	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	11,792,338	0	65.00
66.00	06600	PHYSICAL THERAPY	14,942,956	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,383,874	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,800,771	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,828,118	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,690,695	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,174,096	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,177,548	0	73.00
76.00	03950	SLEEP LAB	2,643,377	0	76.00
76.01	03951	CLINICAL NUTRITION	269,015	0	76.01
76.97	07697	CARDIAC REHABILITATION	844,846	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	1,543,068	0	90.00
90.01	09001	GENETIC COUNSELING	0	0	90.01
91.00	09100	EMERGENCY	55,191,421	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04950	OUTPATIENT COUNSELING	591,387	0	93.00
93.01	04951	OUTSIDE SERVICES	1,640,829	0	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	829,344,929	19,868	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
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)	43,976	1,287,232	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000053	64.789209	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,421	64,856	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000029	3.264345	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

Worksheet C
Part I
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 4:11 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	47,305,196		47,305,196		30.00
31.00	03100	INTENSIVE CARE UNIT	9,264,929		9,264,929		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,088,255		2,088,255		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,873,293	54,628,491	72,501,784	0.094425	0.000000
50.01	05001	AMBULATORY SERVICES	29,757	4,621,615	4,651,372	0.783149	0.000000
50.02	05002	ENDOSCOPY	1,411,771	9,159,966	10,571,737	0.146454	0.000000
51.00	05100	RECOVERY ROOM	1,298,144	3,610,093	4,908,237	0.304365	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,132,385	384,156	9,516,541	0.448028	0.000000
53.00	05300	ANESTHESIOLOGY	4,681,244	12,011,186	16,692,430	0.027434	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,616,562	127,682,355	164,298,917	0.117167	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	532,875	107,409,285	107,942,160	0.235437	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	27,526,099	49,810,189	77,336,288	0.191063	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	9,430,286	2,362,052	11,792,338	0.267161	0.000000
66.00	06600	PHYSICAL THERAPY	2,261,021	12,681,935	14,942,956	0.342847	0.000000
67.00	06700	OCCUPATIONAL THERAPY	961,361	1,422,513	2,383,874	0.227793	0.000000
68.00	06800	SPEECH PATHOLOGY	1,053,518	747,253	1,800,771	0.267946	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,748,518	18,079,600	26,828,118	0.089399	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,463,069	20,227,626	35,690,695	0.128728	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,151,700	19,022,396	27,174,096	0.305474	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	61,933,603	48,243,945	110,177,548	0.113665	0.000000
76.00	03950	SLEEP LAB	0	2,643,377	2,643,377	0.159367	0.000000
76.01	03951	CLINICAL NUTRITION	12,040	256,975	269,015	1.291177	0.000000
76.97	07697	CARDIAC REHABILITATION	2,359	842,487	844,846	1.019773	0.000000
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	13,737	1,529,331	1,543,068	0.442399	0.000000
90.01	09001	GENETIC COUNSELING	0	25,500	25,500	1.163529	0.000000
91.00	09100	EMERGENCY	9,802,221	45,389,200	55,191,421	0.266866	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,471,307	6,281,437	8,752,744	0.835449	0.000000
93.00	04950	OUTPATIENT COUNSELING	0	591,387	591,387	3.843287	0.000000
93.01	04951	OUTSIDE SERVICES	1,474,863	165,966	1,640,829	0.390081	0.000000
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	279,540,113	549,830,316	829,370,429		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	279,540,113	549,830,316	829,370,429		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094549		50.00
50.01	05001	AMBULATORY SERVICES	0.783149		50.01
50.02	05002	ENDOSCOPY	0.146454		50.02
51.00	05100	RECOVERY ROOM	0.304365		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448320		52.00
53.00	05300	ANESTHESIOLOGY	0.027434		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117226		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235437		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.191063		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.267161		65.00
