

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: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet S Parts I-III Date/Time Prepared: 10/26/2020 9:32 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 10/26/2020	Time: 9:32 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RML HEALTH PROVIDERS, L.P. (14-2010) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,558,636	-863	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-1,558,636	-863	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-2010		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/26/2020 9:32 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5601 SOUTH COUNTY LINE ROAD			PO Box:				1.00				
2.00	City: HINSDALE			State: IL		Zip Code: 60521		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			RML HEALTH PROVIDERS, L.P.	142010	16974	2	06/01/1997	N	P	N	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
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)						06/01/2019	05/31/2020		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.					2	N			23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			0	0	0	0	0	0	0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-2010		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/26/2020 9:32 am	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00
							Urban/Rural S	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0	35.00
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							0	37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)							N	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	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	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.							N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.							N	56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							N	58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N	59.00
				NAHE 413.85 Y/N	Worksheet A Line #		Pass-Through Qualification Criterion Code		
				1.00	2.00		3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.							N	60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet S-2
Part I
Date/Time Prepared:
10/26/2020 9:32 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	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		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		Y	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	N	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part I Date/Time Prepared: 10/26/2020 9:32 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	1,065,955	280,000	0118.01
		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.	N		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-2010		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/26/2020 9:32 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:			Contractor's Number:			141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:			Zip Code:			143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part II Date/Time Prepared: 10/26/2020 9:32 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/09/2019	Y	09/09/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet S-2
Part II
Date/Time Prepared:
10/26/2020 9:32 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JAMES	LIADIS		41.00
42.00	Enter the employer/company name of the cost report preparer.	RML			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-826-6380	JLIADIS@RMLSPECIALTYHOSPITAL.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part II Date/Time Prepared: 10/26/2020 9:32 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCE MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	184	67,160	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		184	67,160	0.00	0	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)		184	67,160	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		184			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,108	6,872	54,302			1.00
2.00	HMO and other (see instructions)	484	10,635				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	18,108	6,872	54,302			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)	18,108	6,872	54,302	0.00	738.17	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	738.17	27.00
28.00	Observation Bed Days		0	0			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	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	4,077					33.00
33.01	LTCH site neutral days and discharges	1,474					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	462	165	1,272	1.00
2.00 HMO and other (see instructions)			12	260		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	462	165	1,272	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			91			33.00
