

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: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/22/2021 3:10 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.		Date: 3/22/2021 Time: 3:10 pm
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 VALLEY WEST COMMUNITY HOSPITAL (14-1340) 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 XVIII		HIT	Title XIX	
		Title V	Part A	Part B		
		1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-21,229	-692,396	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	-70,921	0	0	5.00
6.00	Swing Bed - NF	0			0	6.00
8.00	NURSING FACILITY	0			0	8.00
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	-92,150	-692,396	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: 14-1340		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 3:10 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1302 N. MAIN STREET			PO Box:				1.00		
2.00	City: SANDWICH			State: IL		Zip Code: 60548-		County:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		VALLEY WEST COMMUNITY HOSPITAL	141340	20994	1	08/02/2004	N	0	0
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF		VALLEY WEST COMMUNITY HOSPITAL SWB	14Z340	20994		10/18/2018	N	0	0
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2019	08/31/2020		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	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)					N	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/22/2021 3:10 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	
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.	0	0	0	0	0	0	24.00
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	0	25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
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.							
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 3:10 pm			
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
			1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00		
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
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: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 3:10 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?	Y		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)	Y		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: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 3:10 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:	56,762	45,136	499,535118.01
		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: 14-1340		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 3:10 pm		
1.00		2.00		3.00		4.00		5.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE		Contractor's Name: NGS		Contractor's Number: 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	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00		
									1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N		155.00	
156.00	Subprovider - IPF			N	N	N	N		156.00	
157.00	Subprovider - IRF			N	N	N	N		157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF			N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00	
161.00	CMHC				N	N	N		161.00	
161.10	CORF				N	N	N		161.10	
161.20	OPT				N	N	N		161.20	
161.30	OOT				N	N	N		161.30	
161.40	OSP				N	N	N		161.40	
									1.00	
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00
									1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								N	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 3:10 pm
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/22/2021 3:10 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	12/16/2020	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: 14-1340		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part II Date/Time Prepared: 3/22/2021 3:10 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00	
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				Y	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.				Y	34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00	
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?				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.				N	39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N	40.00	
				1.00		2.00	
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN		41.00	
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-766-7529		BRANDON.HOFMANN@NM.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR 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: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 3:10 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	21	7,686	38,021.99	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)		21	7,686	38,021.99	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,464	294.74	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)		25	9,150	38,316.73	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						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	45.00	0	0		0	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
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
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)		25				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: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 3:10 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)	722	194	1,548			1.00
2.00	HMO and other (see instructions)	137	0				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	563	0	685			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)	1,285	194	2,233			7.00
8.00	INTENSIVE CARE UNIT	4	0	12			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		59	266			13.00
14.00	Total (see instructions)	1,289	253	2,511	0.00	166.90	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						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		0	0	0.00	0.00	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)			4			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
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	166.90	27.00
28.00	Observation Bed Days		0	823			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	10	58			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: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 3:10 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	221	71	520	1.00
2.00 HMO and other (see instructions)			44	0		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	221	71	520	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						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	0.00					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
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
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 UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet S-10 Date/Time Prepared: 3/22/2021 3:10 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)			0.277843 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	5,198,541		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	1,948,159		5.00
6.00	Medicaid charges	20,729,423		6.00
7.00	Medicaid cost (line 1 times line 6)	5,759,525		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)	0		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)	0		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)	3,193,824	371,068	3,564,892 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	887,382	371,068	1,258,450 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)	887,382	371,068	1,258,450 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)	3,108,729		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	421,048		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	647,766		27.01
28.00	Non-Medicare bad debt expense (see instructions)	2,460,963		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	910,479		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,168,929		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,168,929		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

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

Worksheet A

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		2,195,429	2,195,429	-664,375	1,531,054	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	698,324	698,324	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	132,985	33,643	166,628	3,324,424	3,491,052	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,488,754	14,044,791	15,533,545	-1,403,158	14,130,387	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	282,765	1,501,645	1,784,410	-74,544	1,709,866	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	98,346	98,346	0	98,346	8.00
9.00	00900	HOUSEKEEPING	310,717	336,845	647,562	-148,786	498,776	9.00
10.00	01000	DIETARY	421,741	355,171	776,912	-632,011	144,901	10.00
11.00	01100	CAFETERIA	0	0	0	465,267	465,267	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	295,417	1,152,801	1,448,218	-47,440	1,400,778	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,242	32,289	73,531	-15,027	58,504	14.00
15.00	01500	PHARMACY	464,810	778,014	1,242,824	-726,065	516,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	134,648	9,250	143,898	33,991	177,889	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,930,979	1,243,327	4,174,306	-1,423,043	2,751,263	30.00
31.00	03100	INTENSIVE CARE UNIT	28,463	6,659	35,122	-6,442	28,680	31.00
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	499,235	499,235	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,235,752	1,717,726	2,953,478	-716,872	2,236,606	50.00
51.00	05100	RECOVERY ROOM	112,851	29,450	142,301	-20,459	121,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	490,361	490,361	52.00
53.00	05300	ANESTHESIOLOGY	0	567,932	567,932	-2,387	565,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,171,358	1,165,292	2,336,650	-254,521	2,082,129	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	103,908	1,581,550	1,685,458	102,919	1,788,377	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	903,118	1,135,552	2,038,670	-251,414	1,787,256	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,269	12,269	64.00
65.00	06500	RESPIRATORY THERAPY	478,251	153,287	631,538	-109,427	522,111	65.00
66.00	06600	PHYSICAL THERAPY	165,010	39,767	204,777	-34,422	170,355	66.00
66.01	06601	O/P PHYSICAL THERAPY	302,255	97,362	399,617	20,250	419,867	66.01
69.00	06900	ELECTROCARDIOLOGY	26,793	15,189	41,982	-6,720	35,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	640,388	640,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	236,969	236,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	579,332	579,332	73.00
74.00	07400	RENAL DIALYSIS	0	7,625	7,625	0	7,625	74.00
76.00	03020	CLINICAL NUTRITION	18,181	4,560	22,741	-9,073	13,668	76.00
76.01	03950	SLEEP LAB	0	17,316	17,316	0	17,316	76.01
76.97	07697	CARDIAC REHABILITATION	147,199	40,834	188,033	-34,155	153,878	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	15,131	4,466	19,597	19,089	38,686	90.00
91.00	09100	EMERGENCY	1,627,394	2,120,578	3,747,972	-323,223	3,424,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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)	12,839,722	30,486,696	43,326,418	219,254	43,545,672	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

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

Worksheet A

Date/Time Prepared:
3/22/2021 3:10 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,454	29,454	0	29,454	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	789,941	789,941	-219,703	570,238	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	449	449	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	12,839,722	31,306,091	44,145,813	0	44,145,813	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

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

Worksheet A

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-103,334	1,427,720	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-18,561	679,763	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-596,150	2,894,902	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,666,005	8,464,382	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,709,866	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	98,346	8.00
9.00	00900	HOUSEKEEPING	0	498,776	9.00
10.00	01000	DIETARY	-1,214	143,687	10.00
11.00	01100	CAFETERIA	-91,471	373,796	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-920,272	480,506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	58,504	14.00
15.00	01500	PHARMACY	-632	516,127	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,308	3,308	16.00
17.00	01700	SOCIAL SERVICE	2,130	180,019	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,760	2,745,503	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,680	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	499,235	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-443,169	1,793,437	50.00
51.00	05100	RECOVERY ROOM	0	121,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-272,650	217,711	52.00
53.00	05300	ANESTHESIOLOGY	-526,992	38,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-73,027	2,009,102	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-602,700	1,185,677	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-5,924	1,781,332	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12,269	64.00
65.00	06500	RESPIRATORY THERAPY	-25,802	496,309	65.00
66.00	06600	PHYSICAL THERAPY	0	170,355	66.00
66.01	06601	O/P PHYSICAL THERAPY	-24,336	395,531	66.01
69.00	06900	ELECTROCARDIOLOGY	-7,935	27,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	640,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	236,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	579,332	73.00
74.00	07400	RENAL DIALYSIS	0	7,625	74.00
76.00	03020	CLINICAL NUTRITION	0	13,668	76.00
76.01	03950	SLEEP LAB	0	17,316	76.01
76.97	07697	CARDIAC REHABILITATION	-4,591	149,287	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	38,686	90.00
91.00	09100	EMERGENCY	-1,210,823	2,213,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
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)	-10,595,910	32,949,762	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-8,000	21,454	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-25,782	544,456	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

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

Worksheet A

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.00	07950	COMMUNITY WELLNESS	0	449	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,629,692	33,516,121	200.00

RECLASSIFICATIONS

Provider CCN: 14-1340

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

Worksheet A-6

Date/Time Prepared:
3/22/2021 3:10 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	579,332		1.00
2.00	EMERGENCY	91.00	0	6,506		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	585,838		
	B - NURSERY / DELIVERY & LABOR COSTS					
1.00	NURSERY	43.00	406,502	82,698		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	177,272	36,064		2.00
	TOTALS		583,774	118,762		
	C - MEDICAL SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	640,388		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
	TOTALS		0	640,388		
	D - EQUIPMENT LEASES					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	62,569		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	62,569		
	E - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	322,476	132,885		1.00
	TOTALS		322,476	132,885		
	F - INTEREST EXPENSE					
1.00		0.00	0	0		1.00
	TOTALS		0	0		
	G - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	641,181		1.00
	TOTALS		0	641,181		
	H - CONTINUITY OF CARE					
1.00	SOCIAL SERVICE	17.00	77,419	36,618		1.00
	TOTALS		77,419	36,618		
	I - ROUTINE DIABETES					
1.00	ADULTS & PEDIATRICS	30.00	4,959	1		1.00
	TOTALS		4,959	1		
	J - ICU OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	3,920	21		1.00
	TOTALS		3,920	21		
	K - MOB RECLASS					
1.00	RADIOLOGY - THERAPEUTIC	55.00	0	126,965		1.00
2.00	O/P PHYSICAL THERAPY	66.01	0	89,420		2.00
3.00	CLINIC	90.00	0	22,917		3.00
	TOTALS		0	239,302		
	L - SOCIAL SERVICE					
1.00	EMERGENCY	91.00	70,739	353		1.00
	TOTALS		70,739	353		
	M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	236,969		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
	TOTALS		0	236,969		
	N - MEDICAL DIRECTOR RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	2,325	0		1.00
2.00	OPERATING ROOM	50.00	90,000	350,650		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	53,050	219,600		3.00
4.00	RESPIRATORY THERAPY	65.00	2,325	0		4.00
	TOTALS		147,700	570,250		