66.00	06600	PHYSICAL THERAPY	0.342847		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227793		67.00
68.00	06800	SPEECH PATHOLOGY	0.267946		68.00
69.00	06900	ELECTROCARDIOLOGY	0.089399		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.128728		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.305474		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.113665		73.00
76.00	03950	SLEEP LAB	0.159367		76.00
76.01	03951	CLINICAL NUTRITION	1.291177		76.01
76.97	07697	CARDIAC REHABILITATION	1.019773		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.442399		90.00
90.01	09001	GENETIC COUNSELING	1.163529		90.01
91.00	09100	EMERGENCY	0.266866		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.835449		92.00
93.00	04950	OUTPATIENT COUNSELING	3.905081		93.00
93.01	04951	OUTSIDE SERVICES	0.390081		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 4:11 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,606,444		32,606,444	19,833	32,626,277	30.00
31.00	03100	INTENSIVE CARE UNIT	7,322,945		7,322,945	0	7,322,945	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,083,848		1,083,848	0	1,083,848	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,846,001		6,846,001	8,957	6,854,958	50.00
50.01	05001	AMBULATORY SERVICES	3,642,717		3,642,717	0	3,642,717	50.01
50.02	05002	ENDOSCOPY	1,548,274		1,548,274	0	1,548,274	50.02
51.00	05100	RECOVERY ROOM	1,493,894		1,493,894	0	1,493,894	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,263,678		4,263,678	2,779	4,266,457	52.00
53.00	05300	ANESTHESIOLOGY	457,944		457,944	0	457,944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,250,414		19,250,414	9,646	19,260,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,413,576		25,413,576	0	25,413,576	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	14,776,095		14,776,095	0	14,776,095	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,150,458	0	3,150,458	0	3,150,458	65.00
66.00	06600	PHYSICAL THERAPY	5,123,150	0	5,123,150	0	5,123,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	543,029	0	543,029	0	543,029	67.00
68.00	06800	SPEECH PATHOLOGY	482,510	0	482,510	0	482,510	68.00
69.00	06900	ELECTROCARDIOLOGY	2,398,407		2,398,407	0	2,398,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,594,395		4,594,395	0	4,594,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,300,981		8,300,981	0	8,300,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,523,316		12,523,316	0	12,523,316	73.00
76.00	03950	SLEEP LAB	421,266		421,266	0	421,266	76.00
76.01	03951	CLINICAL NUTRITION	347,346		347,346	0	347,346	76.01
76.97	07697	CARDIAC REHABILITATION	861,551		861,551	0	861,551	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	682,652		682,652	0	682,652	90.00
90.01	09001	GENETIC COUNCELING	29,670		29,670	0	29,670	90.01
91.00	09100	EMERGENCY	14,728,689		14,728,689	0	14,728,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,312,473		7,312,473	0	7,312,473	92.00
93.00	04950	OUTPATIENT COUNSELING	2,272,870		2,272,870	36,544	2,309,414	93.00
93.01	04951	OUTSIDE SERVICES	640,056		640,056	0	640,056	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	183,118,649	0	183,118,649	77,759	183,196,408	200.00
201.00		Less Observation Beds	7,312,473		7,312,473	0	7,312,473	201.00
202.00		Total (see instructions)	175,806,176	0	175,806,176	77,759	175,883,935	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 4:11 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	47,305,196		47,305,196		30.00
31.00	03100	INTENSIVE CARE UNIT	9,264,929		9,264,929		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,088,255		2,088,255		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,873,293	54,628,491	72,501,784	0.094425	0.000000
50.01	05001	AMBULATORY SERVICES	29,757	4,621,615	4,651,372	0.783149	0.000000
50.02	05002	ENDOSCOPY	1,411,771	9,159,966	10,571,737	0.146454	0.000000
51.00	05100	RECOVERY ROOM	1,298,144	3,610,093	4,908,237	0.304365	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,132,385	384,156	9,516,541	0.448028	0.000000
53.00	05300	ANESTHESIOLOGY	4,681,244	12,011,186	16,692,430	0.027434	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,616,562	127,682,355	164,298,917	0.117167	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	532,875	107,409,285	107,942,160	0.235437	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	27,526,099	49,810,189	77,336,288	0.191063	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	9,430,286	2,362,052	11,792,338	0.267161	0.000000