33.01 LTCH site neutral days and discharges			40			33.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,632,809	2,632,809	2,410,796	5,043,605	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,216,778	4,216,778	8,796	4,225,574	2.00
3.00	00300	OTHER CAP REL COSTS		2,419,592	2,419,592	-2,419,592	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	443,411	8,929,341	9,372,752	6,471	9,379,223	4.00
5.01	00560	PURCHASING	471,092	127,390	598,482	12,880	611,362	5.01
5.02	00570	ADMITTING	1,557,360	176,996	1,734,356	8,256	1,742,612	5.02
5.03	00580	PATIENT ACCOUNTS	520,651	106,660	627,311	10,068	637,379	5.03
5.04	00590	OTHER A&G	7,533,525	10,373,177	17,906,702	-447,414	17,459,288	5.04
6.00	00600	MAINTENANCE & REPAIRS	183,164	175,155	358,319	4,701	363,020	6.00
7.00	00700	OPERATION OF PLANT	1,798,985	1,786,544	3,585,529	20,824	3,606,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	244,462	244,462	0	244,462	8.00
9.00	00900	HOUSEKEEPING	1,198,508	522,053	1,720,561	19,063	1,739,624	9.00
10.00	01000	DIETARY	788,837	516,531	1,305,368	-332,683	972,685	10.00
11.00	01100	CAFETERIA	0	0	0	277,836	277,836	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	937,474	81,630	1,019,104	37,288	1,056,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	321,187	60,191	381,378	7,029	388,407	16.00
17.00	01700	SOCIAL SERVICE	1,425,365	330,623	1,755,988	17,717	1,773,705	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,249,663	7,797,773	29,047,436	-2,406,845	26,640,591	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	459,124	596,937	1,056,061	-346,418	709,643	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	726,267	292,364	1,018,631	8,856	1,027,487	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	183,283	1,443,897	1,627,180	1,866	1,629,046	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,090,869	2,147,929	11,238,798	-1,073,157	10,165,641	65.00
66.00	06600	PHYSICAL THERAPY	1,249,436	120,301	1,369,737	-9,520	1,360,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	708,857	58,862	767,719	-2,481	765,238	67.00
68.00	06800	SPEECH PATHOLOGY	436,194	41,479	477,673	2,492	480,165	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,086,018	4,086,018	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,541,917	3,837,244	5,379,161	184,665	5,563,826	73.00
74.00	07400	RENAL DIALYSIS	0	2,845,646	2,845,646	-450	2,845,196	74.00
75.01	03630	ULTRASOUND	78,837	21,968	100,805	373	101,178	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,904,006	51,904,332	104,808,338	87,435	104,895,773	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	298,967	22,908	321,875	-87,435	234,440	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	53,202,973	51,927,240	105,130,213	0	105,130,213	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-984,787	4,058,818	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,249,502	2,976,072	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,379,223	4.00
5.01	00560	PURCHASING	0	611,362	5.01
5.02	00570	ADMITTING	-1,303	1,741,309	5.02
5.03	00580	PATIENT ACCOUNTS	0	637,379	5.03
5.04	00590	OTHER A&G	-7,133,583	10,325,705	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	363,020	6.00
7.00	00700	OPERATION OF PLANT	0	3,606,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	244,462	8.00
9.00	00900	HOUSEKEEPING	-52	1,739,572	9.00
10.00	01000	DIETARY	-13,291	959,394	10.00
11.00	01100	CAFETERIA	-126,735	151,101	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-125	1,056,267	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,268	387,139	16.00
17.00	01700	SOCIAL SERVICE	-52	1,773,653	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,493,821	25,146,770	30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	709,643	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-986	1,026,501	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	-30,000	1,599,046	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-1,094,119	9,071,522	65.00
66.00	06600	PHYSICAL THERAPY	-34	1,360,183	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	765,238	67.00
68.00	06800	SPEECH PATHOLOGY	0	480,165	68.00
68.01	03550	PSYCHOLOGY	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,086,018	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,563,826	73.00
74.00	07400	RENAL DIALYSIS	0	2,845,196	74.00
75.01	03630	ULTRASOUND	0	101,178	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,129,658	92,766,115	118.00
NONREIMBURSABLE COST CENTERS					
190.01	19002	IDLE SPACE	0	0	190.01
194.00	07950	PSYCHOLOGY	0	234,440	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,129,658	93,000,555	200.00

RECLASSIFICATIONS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/26/2020 9:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS CAFETERIA COST FROM DIETARY					
1.00	CAFETERIA	11.00	163,789	111,363		1.00
	TOTALS		163,789	111,363		