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	O - VW MOB BUILDING DEPRECIATION					
1.00	RADIOLOGY - THERAPEUTIC	55.00	0	3,879		1.00
2.00	O/P PHYSICAL THERAPY	66.01	0	2,732		2.00
3.00	CLINIC	90.00	0	700		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,883		4.00
	TOTALS		0	23,194		
	P - VW MOB EQUIPMENT DEPRECIATION					
1.00	RADIOLOGY - THERAPEUTIC	55.00	0	907		1.00
2.00	O/P PHYSICAL THERAPY	66.01	0	639		2.00
3.00	CLINIC	90.00	0	164		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,716		4.00
	TOTALS		0	5,426		
	Q - OB COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	3,758		1.00
	TOTALS		0	3,758		
	R - IV SOLUTIONS					
1.00	INTRAVENOUS THERAPY	64.00	0	12,269		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
	TOTALS		0	12,269		
	S - DIRECTLY ASSIGNED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,324,424		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	3,324,424		
	U - RECLASS ORGANIZATIONAL INCENTIVE					
1.00	ADMINISTRATIVE & GENERAL	5.00	12,445	0		1.00
2.00	OPERATION OF PLANT	7.00	6,325	0		2.00
3.00	HOUSEKEEPING	9.00	4,720	0		3.00
4.00	DIETARY	10.00	3,050	0		4.00
5.00	CAFETERIA	11.00	9,906	0		5.00
6.00	NURSING ADMINISTRATION	13.00	34,686	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	595	0		7.00
8.00	PHARMACY	15.00	15,568	0		8.00
9.00	SOCIAL SERVICE	17.00	1,533	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	45,058	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	2,432	0		11.00
12.00	NURSERY	43.00	10,035	0		12.00
13.00	OPERATING ROOM	50.00	26,589	0		13.00
14.00	RECOVERY ROOM	51.00	1,436	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	4,375	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	31,873	0		16.00
17.00	RADIOLOGY - THERAPEUTIC	55.00	3,457	0		17.00
18.00	LABORATORY	60.00	17,702	0		18.00
19.00	RESPIRATORY THERAPY	65.00	9,247	0		19.00
20.00	PHYSICAL THERAPY	66.00	2,663	0		20.00
21.00	O/P PHYSICAL THERAPY	66.01	6,658	0		21.00
22.00	CLINICAL NUTRITION	76.00	445	0		22.00

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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00	CARDIAC REHABILITATION	76.97	3,455	0		23.00
24.00	CLINIC	90.00	840	0		24.00
25.00	EMERGENCY	91.00	32,415	0		25.00
26.00	COMMUNITY WELLNESS	194.00	449	0		26.00
	TOTALS		287,957	0		
500.00	Grand Total: Increases		1,498,944	6,634,208		500.00

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	582,110	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	940	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	1,809	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	946	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	33	0		5.00
	TOTALS		0	585,838			
	B - NURSERY / DELIVERY & LABOR COSTS						
1.00	ADULTS & PEDIATRICS	30.00	583,774	118,762	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		583,774	118,762			
	C - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	1	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,704	0		2.00
3.00	OPERATING ROOM	50.00	0	633,380	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	27	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,878	0		6.00
7.00	O/P PHYSICAL THERAPY	66.01	0	2	0		7.00
8.00	EMERGENCY	91.00	0	1,394	0		8.00
	TOTALS		0	640,388			
	D - EQUIPMENT LEASES						
1.00	PHARMACY	15.00	0	60,648	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,261	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	660	0		3.00
	TOTALS		0	62,569			
	E - CAFETERIA RECLASS						
1.00	DIETARY	10.00	322,476	132,885	0		1.00
	TOTALS		322,476	132,885			
	F - INTEREST EXPENSE						
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
	G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	641,181	9		1.00
	TOTALS		0	641,181			
	H - CONTINUITY OF CARE						
1.00	ADMINISTRATIVE & GENERAL	5.00	77,419	36,618	0		1.00
	TOTALS		77,419	36,618			
	I - ROUTINE DIABETES						
1.00	CLINICAL NUTRITION	76.00	4,959	1	0		1.00
	TOTALS		4,959	1			
	J - ICU OBSERVATION						
1.00	INTENSIVE CARE UNIT	31.00	3,920	21	0		1.00
	TOTALS		3,920	21			
	K - MOB RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	239,302	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	239,302			
	L - SOCIAL SERVICE						
1.00	SOCIAL SERVICE	17.00	70,739	353	0		1.00
	TOTALS		70,739	353			
	M - IMPLANTABLE DEVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	586	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	13	0		2.00
3.00	OPERATING ROOM	50.00	0	234,808	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	404	0		4.00
5.00	LABORATORY	60.00	0	859	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	176	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	25	0		7.00
8.00	EMERGENCY	91.00	0	98	0		8.00
	TOTALS		0	236,969			
	N - MEDICAL DIRECTOR RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	147,700	568,750	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	750	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	750	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		147,700	570,250			
	O - VW MOB BUILDING DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,194	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
	TOTALS		0	23,194			
	P - VW MOB EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,426	9		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		0	5,426			
	Q - OB COSTS						
1.00	EMERGENCY	91.00	0	3,758	0		1.00
	TOTALS		0	3,758			
	R - IV SOLUTIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	124	0		1.00
2.00	DIETARY	10.00	0	110	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,776	0		3.00
4.00	OPERATING ROOM	50.00	0	4,155	0		4.00
5.00	RECOVERY ROOM	51.00	0	191	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	551	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	30	0		8.00
9.00	EMERGENCY	91.00	0	1,132	0		9.00
	TOTALS		0	12,269			
	S - DIRECTLY ASSIGNED BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	296,449	0		1.00
2.00	OPERATION OF PLANT	7.00	0	80,869	0		2.00
3.00	HOUSEKEEPING	9.00	0	153,506	0		3.00
4.00	DIETARY	10.00	0	179,590	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	82,126	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,622	0		6.00
7.00	PHARMACY	15.00	0	98,874	0		7.00
8.00	SOCIAL SERVICE	17.00	0	10,487	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	766,530	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	6,508	0		10.00
11.00	OPERATING ROOM	50.00	0	311,768	0		11.00
12.00	RECOVERY ROOM	51.00	0	21,704	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	284,842	0		13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	32,289	0		14.00
15.00	LABORATORY	60.00	0	268,257	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	117,535	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	37,027	0		17.00
18.00	O/P PHYSICAL THERAPY	66.01	0	79,197	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	6,690	0		19.00
20.00	CLINICAL NUTRITION	76.00	0	4,558	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	37,610	0		21.00
22.00	CLINIC	90.00	0	5,532	0		22.00
23.00	EMERGENCY	91.00	0	426,854	0		23.00
	TOTALS		0	3,324,424			
	U - RECLASS ORGANIZATIONAL INCENTIVE						
1.00	ADMINISTRATIVE & GENERAL	5.00	287,957	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

RECLASSIFICATIONS

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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
26.00		0.00	0	0	10.00	0
	TOTALS		287,957	0		
500.00	Grand Total: Decreases		1,498,944	6,634,208		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

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	1,794,000	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	20,547,140	85,711	0	85,711	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	5,995,697	285,680	0	285,680	121,100	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	28,336,837	371,391	0	371,391	121,100	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	28,336,837	371,391	0	371,391	121,100	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,794,000	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	20,632,851	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	6,160,277	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	28,587,128	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	28,587,128	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
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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	NEW CAP REL COSTS-BLDG & FIXT	2,195,429	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,195,429	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum 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	NEW CAP REL COSTS-BLDG & FIXT	0	2,195,429				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,195,429				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

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	NEW CAP REL COSTS-BLDG & FIXT	20,632,851	0	20,632,851	0.770100	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,160,277	687	6,159,590	0.229900	0	2.00
3.00	Total (sum of lines 1-2)	26,793,128	687	26,792,441	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,427,720	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	617,194	62,569	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,044,914	62,569	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,427,720	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	679,763	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,107,483	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

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

Worksheet A-8

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A		0 OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,912,020			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B		0 RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,172,441			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-91,471	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-4,132	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