66.00	06600	PHYSICAL THERAPY	2,261,021	12,681,935	14,942,956	0.342847	0.000000
67.00	06700	OCCUPATIONAL THERAPY	961,361	1,422,513	2,383,874	0.227793	0.000000
68.00	06800	SPEECH PATHOLOGY	1,053,518	747,253	1,800,771	0.267946	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,748,518	18,079,600	26,828,118	0.089399	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,463,069	20,227,626	35,690,695	0.128728	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,151,700	19,022,396	27,174,096	0.305474	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	61,933,603	48,243,945	110,177,548	0.113665	0.000000
76.00	03950	SLEEP LAB	0	2,643,377	2,643,377	0.159367	0.000000
76.01	03951	CLINICAL NUTRITION	12,040	256,975	269,015	1.291177	0.000000
76.97	07697	CARDIAC REHABILITATION	2,359	842,487	844,846	1.019773	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	13,737	1,529,331	1,543,068	0.442399	0.000000
90.01	09001	GENETIC COUNSELING	0	25,500	25,500	1.163529	0.000000
91.00	09100	EMERGENCY	9,802,221	45,389,200	55,191,421	0.266866	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,471,307	6,281,437	8,752,744	0.835449	0.000000
93.00	04950	OUTPATIENT COUNSELING	0	591,387	591,387	3.843287	0.000000
93.01	04951	OUTSIDE SERVICES	1,474,863	165,966	1,640,829	0.390081	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	279,540,113	549,830,316	829,370,429		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	279,540,113	549,830,316	829,370,429		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 4:11 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
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	AMBULATORY SERVICES	0.000000			50.01
50.02	05002	ENDOSCOPY	0.000000			50.02
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	SLEEP LAB	0.000000			76.00
76.01	03951	CLINICAL NUTRITION	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	GENETIC COUNSELING	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000			93.00
93.01	04951	OUTSIDE SERVICES	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/22/2021 4:11 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	3,932,051	0	3,932,051	21,162	185.81	30.00
31.00	INTENSIVE CARE UNIT	884,093		884,093	1,731	510.74	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	146,584		146,584	1,316	111.39	43.00
200.00	Total (lines 30 through 199)	4,962,728		4,962,728	24,209		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	7,425	1,379,639				30.00
31.00	INTENSIVE CARE UNIT	1,231	628,721				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	8,656	2,008,360				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/22/2021 4:11 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,307,638	72,501,784	0.018036	8,680,403	156,560	50.00	
50.01	05001	AMBULATORY SERVICES	565,565	4,651,372	0.121591	17,038	2,072	50.01	
50.02	05002	ENDOSCOPY	130,085	10,571,737	0.012305	810,605	9,974	50.02	
51.00	05100	RECOVERY ROOM	178,078	4,908,237	0.036281	568,609	20,630	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	563,003	9,516,541	0.059160	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	75,774	16,692,430	0.004539	1,935,103	8,783	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,000,752	164,298,917	0.018264	17,428,387	318,312	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,016,913	107,942,160	0.018685	114,397	2,138	55.00	
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00	
58.00	05800	MRI	0	0	0.000000	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00	
60.00	06000	LABORATORY	1,271,109	77,336,288	0.016436	13,133,387	215,860	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	244,016	11,792,338	0.020693	5,133,539	106,228	65.00	
66.00	06600	PHYSICAL THERAPY	305,309	14,942,956	0.020432	1,339,509	27,369	66.00	
67.00	06700	OCCUPATIONAL THERAPY	25,961	2,383,874	0.010890	576,556	6,279	67.00	
68.00	06800	SPEECH PATHOLOGY	22,772	1,800,771	0.012646	683,816	8,648	68.00	
69.00	06900	ELECTROCARDIOLOGY	289,412	26,828,118	0.010788	4,520,551	48,768	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	274,309	35,690,695	0.007686	7,259,320	55,795	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	499,172	27,174,096	0.018369	4,391,250	80,663	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,005,790	110,177,548	0.009129	25,024,996	228,453	73.00	
76.00	03950	SLEEP LAB	20,923	2,643,377	0.007915	0	0	76.00	