	B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,086,018		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	4,086,018		
	C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	160,064		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
	TOTALS		0	160,064		
	D - SALARY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,471	0		1.00
2.00	PURCHASING	5.01	12,880	0		2.00
3.00	ADMITTING	5.02	8,256	0		3.00
4.00	PATIENT ACCOUNTS	5.03	10,068	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	4,701	0		5.00
6.00	OPERATION OF PLANT	7.00	20,824	0		6.00
7.00	HOUSEKEEPING	9.00	19,063	0		7.00
8.00	DIETARY	10.00	9,397	0		8.00
9.00	CAFETERIA	11.00	2,684	0		9.00
10.00	NURSING ADMINISTRATION	13.00	37,288	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	7,029	0		11.00
12.00	SOCIAL SERVICE	17.00	17,717	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	162,488	0		13.00
14.00	OPERATING ROOM	50.00	3,340	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	8,913	0		15.00
16.00	LABORATORY	60.00	1,866	0		16.00
17.00	RESPIRATORY THERAPY	65.00	142,170	0		17.00
18.00	PHYSICAL THERAPY	66.00	13,263	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	4,075	0		19.00
20.00	SPEECH PATHOLOGY	68.00	2,492	0		20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00	24,601	0		21.00
22.00	ULTRASOUND	75.01	373	0		22.00
23.00	PSYCHOLOGY	194.00	4,057	0		23.00
	TOTALS		524,016	0		
	E - BUILDING INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	896,141		1.00
	TOTALS		0	896,141		
	F - DIETICIAN SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	51,635	15,293		1.00
	TOTALS		51,635	15,293		
	H - PSYCHOLOGY ADMIN					
1.00	OTHER A&G	5.04	76,367	15,125		1.00
	TOTALS		76,367	15,125		
500.00	Grand Total: Increases		815,807	5,284,004		500.00

RECLASSIFICATIONS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet A-6
Date/Time Prepared:
10/26/2020 9:32 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS CAFETERIA COST FROM DIETARY						
1.00	DIETARY	10.00	163,789	111,363	0		1.00
	TOTALS		163,789	111,363			
	B - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	2,495,050	0		1.00
2.00	OPERATING ROOM	50.00	0	348,426	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	1,213,203	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	22,783	0		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	6,556	0		5.00
	TOTALS		0	4,086,018			
	C - DRUGS						
1.00	OTHER A&G	5.04	0	14,890	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	141,211	0		2.00
3.00	OPERATING ROOM	50.00	0	1,332	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	57	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	2,124	0		5.00
6.00	RENAL DIALYSIS	74.00	0	450	0		6.00
	TOTALS		0	160,064			
	D - SALARY RECLASS						
1.00	OTHER A&G	5.04	524,016	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
	TOTALS		524,016	0			
	E - BUILDING INTEREST EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	896,141	11		1.00
	TOTALS		0	896,141			
	F - DIETICIAN SALARIES						
1.00	DIETARY	10.00	51,635	15,293	0		1.00
	TOTALS		51,635	15,293			
	H - PSYCHOLOGY ADMIN						
1.00	PSYCHOLOGY	194.00	76,367	15,125	0		1.00
	TOTALS		76,367	15,125			
500.00	Grand Total: Decreases		815,807	5,284,004			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet A-7
Part I
Date/Time Prepared:
10/26/2020 9:32 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	39,390,234	0	0	0	0	3.00	
4.00	Building Improvements	11,409,371	2,765,341	0	2,765,341	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	28,234,733	3,767,883	0	3,767,883	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	79,034,338	6,533,224	0	6,533,224	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	79,034,338	6,533,224	0	6,533,224	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	39,390,234	0				3.00	
4.00	Building Improvements	14,174,712	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	32,002,616	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	85,567,562	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	85,567,562	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet A-7
Part II
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,678,901	953,908	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,848,574	0	2,368,204	0	0	2.00
3.00	Total (sum of lines 1-2)	3,527,475	953,908	2,368,204	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,632,809				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,216,778				2.00
3.00	Total (sum of lines 1-2)	0	6,849,587				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet A-7
Part III
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	53,564,946	0	53,564,946	0.625996	1,514,655	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	32,002,616	0	32,002,616	0.374004	904,937	2.00