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

Worksheet A-8

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	OTHER MISC INCOME	B	-164	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00	CORP BILLING MISC INCOME	B	-600	PHARMACY		15.00	0	34.00
35.00	MOI MRI SPACE RENTAL	B	-39,745	RADIOLOGY-DIAGNOSTIC		54.00	0	35.00
36.00	CORP BILLING MISC INCOME	B	298	RADIOLOGY-DIAGNOSTIC		54.00	0	36.00
37.00	CORP BILLING MISC INCOME	B	-9,900	RADIOLOGY-DIAGNOSTIC		54.00	0	37.00
38.00	RESEARCH REVENUE	B	-4,302	RADIOLOGY-DIAGNOSTIC		54.00	0	38.00
39.00	CORPORATE REVENUE MISC INCOME	B	-5,428	LABORATORY		60.00	0	39.00
39.01	MISC PT REVENUE	B	-1,820	O/P PHYSICAL THERAPY		66.01	0	39.01
39.02	OTHER MISC INCOME	B	-4,591	CARDIAC REHABILITATION		76.97	0	39.02
39.03	CORPORATE REVENUE MISC INCOME	B	-1,272	EMERGENCY		91.00	0	39.03
40.00	CORPORATE BILLING MISC INCOME	B	-95	EMERGENCY		91.00	0	40.00
41.00	CORPORATE BILLING MISC INCOME	B	-1,018	EMERGENCY		91.00	0	41.00
41.01	PROVIDER MEDICAID ASSESSMENT	A	-1,187,036	ADMINISTRATIVE & GENERAL		5.00	0	41.01
42.00	LOBBYING PORTION OF DUES	A	-12,879	ADMINISTRATIVE & GENERAL		5.00	0	42.00
43.00	LOBBYING PORTION OF DUES	A	-2,108	ADMINISTRATIVE & GENERAL		5.00	0	43.00
44.00	PROPERTY TAX	A	-1,705	ADMINISTRATIVE & GENERAL		5.00	0	44.00
44.01	PROPERTY TAX	A	-4,604	ADMINISTRATIVE & GENERAL		5.00	0	44.01
44.02	PROPERTY TAX	A	-9,620	PHYSICIANS' PRIVATE OFFICES		192.00	0	44.02
44.03	DEPRECIATION TO MEDICRE STRAIGHTLINE	A	-100,548	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	44.03
44.04	DEPRECIATION TO MEDICRE STRAIGHTLINE	A	-10,488	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	44.04
44.05	CAPITALIZED DEPRECIATION INTEREST	A	-464	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	44.05
44.06	NON-ALLOWABLE DEPRECIATION	A	-2,259	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	44.06
44.07	NON-ALLOWABLE DEPRECIATION	A	-8,073	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	44.07
44.08	CONTRIBUTIONS	A	-8,000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0	44.08
44.09	SCHOLARSHIPS	A	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0	44.09
44.10	COMMUNITY SUPPORT	A	-6,611	ADMINISTRATIVE & GENERAL		5.00	0	44.10
45.00	CABLE	A	-1,470	ADULTS & PEDIATRICS		30.00	0	45.00
45.01	CABLE	A	-3,201	O/P PHYSICAL THERAPY		66.01	0	45.01
45.02	INTANGIBLE	A	-63	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	45.02
45.03	REMOVE LOSS ON DISPOSITION OF ASSET	A	-2,396	RADIOLOGY-DIAGNOSTIC		54.00	0	45.03
45.04	PHYSICIAN MALPRACTICE	A	-13,532	ADMINISTRATIVE & GENERAL		5.00	0	45.04
45.05	SALES TAX EXPENSE	A	-1,208	ADMINISTRATIVE & GENERAL		5.00	0	45.05
45.06	NON-ALLOWABLE MISC EXPENSE	A	39,374	ADMINISTRATIVE & GENERAL		5.00	0	45.06
45.07	NON-ALLOWABLE MISC EXPENSE	A	-5	NURSING ADMINISTRATION		13.00	0	45.07
45.08	NON-ALLOWABLE MISC EXPENSE	A	-32	PHARMACY		15.00	0	45.08
45.09	NON-ALLOWABLE MISC EXPENSE	A	-80	ADULTS & PEDIATRICS		30.00	0	45.09
45.10	NON-ALLOWABLE MISC EXPENSE	A	-496	LABORATORY		60.00	0	45.10
45.11	MEALS ON WHEELS	A	-1,214	DIETARY		10.00	0	45.11
45.12	OTHER COMMUNITY PROGRAM COSTS	A	-19,315	O/P PHYSICAL THERAPY		66.01	0	45.12
45.13	OTHER COMMUNITY PROGRAM COSTS	A	-4,941	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.13
45.14	AMBULANCE COSTS	A	2,130	SOCIAL SERVICE		17.00	0	45.14
45.15	VACANT PROPERTY EXPENSE	A	-2,867	ADMINISTRATIVE & GENERAL		5.00	0	45.15
45.16	NONALLOWABLE MARKETING & PROMOTION	A	-341	ADMINISTRATIVE & GENERAL		5.00	0	45.16
45.17	NONALLOWABLE MARKETING & PROMOTION	A	-246	NURSING ADMINISTRATION		13.00	0	45.17
45.18	NONALLOWABLE MARKETING & PROMOTION	A	-78	ADULTS & PEDIATRICS		30.00	0	45.18
45.19	NONALLOWABLE MARKETING & PROMOTION	A	-375	RADIOLOGY-DIAGNOSTIC		54.00	0	45.19
45.20	NONALLOWABLE MARKETING & PROMOTION	A	-78	EMERGENCY		91.00	0	45.20
45.21	NON VALLEY WEST COST	A	-3,162	PHYSICIANS' PRIVATE OFFICES		192.00	0	45.21
45.22	NON VALLEY WEST COST	A	-10,000	PHYSICIANS' PRIVATE OFFICES		192.00	0	45.22
45.23	NON VALLEY WEST COST	A	-3,000	PHYSICIANS' PRIVATE OFFICES		192.00	0	45.23
45.24	NONALLOWABLE MARKETING & PROMOTION	A	0	OPERATION OF PLANT		7.00	0	45.24
45.25	NONALLOWABLE MARKETING & PROMOTION	A	0	HOUSEKEEPING		9.00	0	45.25

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

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

Worksheet A-8

Date/Time Prepared:
3/22/2021 3:10 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	
45.26	NONALLOWABLE MARKETING & PROMOTION	A		0DIETARY	10.00	0	45.26
45.27	NONALLOWABLE MARKETING & PROMOTION	A		0NURSING ADMINISTRATION	13.00	0	45.27
45.28	NONALLOWABLE MARKETING & PROMOTION	A		0ADULTS & PEDIATRICS	30.00	0	45.28
45.29	NONALLOWABLE MARKETING & PROMOTION	A		0OPERATING ROOM	50.00	0	45.29
45.30	NONALLOWABLE MARKETING & PROMOTION	A		0RADIOLOGY-DIAGNOSTIC	54.00	0	45.30
45.31	NONALLOWABLE MARKETING & PROMOTION	A		0LABORATORY	60.00	0	45.31
45.32	NONALLOWABLE MARKETING & PROMOTION	A		0RESPIRATORY THERAPY	65.00	0	45.32
45.33	NONALLOWABLE MARKETING & PROMOTION	A		0O/P PHYSICAL THERAPY	66.01	0	45.33
45.34	NONALLOWABLE MARKETING & PROMOTION	A		0EMERGENCY	91.00	0	45.34
45.35	NON VALLEY WEST COST	A		0PHYSICIANS' PRIVATE OFFICES	192.00	0	45.35
45.36	NONALLOWABLE SPONSORSHIP A&G COST	A		0PHYSICIANS' PRIVATE OFFICES	192.00	0	45.36
45.37	NON VALLEY WEST COST	A		0PHYSICIANS' PRIVATE OFFICES	192.00	0	45.37
45.38	NON VALLEY WEST COST	A		0PHYSICIANS' PRIVATE OFFICES	192.00	0	45.38
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,629,692				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: 14-1340

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

Worksheet A-8-1

Date/Time Prepared:
3/22/2021 3:10 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 ADMINISTRAT	5,933,862	9,526,031	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE EMPLOYEE BE	1,851,848	2,439,571	2.00
3.00	13.00	NURSING ADMINISTRATION	NMHC HOME OFFICE QUALITY	107,321	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	NMHC HOME OFFICE MEDICAL REC	3,308	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	46,819	46,819	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	56,762	56,762	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	IC CAPTIVE RISK INSURANCE	1,037,605	1,037,605	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	WEST REGION COSTS	7,940	15,236	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	SUBSIDY CHARGE	0	850,775	4.07
4.08	13.00	NURSING ADMINISTRATION	SUBSIDY CHARGE	552,842	552,842	4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	CONTRACTED SERVICE	16,607	16,607	4.09
4.10	55.00	RADIOLOGY - THERAPEUTIC	MEDICAL DIRECTORS	602,700	602,700	4.10
4.11	60.00	LABORATORY	CORPORATE EXPENSE	732	732	4.11
4.12	60.00	LABORATORY	LAB TESTS PROCEDURES	206,903	206,903	4.12
4.13	65.00	RESPIRATORY THERAPY	CONTRACTED SERVICE	25,802	25,802	4.13
4.14	69.00	ELECTROCARDIOLOGY	CONTRACTED SERVICE	7,935	7,935	4.14
4.15	91.00	EMERGENCY	SUBSIDY CHARGE	1,318,538	563,645	4.15
4.16	192.00	PHYSICIANS' PRIVATE OFFICES	LEASED PROPERTIES FEES	9,591	9,591	4.16
4.17	192.00	PHYSICIANS' PRIVATE OFFICES	LEASED PROPERTIES FEES	18,852	18,852	4.17
5.00	0		0	11,805,967	15,978,408	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

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

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

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

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

Provider CCN: 14-1340

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

Worksheet A-8-1

Date/Time Prepared:
3/22/2021 3:10 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	-3,592,169	0		1.00
2.00	-587,723	0		2.00
3.00	107,321	0		3.00
4.00	3,308	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	-7,296	0		4.06
4.07	-850,775	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	754,893	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
5.00	-4,172,441			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	HEALTHCARE		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: 14-1340

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

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 3:10 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	22,084	22,084	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	1,027,342	1,027,342	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	526,992	526,992	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	16,607	16,607	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY - THERAPEUTIC	602,700	602,700	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	90,000	90,000	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	2,519	2,519	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	176,650	176,650	0	0	0	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	174,000	174,000	0	0	0	9.00
10.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	53,050	53,050	0	0	0	10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	219,600	219,600	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	25,802	25,802	0	0	0	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	7,935	7,935	0	0	0	13.00
14.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTMENT	3,486	3,486	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	2,290,542	1,963,253	327,289	0	0	15.00
200.00			5,239,309	4,912,020	327,289		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY - THERAPEUTIC	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	15.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	22,084		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	1,027,342		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	526,992		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	16,607		4.00
5.00	55.00	AGGREGATE-RADIOLOGY - THERAPEUTIC	0	0	0	602,700		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	90,000		6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	2,519		7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	176,650		8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	174,000		9.00
10.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	53,050		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1340