76.01	03951	CLINICAL NUTRITION	55,239	269,015	0.205338	3,763	773	76.01	
76.97	07697	CARDIAC REHABILITATION	67,225	844,846	0.079571	1,338	106	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	36,444	1,543,068	0.023618	12,189	288	90.00	
90.01	09001	GENETIC COUNCELING	1,423	25,500	0.055804	0	0	90.01	
91.00	09100	EMERGENCY	1,608,224	55,191,421	0.029139	4,550,487	132,597	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	881,285	8,752,744	0.100687	1,455,667	146,567	92.00	
93.00	04950	OUTPATIENT COUNSELING	129,988	591,387	0.219802	0	0	93.00	
93.01	04951	OUTSIDE SERVICES	33,235	1,640,829	0.020255	841,769	17,050	93.01	
200.00		Total (lines 50 through 199)	14,609,644	770,712,049		98,482,679	1,593,913	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0286		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/22/2021 4:11 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	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	21,162	0.00	7,425		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	1,731	0.00	1,231		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00		
43.00	04300	NURSERY	0	0	1,316	0.00	0		43.00		
200.00		Total (lines 30 through 199)	0	0	24,209		8,656		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0286		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 4:11 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
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	0	0	90.01
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
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 4:11 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	72,501,784	0.000000	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	4,651,372	0.000000	50.01
50.02	05002	ENDOSCOPY	0	0	0	10,571,737	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	4,908,237	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,516,541	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,692,430	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	164,298,917	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	107,942,160	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,336,288	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,792,338	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,942,956	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,383,874	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,800,771	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,828,118	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	35,690,695	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,174,096	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	110,177,548	0.000000	73.00
76.00	03950	SLEEP LAB	0	0	0	2,643,377	0.000000	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	269,015	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	844,846	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,543,068	0.000000	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	25,500	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	55,191,421	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,752,744	0.000000	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	591,387	0.000000	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	1,640,829	0.000000	93.01
200.00		Total (lines 50 through 199)	0	0	0	770,712,049		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	8,680,403	0	14,122,902	0	50.00
50.01	05001	AMBULATORY SERVICES	0.000000	17,038	0	1,921,226	0	50.01
50.02	05002	ENDOSCOPY	0.000000	810,605	0	2,487,651	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	568,609	0	796,079	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	4,086	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,935,103	0	3,076,807	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	17,428,387	0	37,245,173	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	114,397	0	41,954,616	0	55.00
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
60.00	06000	LABORATORY	0.000000	13,133,387	0	9,074,895	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	5,133,539	0	854,704	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,339,509	0	111,573	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	576,556	0	31,817	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	683,816	0	64,148	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,520,551	0	6,207,568	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,259,320	0	6,712,362	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,391,250	0	5,599,103	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	25,024,996	0	10,997,280	0	73.00