3.00	Total (sum of lines 1-2)	85,567,562	0	85,567,562	1.000000	2,419,592	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1,514,655	1,678,901	-30,879	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	904,937	1,848,574	0	2.00
3.00	Total (sum of lines 1-2)	0	0	2,419,592	3,527,475	-30,879	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	896,141	1,514,655	0	0	4,058,818	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	222,561	904,937	0	0	2,976,072	2.00
3.00	Total (sum of lines 1-2)	1,118,702	2,419,592	0	0	7,034,890	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,249,502	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,952,472			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-984,787			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-126,735	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,251	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MARKETING	A	-47,971	OTHER A&G	5.04	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MEDICAL RECORDS	B	-17	MEDICAL RECORDS & LIBRARY	16.00	0	33.01
33.02	OTHER INCOME	B	-125	NURSING ADMINISTRATION	13.00	0	33.02
33.05	RESEARCH AND DEVELOPMENT	A	-133,810	OTHER A&G	5.04	0	33.05
33.06	MARKETING	A	-1,303	ADMITTING	5.02	0	33.06
33.07	PULMONARY EXPENSE	A	-1,094,099	RESPIRATORY THERAPY	65.00	0	33.07
33.10	OTHER REVENUE - NURSING	B	-157	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	OTHER REVENUE - FACILITY OPERAT	B	0	OPERATION OF PLANT	7.00	0	33.11
33.13	OTHER REVENUE - SOCIAL SERVICES	B	-52	SOCIAL SERVICE	17.00	0	33.13
33.16	OTHER REVENUE - DIETARY	B	-13,291	DIETARY	10.00	0	33.16
33.17	OTHER REVENUE - RADIOLOGY	B	-986	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.19	DONATIONS	A	-54,624	OTHER A&G	5.04	0	33.19
33.22	ENTERTAINMENT EXPENSE	A	-11,734	OTHER A&G	5.04	0	33.22
33.23	MEMBERSHIP DUES	A	-61,846	OTHER A&G	5.04	0	33.23
33.24	UNFUNDED SELF INSURANCE	A	-778,947	OTHER A&G	5.04	0	33.24
33.31	OTHER REVENUE-PATIENTS ACCOUNTS	A	0	PATIENT ACCOUNTS	5.03	0	33.31
33.34	OTHER REVENUE - PHYCICAL THERAP	B	-34	PHYSICAL THERAPY	66.00	0	33.34
35.00	PROVIDER RELATIONS MARKETING	A	-87,457	OTHER A&G	5.04	0	35.00
37.00	OTHER REVENUE - ACCOUNTING	B	0	OTHER A&G	5.04	0	37.00
38.00	MEDICAID PROVIDER TAX - SUPPLEM	A	-5,418,566	OTHER A&G	5.04	0	38.00
39.00	PULMONARY PHYSCIAN BENEFITS	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
41.00	OTHER REVENUE - A&G	B	-109,820	OTHER A&G	5.04	0	41.00
46.00	OTHER INCOME	B	-20	RESPIRATORY THERAPY	65.00	0	46.00
47.00	BAD DEBTS	B	-52	HOUSEKEEPING	9.00	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,129,658				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: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8-1

Date/Time Prepared:
10/26/2020 9:32 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ADVOCATE BUILDING COST	643,061	1,627,848	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			643,061	1,627,848	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	LOYOLA UNIVERSI	49.50	LOYOLA UNIVERSITY MEDICAL CENTER	49.50	6.00
7.00	B	ADVOCATE HEALTH	49.50	ADVOCATE HEALTH AND HOSPITALS	49.50	7.00
8.00	B	RMLHP CORPORATI	1.00	RMLHP CORPORATION	1.00	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: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8-1

Date/Time Prepared:
10/26/2020 9:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-984,787	10		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-984,787			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	HOSPITAL		6.00
7.00	HOSPITAL		7.00
8.00	CORPORATION		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: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8-2

Date/Time Prepared:

10/26/2020 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	AGGREGATE-OTHER A&G	571,367	284,780	286,587	211,500	1,402	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,493,664	1,493,664	0	179,000	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	60.00	AGGREGATE-LABORATORY	30,000	30,000	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,095,031	1,808,444	286,587		1,402	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	5.04	AGGREGATE-OTHER A&G	142,559	7,128	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			142,559	7,128	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	5.04	AGGREGATE-OTHER A&G	0	142,559	144,028	428,808		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,493,664		2.00
3.00	0.00		0	0	0	0		3.00
4.00	60.00	AGGREGATE-LABORATORY	0	0	0	30,000		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	142,559	144,028	1,952,472		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,058,818	4,058,818				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,976,072		2,976,072			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,379,223	100,392	3,207	9,482,822		4.00