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

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 3:10 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		
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	219,600		11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	25,802		12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	7,935		13.00
14.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	3,486		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,963,253		15.00
200.00			0	0	0	4,912,020		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,427,720	1,427,720			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	679,763	679,763			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,894,902	8,046	3,831	2,906,779	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,464,382	131,963	62,830	226,042	8,885,217
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,709,866	212,991	101,409	66,132	2,090,398
8.00	00800	LAUNDRY & LINEN SERVICE	98,346	13,075	6,225	0	117,646
9.00	00900	HOUSEKEEPING	498,776	22,791	10,851	72,159	604,577
10.00	01000	DIETARY	143,687	12,588	5,993	23,405	185,673
11.00	01100	CAFETERIA	373,796	40,862	19,455	76,035	510,148
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	480,506	3,699	1,761	75,514	561,480
14.00	01400	CENTRAL SERVICES & SUPPLY	58,504	52,315	24,908	9,571	145,298
15.00	01500	PHARMACY	516,127	18,785	8,944	109,891	653,747
16.00	01600	MEDICAL RECORDS & LIBRARY	3,308	0	0	0	3,308
17.00	01700	SOCIAL SERVICE	180,019	2,206	1,050	32,681	215,956
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,745,503	239,189	113,884	549,281	3,647,857
31.00	03100	INTENSIVE CARE UNIT	28,680	35,769	17,030	6,703	88,182
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	499,235	13,529	6,441	95,287	614,492
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,793,437	187,539	89,291	309,360	2,379,627
51.00	05100	RECOVERY ROOM	121,842	29,523	14,057	26,144	191,566
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,711	13,707	6,526	53,689	291,633
53.00	05300	ANESTHESIOLOGY	38,553	5,986	2,850	0	47,389
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,009,102	137,106	65,279	275,250	2,486,737
55.00	05500	RADIOLOGY - THERAPEUTIC	1,185,677	0	0	24,561	1,210,238
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,781,332	45,437	21,633	210,646	2,059,048
64.00	06400	INTRAVENOUS THERAPY	12,269	0	0	0	12,269
65.00	06500	RESPIRATORY THERAPY	496,309	10,593	5,043	112,051	623,996
66.00	06600	PHYSICAL THERAPY	170,355	9,571	4,557	38,357	222,840
66.01	06601	O/P PHYSICAL THERAPY	395,531	0	0	70,667	466,198
69.00	06900	ELECTROCARDIOLOGY	27,327	4,153	1,977	6,129	39,586
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	640,388	0	0	0	640,388
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	236,969	0	0	0	236,969
73.00	07300	DRUGS CHARGED TO PATIENTS	579,332	0	0	0	579,332
74.00	07400	RENAL DIALYSIS	7,625	1,541	734	0	9,900
76.00	03020	CLINICAL NUTRITION	13,668	0	0	3,126	16,794
76.01	03950	SLEEP LAB	17,316	13,951	6,642	0	37,909
76.97	07697	CARDIAC REHABILITATION	149,287	18,525	8,820	34,463	211,095
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	38,686	0	0	3,654	42,340
91.00	09100	EMERGENCY	2,213,926	91,279	43,460	395,878	2,744,543
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,949,762	1,376,719	655,481	2,906,676	32,874,376	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,454	18,282	8,704	0	48,440	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	544,456	5,872	2,796	0	553,124	192.00
194.00	07950	COMMUNITY WELLNESS	449	26,847	12,782	103	40,181	194.00
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)	33,516,121	1,427,720	679,763	2,906,779	33,516,121	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,885,217					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	754,080	0	2,844,478			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	42,439	0	34,605	194,690		8.00
9.00	00900	HOUSEKEEPING	218,092	0	60,323	0	882,992	9.00
10.00	01000	DIETARY	66,979	0	33,317	0	10,699	10.00
11.00	01100	CAFETERIA	184,028	0	108,151	0	34,732	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	202,545	0	9,789	0	3,144	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,414	0	138,463	0	44,466	14.00
15.00	01500	PHARMACY	235,829	0	49,718	0	15,966	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,193	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	77,903	0	5,839	0	1,875	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,315,899	0	633,065	57,500	203,302	30.00
31.00	03100	INTENSIVE CARE UNIT	31,810	0	94,670	233	30,402	31.00
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	221,669	0	35,807	6,273	11,499	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	858,415	0	496,363	25,886	159,402	50.00
51.00	05100	RECOVERY ROOM	69,105	0	78,140	0	25,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	105,202	0	36,279	2,734	11,651	52.00
53.00	05300	ANESTHESIOLOGY	17,095	0	15,843	1,699	5,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	897,053	0	362,880	25,505	116,535	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	436,575	0	0	237	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	742,771	0	120,259	0	38,620	60.00
64.00	06400	INTRAVENOUS THERAPY	4,426	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	225,097	0	28,036	240	9,004	65.00
66.00	06600	PHYSICAL THERAPY	80,386	0	25,331	0	8,135	66.00
66.01	06601	O/P PHYSICAL THERAPY	168,174	0	0	5,991	0	66.01
69.00	06900	ELECTROCARDIOLOGY	14,280	0	10,991	214	3,530	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	231,010	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,483	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	208,985	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,571	0	4,079	0	1,310	74.00
76.00	03020	CLINICAL NUTRITION	6,058	0	0	0	0	76.00
76.01	03950	SLEEP LAB	13,675	0	36,923	1,344	11,858	76.01
76.97	07697	CARDIAC REHABILITATION	76,149	0	49,031	144	15,746	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	15,274	0	0	151	0	90.00
91.00	09100	EMERGENCY	990,053	0	241,591	66,539	77,585	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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)	8,653,717	0	2,709,493	194,690	839,643	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,474	0	48,387	0	15,539	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	199,531	0	15,542	0	4,991	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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3/22/2021 3:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.00	07950	COMMUNITY WELLNESS	14,495	0	71,056	0	22,819	194.00
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)	8,885,217	0	2,844,478	194,690	882,992	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	296,668					10.00
11.00	01100	CAFETERIA	0	837,059				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	26,506	0	803,464		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,726	0	0	386,367	14.00
15.00	01500	PHARMACY	0	29,271	0	0	2,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,365	0	0	184	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	295,082	195,908	0	324,144	28,433	30.00
31.00	03100	INTENSIVE CARE UNIT	1,586	1,285	0	2,127	0	31.00
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	32,823	0	54,307	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,373	0	161,109	38,890	50.00
51.00	05100	RECOVERY ROOM	0	5,999	0	9,925	504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,309	0	23,675	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	90,728	0	0	7,731	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	10,715	0	0	4,110	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	90,821	0	0	24,917	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,372	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,491	0	0	277	65.00
66.00	06600	PHYSICAL THERAPY	0	11,679	0	0	560	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	24,958	0	0	394	66.01
69.00	06900	ELECTROCARDIOLOGY	0	2,163	0	0	59	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	176,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	65,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0	1,106	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	11,831	0	0	64	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	2,080	0	0	61	90.00
91.00	09100	EMERGENCY	0	137,908	0	228,177	30,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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)	296,668	837,045	0	803,464	386,363	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4	192.00
194.00	07950	COMMUNITY WELLNESS	0	14	0	0	0	194.00
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)	296,668	837,059	0	803,464	386,367	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	986,982					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,501				16.00
17.00	01700	SOCIAL SERVICE	0	0	308,122			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	341	306,475	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2	1,647	0	0	31.00
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	19	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	379	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	23	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	82	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,094	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	605,836	282	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	478	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	97	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	78	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	43	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	66	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	4	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	216	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	381,146	447	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0	1	0	0	0	76.00
76.01	03950	SLEEP LAB	0	10	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	16	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	7	0	0	0	90.00
91.00	09100	EMERGENCY	0	732	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	986,982	4,501	308,122	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	986,982	4,501	308,122	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	7,008,006	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	251,944	0	31.00
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	976,889	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,217,444	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	380,356	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	485,511	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	90,305	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,988,263	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	2,267,993	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	3,076,914	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,164	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	924,219	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	348,974	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	665,781	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,827	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,047,644	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	387,645	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,169,910	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	18,861	0	74.00
76.00	03020	CLINICAL NUTRITION	0	0	0	23,959	0	76.00
76.01	03950	SLEEP LAB	0	0	0	101,719	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	364,076	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	59,913	0	90.00
91.00	09100	EMERGENCY	0	0	0	4,517,207	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	32,464,524	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	129,840	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	773,192	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	148,565	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	33,516,121	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	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	7,008,006	30.00
31.00	03100	INTENSIVE CARE UNIT	251,944	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	976,889	43.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,217,444	50.00
51.00	05100	RECOVERY ROOM	380,356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	485,511	52.00
53.00	05300	ANESTHESIOLOGY	90,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,988,263	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,267,993	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	3,076,914	60.00
64.00	06400	INTRAVENOUS THERAPY	20,164	64.00
65.00	06500	RESPIRATORY THERAPY	924,219	65.00
66.00	06600	PHYSICAL THERAPY	348,974	66.00
66.01	06601	O/P PHYSICAL THERAPY	665,781	66.01
69.00	06900	ELECTROCARDIOLOGY	70,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,047,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	387,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,169,910	73.00
74.00	07400	RENAL DIALYSIS	18,861	74.00
76.00	03020	CLINICAL NUTRITION	23,959	76.00
76.01	03950	SLEEP LAB	101,719	76.01
76.97	07697	CARDIAC REHABILITATION	364,076	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	59,913	90.00
91.00	09100	EMERGENCY	4,517,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OPT	0	99.20
99.30	09930	OOT	0	99.30
99.40	09940	OSP	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,464,524	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,840	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	773,192	192.00
194.00	07950	COMMUNITY WELLNESS	148,565	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	33,516,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,046	3,831	11,877	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	848,462	131,963	62,830	1,043,255	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	212,991	101,409	314,400	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,075	6,225	19,300	8.00
9.00	00900	HOUSEKEEPING	0	22,791	10,851	33,642	9.00
10.00	01000	DIETARY	1,359	12,588	5,993	19,940	10.00
11.00	01100	CAFETERIA	4,416	40,862	19,455	64,733	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,699	1,761	5,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	52,315	24,908	77,223	14.00
15.00	01500	PHARMACY	60,648	18,785	8,944	88,377	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,206	1,050	3,256	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,419	239,189	113,884	373,492	30.00
31.00	03100	INTENSIVE CARE UNIT	0	35,769	17,030	52,799	31.00
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	13,529	6,441	19,970	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	187,539	89,291	276,830	50.00
51.00	05100	RECOVERY ROOM	0	29,523	14,057	43,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,707	6,526	20,233	52.00
53.00	05300	ANESTHESIOLOGY	0	5,986	2,850	8,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	137,106	65,279	202,385	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	83,341	0	0	83,341	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	45,437	21,633	67,070	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	660	10,593	5,043	16,296	65.00
66.00	06600	PHYSICAL THERAPY	0	9,571	4,557	14,128	66.00
66.01	06601	O/P PHYSICAL THERAPY	59,146	0	0	59,146	66.01
69.00	06900	ELECTROCARDIOLOGY	0	4,153	1,977	6,130	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,541	734	2,275	74.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	13,951	6,642	20,593	76.01
76.97	07697	CARDIAC REHABILITATION	0	18,525	8,820	27,345	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	15,043	0	0	15,043	90.00
91.00	09100	EMERGENCY	0	91,279	43,460	134,739	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,093,494	1,376,719	655,481	3,125,694	11,877	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,282	8,704	26,986	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	341,264	5,872	2,796	349,932	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	26,847	12,782	39,629	0	194.00
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)	1,434,758	1,427,720	679,763	3,542,241	11,877	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,044,179					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	88,618	0	403,288			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,987	0	4,906	29,193		8.00
9.00	00900	HOUSEKEEPING	25,630	0	8,552	0	68,119	9.00
10.00	01000	DIETARY	7,871	0	4,724	0	825	10.00
11.00	01100	CAFETERIA	21,627	0	15,334	0	2,679	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	23,803	0	1,388	0	243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,160	0	19,631	0	3,430	14.00
15.00	01500	PHARMACY	27,714	0	7,049	0	1,232	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	140	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,155	0	828	0	145	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,644	0	89,755	8,622	15,685	30.00
31.00	03100	INTENSIVE CARE UNIT	3,738	0	13,422	35	2,345	31.00
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	26,050	0	5,077	941	887	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,880	0	70,374	3,882	12,297	50.00
51.00	05100	RECOVERY ROOM	8,121	0	11,079	0	1,936	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,363	0	5,144	410	899	52.00
53.00	05300	ANESTHESIOLOGY	2,009	0	2,246	255	392	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,420	0	51,449	3,824	8,990	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	51,306	0	0	35	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	87,289	0	17,050	0	2,979	60.00
64.00	06400	INTRAVENOUS THERAPY	520	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	26,453	0	3,975	36	695	65.00
66.00	06600	PHYSICAL THERAPY	9,447	0	3,591	0	628	66.00
66.01	06601	O/P PHYSICAL THERAPY	19,764	0	0	898	0	66.01
69.00	06900	ELECTROCARDIOLOGY	1,678	0	1,558	32	272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,148	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,046	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,560	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	420	0	578	0	101	74.00
76.00	03020	CLINICAL NUTRITION	712	0	0	0	0	76.00
76.01	03950	SLEEP LAB	1,607	0	5,235	201	915	76.01