76.00	03950	SLEEP LAB	0.000000	0	0	774,292	0	76.00
76.01	03951	CLINICAL NUTRITION	0.000000	3,763	0	3,758	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	1,338	0	329,371	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	12,189	0	649,040	0	90.00
90.01	09001	GENETIC COUNSELING	0.000000	0	0	834	0	90.01
91.00	09100	EMERGENCY	0.000000	4,550,487	0	7,623,473	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,455,667	0	4,965,716	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000	0	0	5,576	0	93.00
93.01	04951	OUTSIDE SERVICES	0.000000	841,769	0	127,364	0	93.01
200.00		Total (lines 50 through 199)		98,482,679	0	155,741,414	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/22/2021 4:11 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	0.094425	14,122,902	0	0	1,333,555	50.00
50.01	05001	AMBULATORY SERVICES	0.783149	1,921,226	0	0	1,504,606	50.01
50.02	05002	ENDOSCOPY	0.146454	2,487,651	0	0	364,326	50.02
51.00	05100	RECOVERY ROOM	0.304365	796,079	0	0	242,299	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448028	4,086	0	0	1,831	52.00
53.00	05300	ANESTHESIOLOGY	0.027434	3,076,807	0	0	84,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117167	37,245,173	0	0	4,363,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235437	41,954,616	0	0	9,877,669	55.00
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
60.00	06000	LABORATORY	0.191063	9,074,895	0	0	1,733,877	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.267161	854,704	0	0	228,344	65.00
66.00	06600	PHYSICAL THERAPY	0.342847	111,573	0	0	38,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227793	31,817	0	0	7,248	67.00
68.00	06800	SPEECH PATHOLOGY	0.267946	64,148	0	0	17,188	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089399	6,207,568	0	0	554,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.128728	6,712,362	0	0	864,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.305474	5,599,103	0	0	1,710,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.113665	10,997,280	0	111,634	1,250,006	73.00
76.00	03950	SLEEP LAB	0.159367	774,292	0	0	123,397	76.00
76.01	03951	CLINICAL NUTRITION	1.291177	3,758	0	0	4,852	76.01
76.97	07697	CARDIAC REHABILITATION	1.019773	329,371	0	0	335,884	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.442399	649,040	0	0	287,135	90.00
90.01	09001	GENETIC COUNCELING	1.163529	834	0	0	970	90.01
91.00	09100	EMERGENCY	0.266866	7,623,473	0	0	2,034,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.835449	4,965,716	0	0	4,148,602	92.00
93.00	04950	OUTPATIENT COUNSELING	3.843287	5,576	0	0	21,430	93.00
93.01	04951	OUTSIDE SERVICES	0.390081	127,364	0	0	49,682	93.01
200.00		Subtotal (see instructions)		155,741,414	0	111,634	31,183,312	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		155,741,414	0	111,634	31,183,312	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/22/2021 4:11 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	
50.01	05001	AMBULATORY SERVICES	0	0	50.01	
50.02	05002	ENDOSCOPY	0	0	50.02	
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	
57.00	05700	CT SCAN	0	0	57.00	
58.00	05800	MRI	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,689	73.00	
76.00	03950	SLEEP LAB	0	0	76.00	
76.01	03951	CLINICAL NUTRITION	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00	
90.00	09000	CLINIC	0	0	90.00	
90.01	09001	GENETIC COUNCELING	0	0	90.01	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00	
93.00	04950	OUTPATIENT COUNSELING	0	0	93.00	
93.01	04951	OUTSIDE SERVICES	0	0	93.01	
200.00		Subtotal (see instructions)	0	12,689	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	0	12,689	202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/22/2021 4:11 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,162	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)		16,419	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)		7,425	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)		32,626,277	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)		32,626,277	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)		32,626,277	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)		1,541.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,447,420	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)		11,447,420	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0286