5.01	00500	PURCHASING	611,362	109,534	5,443	86,998	813,337	5.01
5.02	00570	ADMITTING	1,741,309	59,742	3,452	281,434	0	5.02
5.03	00580	PATIENT ACCOUNTS	637,379	36,568	875	95,402	244	5.03
5.04	00590	OTHER A&G	10,325,705	1,237,976	1,255,762	1,273,750	29,249	5.04
6.00	00600	MAINTENANCE & REPAIRS	363,020	73,901	1,005	33,770	6,181	6.00
7.00	00700	OPERATION OF PLANT	3,606,353	311,190	117,107	327,127	8,126	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	244,462	62,123	6,804	0	342	8.00
9.00	00900	HOUSEKEEPING	1,739,572	61,570	19,597	218,869	5,560	9.00
10.00	01000	DIETARY	959,394	225,744	59,431	104,765	11,205	10.00
11.00	01100	CAFETERIA	151,101	100,243	16,976	29,925	3,200	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,056,267	28,234	588	175,222	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	387,139	51,174	5,851	59,000	2,669	16.00
17.00	01700	SOCIAL SERVICE	1,773,653	37,206	1,851	259,407	2,658	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,146,770	1,020,142	820,398	3,858,287	43,960	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	709,643	55,235	53,975	83,132	450	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,026,501	108,195	387,056	132,155	2,093	54.00
56.00	05600	RADIOISOTOPE	0	2,360	0	0	0	56.00
60.00	06000	LABORATORY	1,599,046	0	2,930	33,282	51,760	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,071,522	72,520	118,336	1,659,722	8,762	65.00
66.00	06600	PHYSICAL THERAPY	1,360,183	36,207	14,435	226,982	11	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,238	23,854	0	128,156	1	67.00
68.00	06800	SPEECH PATHOLOGY	480,165	21,239	589	78,858	623	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,086,018	0	0	0	332,121	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,563,826	95,949	60,229	281,596	302,561	73.00
74.00	07400	RENAL DIALYSIS	2,845,196	6,591	485	0	1,561	74.00
75.01	03630	ULTRASOUND	101,178	6,123	19,458	14,239	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,766,115	3,944,012	2,975,840	9,442,078	813,337	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	105,409	0	0	0	190.01
194.00	07950	PSYCHOLOGY	234,440	9,397	232	40,744	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	93,000,555	4,058,818	2,976,072	9,482,822	813,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			ADMITTING	PATIENT ACCOUNTS	Subtotal	OTHER A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING	2,085,937					5.02
5.03	00580	PATIENT ACCOUNTS	0	770,468				5.03
5.04	00590	OTHER A&G	0	0	14,122,442	14,122,442		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	477,877	85,560	563,437	6.00
7.00	00700	OPERATION OF PLANT	0	0	4,369,903	782,392	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	313,731	56,171	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,045,168	366,169	0	9.00
10.00	01000	DIETARY	0	0	1,360,539	243,592	0	10.00
11.00	01100	CAFETERIA	0	0	301,445	53,971	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,260,311	225,647	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	505,833	90,565	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,074,775	371,470	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	925,545	341,817	32,156,919	5,757,430	459,042	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,725	2,115	910,275	162,977	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,924	11,423	1,698,347	304,074	4,841	54.00
56.00	05600	RADIOISOTOPE	0	0	2,360	423	0	56.00
60.00	06000	LABORATORY	83,128	30,708	1,800,854	322,427	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	471,599	174,210	11,576,671	2,072,699	98,502	65.00
66.00	06600	PHYSICAL THERAPY	29,636	10,948	1,678,402	300,503	1,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,814	9,536	952,599	170,554	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,271	6,749	606,494	108,587	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,392	55,924	4,625,455	828,146	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	255,346	94,325	6,653,832	1,191,309	0	73.00
74.00	07400	RENAL DIALYSIS	82,490	30,472	2,966,795	531,178	0	74.00
75.01	03630	ULTRASOUND	6,067	2,241	149,306	26,732	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,085,937	770,468	92,610,333	14,052,576	563,437	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	105,409	18,873	0	190.01
194.00	07950	PSYCHOLOGY	0	0	284,813	50,993	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)	2,085,937	770,468	93,000,555	14,122,442	563,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2010

Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	5,152,295					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	150,305	520,207				8.00
9.00	00900	HOUSEKEEPING	148,968	0	2,560,305			9.00
10.00	01000	DIETARY	546,180	0	288,148	2,438,459		10.00