76.97	07697	CARDIAC REHABILITATION	8,949	0	6,952	22	1,215	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	1,795	0	0	23	0	90.00
91.00	09100	EMERGENCY	116,349	0	34,253	9,977	5,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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)	1,016,973	0	384,150	29,193	64,775	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,054	0	6,860	0	1,199	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,449	0	2,204	0	385	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.00	07950	COMMUNITY WELLNESS	1,703	0	10,074	0	1,760	194.00
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)	1,044,179	0	403,288	29,193	68,119	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	33,456					10.00
11.00	01100	CAFETERIA	0	104,684				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,315	0	34,518		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	716	0	0	107,199	14.00
15.00	01500	PHARMACY	0	3,661	0	0	680	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	796	0	0	51	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,277	24,499	0	13,927	7,889	30.00
31.00	03100	INTENSIVE CARE UNIT	179	161	0	91	0	31.00
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	4,105	0	2,333	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,178	0	6,921	10,790	50.00
51.00	05100	RECOVERY ROOM	0	750	0	426	140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,789	0	1,017	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,347	0	0	2,145	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,340	0	0	1,140	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	11,358	0	0	6,913	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	936	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,689	0	0	77	65.00
66.00	06600	PHYSICAL THERAPY	0	1,461	0	0	156	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	3,121	0	0	109	66.01
69.00	06900	ELECTROCARDIOLOGY	0	271	0	0	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0	138	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,480	0	0	18	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	260	0	0	17	90.00
91.00	09100	EMERGENCY	0	17,247	0	9,803	8,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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)	33,456	104,682	0	34,518	107,198	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1	192.00
194.00	07950	COMMUNITY WELLNESS	0	2	0	0	0	194.00
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)	33,456	104,684	0	34,518	107,199	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	129,162					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	140				16.00
17.00	01700	SOCIAL SERVICE	0	0	14,365			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9	14,288			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	77			31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10	0			50.00
51.00	05100	RECOVERY ROOM	0	1	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1	0			52.00
53.00	05300	ANESTHESIOLOGY	0	2	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54	0			54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	79,283	7	0			55.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	12	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0	2	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	2	0			65.00
66.00	06600	PHYSICAL THERAPY	0	1	0			66.00
66.01	06601	O/P PHYSICAL THERAPY	0	2	0			66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,879	11	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
76.00	03020	CLINICAL NUTRITION	0	0	0			76.00
76.01	03950	SLEEP LAB	0	0	0			76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
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	0	0	0			90.00
91.00	09100	EMERGENCY	0	19	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
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	0	0	0			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,162	140	14,365	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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3/22/2021 3:10 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0			194.00
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)	129,162	140	14,365	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			738,329	0	30.00
31.00	03100	INTENSIVE CARE UNIT			72,874	0	31.00
41.00	04100	SUBPROVIDER - IRF			0	0	41.00
42.00	04200	SUBPROVIDER			0	0	42.00
43.00	04300	NURSERY			59,752	0	43.00
45.00	04500	NURSING FACILITY			0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			495,426	0	50.00
51.00	05100	RECOVERY ROOM			66,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			42,075	0	52.00
53.00	05300	ANESTHESIOLOGY			14,603	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			386,739	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC			216,552	0	55.00
57.00	05700	CT SCAN			0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00	06000	LABORATORY			193,532	0	60.00
64.00	06400	INTRAVENOUS THERAPY			1,458	0	64.00
65.00	06500	RESPIRATORY THERAPY			52,681	0	65.00
66.00	06600	PHYSICAL THERAPY			29,569	0	66.00
66.01	06601	O/P PHYSICAL THERAPY			83,329	0	66.01
69.00	06900	ELECTROCARDIOLOGY			9,982	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			75,993	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			28,120	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			74,450	0	73.00
74.00	07400	RENAL DIALYSIS			3,374	0	74.00
76.00	03020	CLINICAL NUTRITION			863	0	76.00
76.01	03950	SLEEP LAB			28,551	0	76.01
76.97	07697	CARDIAC REHABILITATION			46,122	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			17,153	0	90.00
91.00	09100	EMERGENCY			338,336	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF			0	0	99.10
99.20	09920	OPT			0	0	99.20
99.30	09930	OOT			0	0	99.30
99.40	09940	OSP			0	0	99.40
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	3,076,003	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				37,099	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				375,971	0	192.00
194.00	07950	COMMUNITY WELLNESS				53,168	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	3,542,241	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	738,329	30.00
31.00	03100	INTENSIVE CARE UNIT	72,874	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	59,752	43.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	495,426	50.00
51.00	05100	RECOVERY ROOM	66,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,075	52.00
53.00	05300	ANESTHESIOLOGY	14,603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,739	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	216,552	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	193,532	60.00
64.00	06400	INTRAVENOUS THERAPY	1,458	64.00
65.00	06500	RESPIRATORY THERAPY	52,681	65.00
66.00	06600	PHYSICAL THERAPY	29,569	66.00
66.01	06601	O/P PHYSICAL THERAPY	83,329	66.01
69.00	06900	ELECTROCARDIOLOGY	9,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,450	73.00
74.00	07400	RENAL DIALYSIS	3,374	74.00
76.00	03020	CLINICAL NUTRITION	863	76.00
76.01	03950	SLEEP LAB	28,551	76.01
76.97	07697	CARDIAC REHABILITATION	46,122	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	17,153	90.00
91.00	09100	EMERGENCY	338,336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OPT	0	99.20
99.30	09930	OOT	0	99.30
99.40	09940	OSP	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,076,003	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,099	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	375,971	192.00
194.00	07950	COMMUNITY WELLNESS	53,168	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,542,241	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	88,013				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		88,013			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	496	496	12,706,737		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,135	8,135	988,123	-8,885,217	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	13,130	13,130	289,090	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	806	806	0	0	8.00
9.00	00900	HOUSEKEEPING	1,405	1,405	315,437	0	9.00
10.00	01000	DIETARY	776	776	102,315	0	10.00
11.00	01100	CAFETERIA	2,519	2,519	332,382	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	228	228	330,103	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,225	3,225	41,837	0	14.00
15.00	01500	PHARMACY	1,158	1,158	480,378	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	136	136	142,861	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,745	14,745	2,401,142	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,205	2,205	29,300	0	31.00
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	834	834	416,537	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,561	11,561	1,352,341	0	50.00
51.00	05100	RECOVERY ROOM	1,820	1,820	114,287	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	845	845	234,697	0	52.00
53.00	05300	ANESTHESIOLOGY	369	369	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,452	8,452	1,203,231	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	107,365	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,801	2,801	920,820	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	653	653	489,823	0	65.00
66.00	06600	PHYSICAL THERAPY	590	590	167,673	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	308,913	0	66.01
69.00	06900	ELECTROCARDIOLOGY	256	256	26,793	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	95	95	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0	0	13,667	0	76.00
76.01	03950	SLEEP LAB	860	860	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,142	1,142	150,654	0	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	15,971	0	90.00
91.00	09100	EMERGENCY	5,627	5,627	1,730,548	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,869	84,869	12,706,288	-8,885,217	23,989,159	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,127	1,127	0	0	48,440	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	362	362	0	0	553,124	192.00
194.00	07950	COMMUNITY WELLNESS	1,655	1,655	449	0	40,181	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,427,720	679,763	2,906,779		8,885,217	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.221695	7.723439	0.228759		0.360735	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			11,877		1,044,179	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000935		0.042393	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: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	66,252			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	806	120,111		8.00
9.00	00900	HOUSEKEEPING	0	1,405	0	64,041	9.00
10.00	01000	DIETARY	0	776	0	776	10.00
11.00	01100	CAFETERIA	0	2,519	0	2,519	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	228	0	228	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,225	0	3,225	0 14.00
15.00	01500	PHARMACY	0	1,158	0	1,158	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	136	0	136	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	14,745	35,474	14,745	2,233 30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,205	144	2,205	12 31.00
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	834	3,870	834	0 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,561	15,970	11,561	0 50.00
51.00	05100	RECOVERY ROOM	0	1,820	0	1,820	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	845	1,687	845	0 52.00
53.00	05300	ANESTHESIOLOGY	0	369	1,048	369	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,452	15,735	8,452	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	146	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	2,801	0	2,801	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	653	148	653	0 65.00
66.00	06600	PHYSICAL THERAPY	0	590	0	590	0 66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	3,696	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0	256	132	256	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	95	0	95	0 74.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	0 76.00
76.01	03950	SLEEP LAB	0	860	829	860	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	1,142	89	1,142	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	93	0	0 90.00
91.00	09100	EMERGENCY	0	5,627	41,050	5,627	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OPT	0	0	0	0	0 99.20
99.30	09930	OOT	0	0	0	0	0 99.30
99.40	09940	OSP	0	0	0	0	0 99.40
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	63,108	120,111	60,897	2,245 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,127	0	1,127	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	362	0	362	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	1,655	0	1,655	0	194.00
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	2,844,478	194,690	882,992	296,668	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	42.934221	1.620917	13.787917	132.146102	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	403,288	29,193	68,119	33,456	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.087182	0.243050	1.063678	14.902450	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: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	242,248					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	7,671	0	140,536			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,657	0	0	1,405,589		14.00
15.00	01500	PHARMACY	8,471	0	0	8,918	1,508,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,842	0	0	671	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,697	0	56,697	103,438	0	30.00
31.00	03100	INTENSIVE CARE UNIT	372	0	372	0	0	31.00
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	9,499	0	9,499	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,180	0	28,180	141,480	0	50.00
51.00	05100	RECOVERY ROOM	1,736	0	1,736	1,834	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,141	0	4,141	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,311	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,257	0	0	28,124	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,101	0	0	14,951	925,938	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	26,284	0	0	90,646	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,269	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,850	0	0	1,006	0	65.00
66.00	06600	PHYSICAL THERAPY	3,380	0	0	2,039	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	7,223	0	0	1,435	0	66.01
69.00	06900	ELECTROCARDIOLOGY	626	0	0	213	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	640,388	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	236,969	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	582,529	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	320	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,424	0	0	233	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	602	0	0	222	0	90.00
91.00	09100	EMERGENCY	39,911	0	39,911	109,427	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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)	242,244	0	140,536	1,405,574	1,508,467	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	15	0	192.00
194.00	07950	COMMUNITY WELLNESS	4	0	0	0	0	194.00
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)	837,059	0	803,464	386,367	986,982	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.455380	0.000000	5.717140	0.274879	0.654295	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	104,684	0	34,518	107,199	129,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.432136	0.000000	0.245617	0.076266	0.085625	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: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116,844,663					16.00
17.00	01700	SOCIAL SERVICE	0	2,245				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,744,399	2,233	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	55,239	12	0	0	0	31.00
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	482,000	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,720,446	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	589,937	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	727,305	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,089,959	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,508,477	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,219,219	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	12,258,236	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,485,912	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,993,529	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,101,732	0	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	1,694,385	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	108,275	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,530,993	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,400,116	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,472,380	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,225	0	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	24,709	0	0	0	0	76.00
76.01	03950	SLEEP LAB	247,840	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	416,189	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	188,517	0	0	0	0	90.00
91.00	09100	EMERGENCY	18,766,644	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,844,663	2,245	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	0	194.00
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)	4,501	308,122	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000039	137.248107	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	140	14,365	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000001	6.398664	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B-1
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	(ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS			
		(ASSIGNED TIME)			
		22.00		23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0	0	76.00
76.01	03950	SLEEP LAB	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	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	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet B-1
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		INTERNS & RESIDENTS	PARAM ED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00			
118.00					
	SUBTOTALS (SUM OF LINES 1 through 117)	0	0		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950 COMMUNITY WELLNESS	0	0		194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