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

Worksheet D-1

Date/Time Prepared:
3/22/2021 4:11 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,322,945	1,731	4,230.47	1,231	5,207,709
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,198,490
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,853,619
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,008,360
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,593,913
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,602,273
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,251,346
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)					4,743
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,541.74
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,312,473

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0286

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

Worksheet D-1

Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,932,051	32,626,277	0.120518	7,312,473	881,285
91.00	Nursing School cost	0	32,626,277	0.000000	7,312,473	0
92.00	Allied health cost	0	32,626,277	0.000000	7,312,473	0
93.00	All other Medical Education	0	32,626,277	0.000000	7,312,473	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/22/2021 4:11 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		19,246,796	30.00
31.00	03100	INTENSIVE CARE UNIT		4,088,811	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094549	8,680,403	50.00
50.01	05001	AMBULATORY SERVICES	0.783149	17,038	50.01
50.02	05002	ENDOSCOPY	0.146454	810,605	50.02
51.00	05100	RECOVERY ROOM	0.304365	568,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448320	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027434	1,935,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117226	17,428,387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.235437	114,397	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.191063	13,133,387	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.267161	5,133,539	65.00
66.00	06600	PHYSICAL THERAPY	0.342847	1,339,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227793	576,556	67.00
68.00	06800	SPEECH PATHOLOGY	0.267946	683,816	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089399	4,520,551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.128728	7,259,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.305474	4,391,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.113665	25,024,996	73.00
76.00	03950	SLEEP LAB	0.159367	0	76.00
76.01	03951	CLINICAL NUTRITION	1.291177	3,763	76.01
76.97	07697	CARDIAC REHABILITATION	1.019773	1,338	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.442399	12,189	90.00
90.01	09001	GENETIC COUNSELING	1.163529	0	90.01
91.00	09100	EMERGENCY	0.266866	4,550,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.835449	1,455,667	92.00
93.00	04950	OUTPATIENT COUNSELING	3.905081	0	93.00
93.01	04951	OUTSIDE SERVICES	0.390081	841,769	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		98,482,679	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)		98,482,679	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/22/2021 4:11 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)			1,861,624 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			16,635,862 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)			39,685 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			443,251 2.04
3.00	Managed Care Simulated Payments			5,684,465 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			84.73 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 21.00
22.00	IME payment adjustment (see instructions)			0 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0 22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment (sum of lines 22 and 28)			0 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.45 30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.98 31.00
32.00	Sum of lines 30 and 31			22.43 32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.72 33.00
34.00	Disproportionate share adjustment (see instructions)			357,001 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/22/2021 4:11 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)	1,321,149	1,430,694		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	108,588	1,313,424		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,422,012			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	20,759,435			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)		20,759,435		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,528,657		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		28,623		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,316,715		59.00
60.00	Primary payer payments		-217		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,316,932		61.00
62.00	Deductibles billed to program beneficiaries		2,017,488		62.00
63.00	Coinsurance billed to program beneficiaries		38,467		63.00
64.00	Allowable bad debts (see instructions)		547,442		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		355,837		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		379,849		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,616,814		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-27,841		70.93
70.94	HRR adjustment amount (see instructions)		-225,832		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/22/2021 4:11 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		199,237	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,163,904	71.00
71.01	Sequestration adjustment (see instructions)		268,180	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		19,572,166	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)		323,558	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		553,911	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)		1,700,759	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		221,854	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/22/2021 4:11 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	1,861,624	1,861,624		1,861,624	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,635,862		16,635,862	16,635,862	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	39,685	39,685		39,685	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	443,251		443,251	443,251	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,684,465	398,660	5,285,805	5,684,465	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0772	0.0772	0.0772		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	357,001	35,929	321,072	357,001	11.00
11.01	Uncompensated care payments	36.00	1,422,012	108,588	1,313,424	1,422,012	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	20,759,435	2,045,826	18,713,609	20,759,435	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	20,759,435	2,045,826	18,713,609	20,759,435	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,528,657	125,299	1,403,358	1,528,657	16.00
17.00	Special add-on payments for new technologies	54.00	28,623	0	28,623	28,623	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			2,171,125	20,145,590	22,316,715	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/22/2021 4:11 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	1,470,251	120,512	1,349,739	1,470,251	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	58,406	4,787	53,619	58,406	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	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	1,528,657	125,299	1,403,358	1,528,657	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	-27,841	-9,302	-18,539	-27,841	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	-225,832	-22,526	-203,306	-225,832	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	199,237	199,237	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/22/2021 4:11 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,689	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,183,312	2.00
3.00	OPPS payments		19,917,669	3.00
4.00	Outlier payment (see instructions)		514,906	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)		12,689	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		111,634	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)		111,634	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)		111,634	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		98,945	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)		12,689	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)		20,432,575	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)		3,449,779	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)		16,995,485	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)		16,995,485	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,995,485	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)		643,101	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		418,016	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		423,406	36.00
37.00	Subtotal (see instructions)		17,413,501	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,584	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)		17,410,917	40.00
40.01	Sequestration adjustment (see instructions)		231,565	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		17,108,741	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)		70,611	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)		487,240	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: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/22/2021 4:11 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		19,572,166		17,108,741	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)		19,572,166		17,108,741	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		323,558		70,611	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,895,724		17,179,352	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