11.00	01100	CAFETERIA	242,535	0	127,954	0	725,905	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	68,311	0	36,039	0	13,834	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	123,814	0	65,320	0	6,775	16.00
17.00	01700	SOCIAL SERVICE	90,018	0	47,491	0	24,332	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,468,202	520,207	1,302,147	2,438,459	448,476	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	133,639	0	70,504	0	6,180	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,774	0	138,104	0	11,313	54.00
56.00	05600	RADIOISOTOPE	5,710	0	3,012	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	4,939	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	175,459	0	92,567	0	143,705	65.00
66.00	06600	PHYSICAL THERAPY	87,601	0	46,215	0	22,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,715	0	30,448	0	10,873	67.00
68.00	06800	SPEECH PATHOLOGY	51,388	0	27,111	0	7,111	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	232,145	0	122,472	0	21,242	73.00
74.00	07400	RENAL DIALYSIS	15,946	0	8,413	0	0	74.00
75.01	03630	ULTRASOUND	14,814	0	7,816	0	970	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,874,524	520,207	2,413,761	2,438,459	722,065	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	255,035	0	134,549	0	0	190.01
194.00	07950	PSYCHOLOGY	22,736	0	11,995	0	3,840	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)	5,152,295	520,207	2,560,305	2,438,459	725,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,604,142				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	792,307	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,582,337	0	0	351,609	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,805	0	0	2,174	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,744	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	31,571	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	179,106	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	9,804	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,939	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	57,496	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	96,977	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	31,328	74.00
75.01	03630	ULTRASOUND	0	0	0	0	2,304	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,604,142	0	0	792,307	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	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)	0	1,604,142	0	0	792,307	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
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	2,608,086					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,608,086	0	0	0	0	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03630	ULTRASOUND	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,608,086	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		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)	2,608,086	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	50,092,914	0	50,092,914	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,307,554	0	1,307,554	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,430,197	0	2,430,197	54.00
56.00	05600	RADIOISOTOPE	0	11,505	0	11,505	56.00
60.00	06000	LABORATORY	0	2,159,791	0	2,159,791	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	14,338,709	0	14,338,709	65.00
66.00	06600	PHYSICAL THERAPY	0	2,147,343	0	2,147,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,231,993	0	1,231,993	67.00
68.00	06800	SPEECH PATHOLOGY	0	807,630	0	807,630	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,511,097	0	5,511,097	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,317,977	0	8,317,977	73.00
74.00	07400	RENAL DIALYSIS	0	3,553,660	0	3,553,660	74.00
75.01	03630	ULTRASOUND	0	201,942	0	201,942	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	92,112,312	0	92,112,312	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	513,866	0	513,866	190.01
194.00	07950	PSYCHOLOGY	0	374,377	0	374,377	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	93,000,555	0	93,000,555	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2010

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	100,392	3,207	103,599	4.00
5.01	00560	PURCHASING	0	109,534	5,443	114,977	5.01
5.02	00570	ADMITTING	0	59,742	3,452	63,194	5.02
5.03	00580	PATIENT ACCOUNTS	0	36,568	875	37,443	5.03
5.04	00590	OTHER A&G	30,832	1,237,976	1,255,762	2,524,570	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	73,901	1,005	74,906	6.00
7.00	00700	OPERATION OF PLANT	0	311,190	117,107	428,297	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	62,123	6,804	68,927	8.00
9.00	00900	HOUSEKEEPING	0	61,570	19,597	81,167	9.00
10.00	01000	DIETARY	322	225,744	59,431	285,497	10.00
11.00	01100	CAFETERIA	92	100,243	16,976	117,311	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	28,234	588	28,822	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51,174	5,851	57,025	16.00