				Title XVIII		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs	
						RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	7,008,006		7,008,006	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	251,944		251,944	0	0	31.00	
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	976,889		976,889	0	0	43.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,217,444		4,217,444	0	0	50.00	
51.00	05100	RECOVERY ROOM	380,356		380,356	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	485,511		485,511	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	90,305		90,305	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,988,263		3,988,263	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	2,267,993		2,267,993	0	0	55.00	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	3,076,914		3,076,914	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	20,164		20,164	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	924,219	0	924,219	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	348,974	0	348,974	0	0	66.00	
66.01	06601	O/P PHYSICAL THERAPY	665,781	0	665,781	0	0	66.01	
69.00	06900	ELECTROCARDIOLOGY	70,827		70,827	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,047,644		1,047,644	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	387,645		387,645	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,169,910		1,169,910	0	0	73.00	
74.00	07400	RENAL DIALYSIS	18,861		18,861	0	0	74.00	
76.00	03020	CLINICAL NUTRITION	23,959		23,959	0	0	76.00	
76.01	03950	SLEEP LAB	101,719		101,719	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	364,076		364,076	0	0	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	59,913		59,913	0	0	90.00	
91.00	09100	EMERGENCY	4,517,207		4,517,207	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,887,295		1,887,295	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OPT	0		0		0	99.20	
99.30	09930	OOT	0		0		0	99.30	
99.40	09940	OSP	0		0		0	99.40	
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)	34,351,819	0	34,351,819	0	0	200.00	
201.00		Less Observation Beds	1,887,295		1,887,295		0	201.00	
202.00		Total (see instructions)	32,464,524	0	32,464,524	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