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

Provider CCN: 14-0286

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

Worksheet G

Date/Time Prepared:
3/22/2021 4:11 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	7,423,425	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,809,083	0	0	0	4.00
5.00	Other receivable	281,925	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,516,001	0	0	0	7.00
8.00	Prepaid expenses	457,122	0	0	0	8.00
9.00	Other current assets	6,394,363	0	0	0	9.00
10.00	Due from other funds	49,768,068	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	86,649,987	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,178,483	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	165,396,306	0	0	0	15.00
16.00	Accumulated depreciation	-37,151,631	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	36,661,348	0	0	0	23.00
24.00	Accumulated depreciation	-17,868,666	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)	164,215,840	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	176,810,134	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	39,686,777	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	216,496,911	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	467,362,738	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,815,336	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,985,079	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	41,623,713	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,424,128	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,816,287	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,816,287	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	98,240,415	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	369,122,323				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	369,122,323	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	467,362,738	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0286

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

Worksheet G-1

Date/Time Prepared:
3/22/2021 4:11 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		329,543,992		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		38,761,840				2.00
3.00	Total (sum of line 1 and line 2)		368,305,832		0		3.00
4.00	OTHER	816,491		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		816,491		0		10.00
11.00	Subtotal (line 3 plus line 10)		369,122,323		0		11.00
12.00	IC SETTLEMENT	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		369,122,323		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	IC SETTLEMENT		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0286

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/22/2021 4:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	60,001,417		60,001,417	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	60,001,417		60,001,417	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,849,932		11,849,932	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,849,932		11,849,932	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,851,349		71,851,349	17.00
18.00	Ancillary services	196,860,346	0	196,860,346	18.00
19.00	Outpatient services	0	557,132,901	557,132,901	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF COMP / EXCLUDED HOSPICE	4,517,164	12,133,417	16,650,581	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	273,228,859	569,266,318	842,495,177	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		215,618,178		29.00
30.00	EXCLUDED CC	0			30.00
31.00	BAD DEBTS	6,208,022			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		6,208,022		36.00
37.00	ROUNDING	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)		221,826,200		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0286

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

Worksheet G-3

Date/Time Prepared:
3/22/2021 4:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	842,495,177	1.00
2.00	Less contractual allowances and discounts on patients' accounts	596,895,760	2.00
3.00	Net patient revenues (line 1 minus line 2)	245,599,417	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	221,826,200	4.00
5.00	Net income from service to patients (line 3 minus line 4)	23,773,217	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	366,839	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	811,670	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	5,518,277	24.00
24.01	UNRESTRICTED CONTRIBUTIONS	0	24.01
24.02	ROUNDING	0	24.02
24.50	COVID-19 PHE Funding	8,554,552	24.50
25.00	Total other income (sum of lines 6-24)	15,251,338	25.00
26.00	Total (line 5 plus line 25)	39,024,555	26.00
27.00	EXTERNAL GRANTS AND ACADEMIC SUPPORT	262,715	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	262,715	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,761,840	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0286	Period: From 09/01/2019 To 08/31/2020	Worksheet L Parts I-III Date/Time Prepared: 3/22/2021 4:11 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,470,251	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		58,406	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)		50.38	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		1,528,657	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