17.00	01700	SOCIAL SERVICE	0	37,206	1,851	39,057	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	808,173	1,020,142	820,398	2,648,713	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	55,235	53,975	109,210	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,195	387,056	495,251	54.00
56.00	05600	RADIOISOTOPE	0	2,360	0	2,360	56.00
60.00	06000	LABORATORY	0	0	2,930	2,930	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	45,386	72,520	118,336	236,242	65.00
66.00	06600	PHYSICAL THERAPY	0	36,207	14,435	50,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,854	0	23,854	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,239	589	21,828	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,949	60,229	156,178	73.00
74.00	07400	RENAL DIALYSIS	0	6,591	485	7,076	74.00
75.01	03630	ULTRASOUND	0	6,123	19,458	25,581	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	884,805	3,944,012	2,975,840	7,804,657	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	105,409	0	105,409	190.01
194.00	07950	PSYCHOLOGY	0	9,397	232	9,629	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	884,805	4,058,818	2,976,072	7,919,695	202.00

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Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS	OTHER A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING	115,928					5.01
5.02	00570	ADMITTING	0	66,269				5.02
5.03	00580	PATIENT ACCOUNTS	35	0	38,520			5.03
5.04	00590	OTHER A&G	4,169	0	0	2,542,656		5.04
6.00	00600	MAINTENANCE & REPAIRS	881	0	0	15,404	91,560	6.00
7.00	00700	OPERATION OF PLANT	1,158	0	0	140,864	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49	0	0	10,113	0	8.00
9.00	00900	HOUSEKEEPING	792	0	0	65,926	0	9.00
10.00	01000	DIETARY	1,597	0	0	43,857	0	10.00
11.00	01100	CAFETERIA	456	0	0	9,717	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	40,626	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	380	0	0	16,306	0	16.00
17.00	01700	SOCIAL SERVICE	379	0	0	66,880	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,266	29,398	17,037	1,036,598	74,595	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64	182	106	29,343	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298	983	573	54,746	787	54.00
56.00	05600	RADIOISOTOPE	0	0	0	76	0	56.00
60.00	06000	LABORATORY	7,377	2,641	1,539	58,051	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,249	14,985	8,731	373,174	16,007	65.00
66.00	06600	PHYSICAL THERAPY	2	942	549	54,103	171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	820	478	30,707	0	67.00
68.00	06800	SPEECH PATHOLOGY	89	581	338	19,550	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,341	4,810	2,803	149,102	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,124	8,113	4,727	214,486	0	73.00
74.00	07400	RENAL DIALYSIS	222	2,621	1,527	95,635	0	74.00
75.01	03630	ULTRASOUND	0	193	112	4,813	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115,928	66,269	38,520	2,530,077	91,560	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	3,398	0	190.01
194.00	07950	PSYCHOLOGY	0	0	0	9,181	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)	115,928	66,269	38,520	2,542,656	91,560	202.00

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	573,893					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,742	95,831				8.00
9.00	00900	HOUSEKEEPING	16,593	0	166,869			9.00
10.00	01000	DIETARY	60,837	0	18,780	411,713		10.00
11.00	01100	CAFETERIA	27,015	0	8,339	0	163,165	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,609	0	2,349	0	3,110	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,791	0	4,257	0	1,523	16.00
17.00	01700	SOCIAL SERVICE	10,027	0	3,095	0	5,469	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	274,923	95,831	84,871	411,713	100,806	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,885	0	4,595	0	1,389	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,158	0	9,001	0	2,543	54.00
56.00	05600	RADIOISOTOPE	636	0	196	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	1,110	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	19,544	0	6,033	0	32,301	65.00
66.00	06600	PHYSICAL THERAPY	9,757	0	3,012	0	5,016	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,429	0	1,984	0	2,444	67.00
68.00	06800	SPEECH PATHOLOGY	5,724	0	1,767	0	1,598	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,858	0	7,982	0	4,775	73.00
74.00	07400	RENAL DIALYSIS	1,776	0	548	0	0	74.00
75.01	03630	ULTRASOUND	1,650	0	509	0	218	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	542,954	95,831	157,318	411,713	162,302	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	28,407	0	8,769	0	0	190.01