			Title XVIII			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	7,184,227		7,184,227		30.00
31.00	03100	INTENSIVE CARE UNIT	55,239		55,239		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	482,000		482,000		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,080,083	8,640,363	9,720,446	0.433874	50.00
51.00	05100	RECOVERY ROOM	86,183	503,754	589,937	0.644740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	722,189	5,116	727,305	0.667548	52.00
53.00	05300	ANESTHESIOLOGY	368,355	1,721,604	2,089,959	0.043209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,061,464	27,447,013	29,508,477	0.135157	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,219,219	7,219,219	0.314160	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	1,752,546	10,505,690	12,258,236	0.251008	60.00
64.00	06400	INTRAVENOUS THERAPY	773,538	1,712,374	2,485,912	0.008111	64.00
65.00	06500	RESPIRATORY THERAPY	564,524	1,429,005	1,993,529	0.463610	65.00
66.00	06600	PHYSICAL THERAPY	933,383	168,349	1,101,732	0.316750	66.00
66.01	06601	O/P PHYSICAL THERAPY	983	1,693,402	1,694,385	0.392934	66.01
69.00	06900	ELECTROCARDIOLOGY	5,251	103,024	108,275	0.654140	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,222,904	4,308,089	5,530,993	0.189413	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	178,848	1,221,268	1,400,116	0.276866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,921,037	7,551,343	11,472,380	0.101976	73.00
74.00	07400	RENAL DIALYSIS	13,867	4,358	18,225	1.034897	74.00
76.00	03020	CLINICAL NUTRITION	0	24,709	24,709	0.969647	76.00
76.01	03950	SLEEP LAB	0	247,840	247,840	0.410422	76.01
76.97	07697	CARDIAC REHABILITATION	0	416,189	416,189	0.874785	76.97
	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	0	188,517	188,517	0.317812	90.00
91.00	09100	EMERGENCY	613,283	18,153,361	18,766,644	0.240704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	173,054	1,387,118	1,560,172	1.209671	92.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
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)	22,192,958	94,651,705	116,844,663		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	22,192,958	94,651,705	116,844,663		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000			66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	CLINICAL NUTRITION	0.000000			76.00
76.01	03950	SLEEP LAB	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			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	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
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: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,008,006		7,008,006	0	7,008,006	30.00
31.00	03100	INTENSIVE CARE UNIT	251,944		251,944	0	251,944	31.00
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	976,889		976,889	0	976,889	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,217,444		4,217,444	0	4,217,444	50.00
51.00	05100	RECOVERY ROOM	380,356		380,356	0	380,356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	485,511		485,511	0	485,511	52.00
53.00	05300	ANESTHESIOLOGY	90,305		90,305	0	90,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,988,263		3,988,263	0	3,988,263	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,267,993		2,267,993	0	2,267,993	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,076,914		3,076,914	0	3,076,914	60.00
64.00	06400	INTRAVENOUS THERAPY	20,164		20,164	0	20,164	64.00
65.00	06500	RESPIRATORY THERAPY	924,219	0	924,219	0	924,219	65.00
66.00	06600	PHYSICAL THERAPY	348,974	0	348,974	0	348,974	66.00
66.01	06601	O/P PHYSICAL THERAPY	665,781	0	665,781	0	665,781	66.01
69.00	06900	ELECTROCARDIOLOGY	70,827		70,827	0	70,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,047,644		1,047,644	0	1,047,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	387,645		387,645	0	387,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,169,910		1,169,910	0	1,169,910	73.00
74.00	07400	RENAL DIALYSIS	18,861		18,861	0	18,861	74.00
76.00	03020	CLINICAL NUTRITION	23,959		23,959	0	23,959	76.00
76.01	03950	SLEEP LAB	101,719		101,719	0	101,719	76.01
76.97	07697	CARDIAC REHABILITATION	364,076		364,076	0	364,076	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	59,913		59,913	0	59,913	90.00
91.00	09100	EMERGENCY	4,517,207		4,517,207	0	4,517,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,887,295		1,887,295	0	1,887,295	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
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)	34,351,819	0	34,351,819	0	34,351,819	200.00
201.00		Less Observation Beds	1,887,295		1,887,295		1,887,295	201.00
202.00		Total (see instructions)	32,464,524	0	32,464,524	0	32,464,524	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 3:10 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						9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	7,184,227		7,184,227			30.00
31.00	03100	INTENSIVE CARE UNIT	55,239		55,239			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	482,000		482,000			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,080,083	8,640,363	9,720,446	0.433874	0.000000	50.00
51.00	05100	RECOVERY ROOM	86,183	503,754	589,937	0.644740	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	722,189	5,116	727,305	0.667548	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	368,355	1,721,604	2,089,959	0.043209	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,061,464	27,447,013	29,508,477	0.135157	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,219,219	7,219,219	0.314160	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	1,752,546	10,505,690	12,258,236	0.251008	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	773,538	1,712,374	2,485,912	0.008111	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	564,524	1,429,005	1,993,529	0.463610	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	933,383	168,349	1,101,732	0.316750	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	983	1,693,402	1,694,385	0.392934	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	5,251	103,024	108,275	0.654140	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,222,904	4,308,089	5,530,993	0.189413	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	178,848	1,221,268	1,400,116	0.276866	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,921,037	7,551,343	11,472,380	0.101976	0.000000	73.00
74.00	07400	RENAL DIALYSIS	13,867	4,358	18,225	1.034897	0.000000	74.00
76.00	03020	CLINICAL NUTRITION	0	24,709	24,709	0.969647	0.000000	76.00
76.01	03950	SLEEP LAB	0	247,840	247,840	0.410422	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	416,189	416,189	0.874785	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	188,517	188,517	0.317812	0.000000	90.00
91.00	09100	EMERGENCY	613,283	18,153,361	18,766,644	0.240704	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	173,054	1,387,118	1,560,172	1.209671	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
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)	22,192,958	94,651,705	116,844,663			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	22,192,958	94,651,705	116,844,663			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 3:10 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
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000		66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	CLINICAL NUTRITION	0.000000		76.00
76.01	03950	SLEEP LAB	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
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
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 ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

				Title XVIII		Hospital	Cost	
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	495,426	9,720,446	0.050967	243,147	12,392	50.00
51.00	05100	RECOVERY ROOM	66,140	589,937	0.112114	27,124	3,041	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,075	727,305	0.057851	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,603	2,089,959	0.006987	73,650	515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,739	29,508,477	0.013106	623,229	8,168	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	216,552	7,219,219	0.029997	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	193,532	12,258,236	0.015788	513,249	8,103	60.00
64.00	06400	INTRAVENOUS THERAPY	1,458	2,485,912	0.000587	164,988	97	64.00
65.00	06500	RESPIRATORY THERAPY	52,681	1,993,529	0.026426	261,598	6,913	65.00
66.00	06600	PHYSICAL THERAPY	29,569	1,101,732	0.026839	256,346	6,880	66.00
66.01	06601	O/P PHYSICAL THERAPY	83,329	1,694,385	0.049179	181	9	66.01
69.00	06900	ELECTROCARDIOLOGY	9,982	108,275	0.092191	5,251	484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,993	5,530,993	0.013739	366,569	5,036	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,120	1,400,116	0.020084	46,696	938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,450	11,472,380	0.006489	982,449	6,375	73.00
74.00	07400	RENAL DIALYSIS	3,374	18,225	0.185130	5,943	1,100	74.00
76.00	03020	CLINICAL NUTRITION	863	24,709	0.034927	0	0	76.00
76.01	03950	SLEEP LAB	28,551	247,840	0.115199	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	46,122	416,189	0.110820	0	0	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	17,153	188,517	0.090989	0	0	90.00
91.00	09100	EMERGENCY	338,336	18,766,644	0.018029	11,699	211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	198,836	1,560,172	0.127445	3,956	504	92.00
200.00		Total (lines 50 through 199)	2,403,884	109,123,197		3,586,075	60,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1340

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

Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	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	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-1340		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 3:10 pm	
			Title XVIII		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	9,720,446	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	589,937	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	727,305	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,089,959	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	29,508,477	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,219,219	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	12,258,236	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,485,912	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,993,529	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,101,732	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	1,694,385	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	108,275	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,530,993	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,400,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,472,380	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	18,225	0.000000	74.00
76.00	03020	CLINICAL NUTRITION	0	0	0	24,709	0.000000	76.00
76.01	03950	SLEEP LAB	0	0	0	247,840	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	416,189	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	188,517	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,766,644	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,560,172	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	109,123,197		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Title XVIII			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	243,147	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	27,124	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	73,650	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	623,229	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	513,249	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	164,988	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	261,598	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	256,346	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000	181	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,251	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	366,569	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	46,696	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	982,449	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	5,943	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0.000000	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	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	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	11,699	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,956	0	0	0	92.00
200.00		Total (lines 50 through 199)		3,586,075	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/22/2021 3:10 pm

			Title XVIII		Hospital		Cost	
	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	0.433874	0	2,982,523	0	0	50.00
51.00	05100	RECOVERY ROOM	0.644740	0	162,615	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.667548	0	5,116	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043209	0	517,352	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135157	0	9,421,014	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.314160	0	2,892,599	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	0.251008	0	3,684,163	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.008111	0	543,440	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.463610	0	627,436	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.316750	0	90,086	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.392934	0	527,293	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.654140	0	33,492	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189413	0	1,513,996	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276866	0	318,491	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101976	0	2,682,748	390	0	73.00
74.00	07400	RENAL DIALYSIS	1.034897	0	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0.969647	0	4,338	0	0	76.00
76.01	03950	SLEEP LAB	0.410422	0	60,669	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.874785	0	225,313	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	0.317812	0	80,827	0	0	90.00
91.00	09100	EMERGENCY	0.240704	0	4,883,317	763	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.209671	0	648,519	0	0	92.00
200.00		Subtotal (see instructions)		0	31,905,347	1,153	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	31,905,347	1,153	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/22/2021 3:10 pm

			Title XVIII		Hospital	Cost
	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	1,294,039	0		50.00
51.00	05100	RECOVERY ROOM	104,844	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,415	0		52.00
53.00	05300	ANESTHESIOLOGY	22,354	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,273,316	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	908,739	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	924,754	0		60.00
64.00	06400	INTRAVENOUS THERAPY	4,408	0		64.00
65.00	06500	RESPIRATORY THERAPY	290,886	0		65.00
66.00	06600	PHYSICAL THERAPY	28,535	0		66.00
66.01	06601	O/P PHYSICAL THERAPY	207,191	0		66.01
69.00	06900	ELECTROCARDIOLOGY	21,908	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	286,771	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,179	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	273,576	40		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	CLINICAL NUTRITION	4,206	0		76.00
76.01	03950	SLEEP LAB	24,900	0		76.01
76.97	07697	CARDIAC REHABILITATION	197,100	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	25,688	0		90.00
91.00	09100	EMERGENCY	1,175,434	184		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	784,495	0		92.00
200.00		Subtotal (see instructions)	7,944,738	224		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,944,738	224		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1340

Period:

Worksheet D

Component CCN: 14-Z340

From 09/01/2019
To 08/31/2020Part V
Date/Time Prepared:
3/22/2021 3:10 pm

			Title XVIII	Swing Beds - SNF		Cost	
	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	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.433874	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.644740	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.667548	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043209	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135157	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.314160	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.251008	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.008111	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.463610	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.316750	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.392934	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.654140	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189413	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276866	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101976	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1.034897	0	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0.969647	0	0	0	76.00
76.01	03950	SLEEP LAB	0.410422	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.874785	0	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	0.317812	0	0	0	90.00
91.00	09100	EMERGENCY	0.240704	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.209671	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1340

Period:

Worksheet D

Component CCN: 14-Z340

From 09/01/2019
To 08/31/2020Part V
Date/Time Prepared:
3/22/2021 3:10 pm

			Title XVIII		Swing Beds - SNF		Cost		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0					66.01
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03020	CLINICAL NUTRITION	0	0					76.00
76.01	03950	SLEEP LAB	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
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/22/2021 3:10 pm	
		Title XVIII	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,056	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,371	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)			1,548	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)			685	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)			722	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)			184	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)			379	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				17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period				18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			145.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			145.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			7,008,006	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)			1,570,842	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			5,437,164	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)			5,437,164	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			2,293.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,655,690	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)			1,655,690	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1340

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

Worksheet D-1

Date/Time Prepared:
3/22/2021 3:10 pm

			Title XVIII		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	251,944	12	20,995.33	4	83,981	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					742,849	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,482,520	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge					0.00	55.00
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	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
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)					421,949	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					869,123	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,291,072	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
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)					823	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,293.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,887,295	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1340

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

Worksheet D-1

Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	738,329	7,008,006	0.105355	1,887,295	198,836	90.00
91.00	Nursing School cost	0	7,008,006	0.000000	1,887,295	0	91.00
92.00	Allied health cost	0	7,008,006	0.000000	1,887,295	0	92.00
93.00	All other Medical Education	0	7,008,006	0.000000	1,887,295	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/22/2021 3:10 pm	
Cost Center Description		Title XVIII	Hospital	Cost	
		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	1,316,905		30.00
31.00	03100	INTENSIVE CARE UNIT	15,916		31.00
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	0.433874	243,147	105,495 50.00
51.00	05100	RECOVERY ROOM	0.644740	27,124	17,488 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.667548	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.043209	73,650	3,182 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135157	623,229	84,234 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.314160	0	0 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.251008	513,249	128,830 60.00
64.00	06400	INTRAVENOUS THERAPY	0.008111	164,988	1,338 64.00
65.00	06500	RESPIRATORY THERAPY	0.463610	261,598	121,279 65.00
66.00	06600	PHYSICAL THERAPY	0.316750	256,346	81,198 66.00
66.01	06601	O/P PHYSICAL THERAPY	0.392934	181	71 66.01
69.00	06900	ELECTROCARDIOLOGY	0.654140	5,251	3,435 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189413	366,569	69,433 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276866	46,696	12,929 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101976	982,449	100,186 73.00
74.00	07400	RENAL DIALYSIS	1.034897	5,943	6,150 74.00
76.00	03020	CLINICAL NUTRITION	0.969647	0	0 76.00
76.01	03950	SLEEP LAB	0.410422	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0.874785	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.317812	0	0 90.00
91.00	09100	EMERGENCY	0.240704	11,699	2,816 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.209671	3,956	4,785 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,586,075	742,849 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		3,586,075	742,849 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1340 Component CCN: 14-Z340	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/22/2021 3:10 pm	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		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	0.433874	7,947	50.00
51.00	05100	RECOVERY ROOM	0.644740	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.667548	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043209	1,540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135157	42,889	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.314160	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.251008	97,170	60.00
64.00	06400	INTRAVENOUS THERAPY	0.008111	9,694	64.00
65.00	06500	RESPIRATORY THERAPY	0.463610	84,557	65.00
66.00	06600	PHYSICAL THERAPY	0.316750	492,676	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.392934	802	66.01
69.00	06900	ELECTROCARDIOLOGY	0.654140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189413	128,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101976	456,152	73.00
74.00	07400	RENAL DIALYSIS	1.034897	0	74.00
76.00	03020	CLINICAL NUTRITION	0.969647	0	76.00
76.01	03950	SLEEP LAB	0.410422	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.874785	0	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	0.317812	0	90.00
91.00	09100	EMERGENCY	0.240704	730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.209671	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,322,686	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)		1,322,686	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1340 Component CCN: 14-Z340	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/22/2021 3:10 pm	
			Title XIX	Swing Beds - SNF	Cost	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.433874	0	0	50.00
51.00	05100	RECOVERY ROOM	0.644740	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.667548	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043209	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135157	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.314160	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.251008	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.008111	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.463610	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.316750	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.392934	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.654140	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189413	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276866	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101976	0	0	73.00
74.00	07400	RENAL DIALYSIS	1.034897	0	0	74.00
76.00	03020	CLINICAL NUTRITION	0.969647	0	0	76.00
76.01	03950	SLEEP LAB	0.410422	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.874785	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.317812	0	0	90.00
91.00	09100	EMERGENCY	0.240704	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.209671	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/22/2021 3:10 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,944,962	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,944,962	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,024,412	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		33,419	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,747,021	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)		2,243,972	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)		2,243,972	30.00
31.00	Primary payer payments		615	31.00
32.00	Subtotal (line 30 minus line 31)		2,243,357	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)		586,272	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		381,077	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		281,884	36.00
37.00	Subtotal (see instructions)		2,624,434	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,624,434	40.00
40.01	Sequestration adjustment (see instructions)		34,905	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		3,281,925	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)		-692,396	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/22/2021 3:10 pm

		Title XVIII		Hospital		Cost
		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		2,754,072		3,119,638	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		27,573		418,992	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	03/18/2020	378,793	03/18/2020	92,974	3.50
3.51		08/26/2020	98,545	08/26/2020	163,731	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)		-477,338		-256,705	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)		2,304,307		3,281,925	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		21,229		692,396	6.02
7.00	Total Medicare program liability (see instructions)		2,283,078		2,589,529	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1340

Period:

Worksheet E-1

Component CCN: 14-Z340

From 09/01/2019
To 08/31/2020Part I
Date/Time Prepared:
3/22/2021 3:10 pm

		Title XVIII		Swing Beds - SNF		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,766,103		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	03/18/2020	117,193		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)		-117,193		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,648,910		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		70,921		0	6.02
7.00	Total Medicare program liability (see instructions)		1,577,989		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part II
Date/Time Prepared:
3/22/2021 3:10 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet E-2	
		Component CCN: 14-Z340		Date/Time Prepared: 3/22/2021 3:10 pm	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		1,303,983	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		303,394	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		563	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		1,607,377	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		1,607,377	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		1,607,377	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		8,118	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		1,599,259	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		1,599,259	0	19.00
19.01	Sequestration adjustment (see instructions)		21,270	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
20.00	Interim payments		1,648,910	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		-70,921	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet E-2
		Component CCN: 14-Z340		Date/Time Prepared: 3/22/2021 3:10 pm
		Title XIX	Swing Beds - SNF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration		0	16.99
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
20.00	Interim payments		0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)		0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1340	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part V Date/Time Prepared: 3/22/2021 3:10 pm
		Title XVIII	Hospital	Cost
			1.00	
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		2,482,520	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,482,520	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		2,507,345	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		2,507,345	19.00
20.00	Deductibles (exclude professional component)		233,464	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		2,273,881	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		2,273,881	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		61,494	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		39,971	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		33,126	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		2,313,852	28.00
29.00	SEQUESTRATION ADJUSTMENT		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.99	Demonstration payment adjustment amount before sequestration		0	29.99
30.00	Subtotal (see instructions)		2,313,852	30.00
30.01	Sequestration adjustment (see instructions)		30,774	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
30.03	Sequestration adjustment-PARHM		0	30.03
31.00	Interim payments		2,304,307	31.00
31.01	Interim payments-PARHM		0	31.01
32.00	Tentative settlement (for contractor use only)		0	32.00
32.01	Tentative settlement-PARHM (for contractor use only)		0	32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)		-21,229	33.00
33.01	Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)		0	33.01
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	34.00

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

Provider CCN: 14-1340

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

Worksheet G

Date/Time Prepared:
3/22/2021 3:10 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	815,171	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	6,554,639	0	0	0	4.00
5.00	Other receivable	74,043	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	796,779	0	0	0	7.00
8.00	Prepaid expenses	90,936	0	0	0	8.00
9.00	Other current assets	84,090	0	0	0	9.00
10.00	Due from other funds	8,255,626	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	16,671,284	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,794,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	20,632,851	0	0	0	15.00
16.00	Accumulated depreciation	-8,291,805	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	6,159,590	0	0	0	23.00
24.00	Accumulated depreciation	-4,124,991	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)	16,169,645	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,707,787	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	4,160,023	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	32,867,810	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	65,708,739	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	739,632	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,226,992	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	2,573,990	0	0	0	43.00
44.00	Other current liabilities	1,042,909	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,583,523	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	4,887,499	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,887,499	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,471,022	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	55,237,717				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)	55,237,717	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	65,708,739	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1340

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

Worksheet G-1

Date/Time Prepared:
3/22/2021 3:10 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		49,372,289		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,811,613				2.00
3.00	Total (sum of line 1 and line 2)		55,183,902		0		3.00
4.00	NET ASSET RELEASE - CAPITAL	14,304		0		0	4.00
5.00	IC SETTLEMENT	39,514		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)		53,818		0		10.00
11.00	Subtotal (line 3 plus line 10)		55,237,720		0		11.00
12.00	ROUNDING	3		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)		3		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		55,237,717		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	NET ASSET RELEASE - CAPITAL		0				4.00
5.00	IC SETTLEMENT		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	ROUNDING		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: 14-1340

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/22/2021 3:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	7,184,227		7,184,227	1.00
2.00	SUBPROVIDER - IPF				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	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	7,184,227		7,184,227	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	55,239		55,239	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)	55,239		55,239	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	7,239,466		7,239,466	17.00
18.00	Ancillary services	14,953,491	74,922,707	89,876,198	18.00
19.00	Outpatient services	0	19,728,996	19,728,996	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
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES / OTHER	230,494	2,374,935	2,605,429	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	22,423,451	97,026,638	119,450,089	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		44,145,813		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		44,145,813		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1340

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

Worksheet G-3

Date/Time Prepared:
3/22/2021 3:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	119,450,089	1.00
2.00	Less contractual allowances and discounts on patients' accounts	72,727,603	2.00
3.00	Net patient revenues (line 1 minus line 2)	46,722,486	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	44,145,813	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,576,673	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	7,262	6.00
7.00	Income from investments	2,220	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	91,471	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	23,251	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	381,961	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	1,820	24.00
24.01	AUXILIARY	6,155	24.01
24.02	RESEARCH REVENUE	4,302	24.02
24.03	PAYOR INTEREST INCOME	15,059	24.03
24.04	EXTERNAL GRANTS	-51,000	24.04
24.05	OTHER MISC INCOME	44,672	24.05
24.50	COVID-19 PHE Funding	2,707,767	24.50
25.00	Total other income (sum of lines 6-24)	3,234,940	25.00
26.00	Total (line 5 plus line 25)	5,811,613	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,811,613	29.00