194.00	07950	PSYCHOLOGY	2,532	0	782	0	863	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)	573,893	95,831	166,869	411,713	163,165	202.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	84,430				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	93,927	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	83,282	0	0	41,669	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,148	0	0	258	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,393	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	3,744	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	21,238	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,162	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	823	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,818	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,499	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,715	74.00
75.01	03630	ULTRASOUND	0	0	0	0	273	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	84,430	0	0	93,927	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	0	0	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)	0	84,430	0	0	93,927	202.00

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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
					APPRV	APPRV	
		17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
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	127,741				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	127,741				30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0				50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00
56.00	05600	RADIOISOTOPE	0				56.00
60.00	06000	LABORATORY	0				60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0				62.30
65.00	06500	RESPIRATORY THERAPY	0				65.00
66.00	06600	PHYSICAL THERAPY	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0				67.00
68.00	06800	SPEECH PATHOLOGY	0				68.00
68.01	03550	PSYCHOLOGY	0				68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00	07400	RENAL DIALYSIS	0				74.00
75.01	03630	ULTRASOUND	0				75.01
76.97	07697	CARDIAC REHABILITATION	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				76.98
76.99	07699	LITHOTRIPSY	0				76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,741	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0				190.01
194.00	07950	PSYCHOLOGY	0				194.00
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	127,741	0	0	0	202.00

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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		5,075,588	0	5,075,588	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		162,088	0	162,088	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		596,177	0	596,177	54.00
56.00	05600	RADIOISOTOPE		3,268	0	3,268	56.00
60.00	06000	LABORATORY		77,756	0	77,756	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		747,638	0	747,638	65.00
66.00	06600	PHYSICAL THERAPY		128,009	0	128,009	66.00
67.00	06700	OCCUPATIONAL THERAPY		69,278	0	69,278	67.00
68.00	06800	SPEECH PATHOLOGY		53,160	0	53,160	68.00
68.01	03550	PSYCHOLOGY		0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		210,874	0	210,874	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		479,819	0	479,819	73.00
74.00	07400	RENAL DIALYSIS		113,120	0	113,120	74.00
75.01	03630	ULTRASOUND		33,505	0	33,505	75.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,750,280	0	7,750,280	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE		145,983	0	145,983	190.01
194.00	07950	PSYCHOLOGY		23,432	0	23,432	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,919,695	0	7,919,695	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	190,909					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		21,896,614				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,722	23,595	52,753,091			4.00
5.01	00560	PURCHASING	5,152	40,045	483,972	10,006,350		5.01
5.02	00570	ADMITTING	2,810	25,401	1,565,616	2	260,936,637	5.02
5.03	00580	PATIENT ACCOUNTS	1,720	6,437	530,719	3,000	0	5.03
5.04	00590	OTHER A&G	58,229	9,239,373	7,085,876	359,849	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,476	7,392	187,865	76,048	0	6.00
7.00	00700	OPERATION OF PLANT	14,637	861,617	1,819,809	99,971	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,922	50,064	0	4,204	0	8.00
9.00	00900	HOUSEKEEPING	2,896	144,186	1,217,571	68,403	0	9.00
10.00	01000	DIETARY	10,618	437,269	582,810	137,850	0	10.00
11.00	01100	CAFETERIA	4,715	124,901	166,473	39,375	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,328	4,323	974,762	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,407	43,049	328,216	32,835	0	16.00
17.00	01700	SOCIAL SERVICE	1,750	13,618	1,443,082	32,698	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,983	6,036,114	21,463,786	540,831	115,778,757	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,598	397,122	462,464	5,537	716,201	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,089	2,847,777	735,180	25,756	3,868,397	54.00
56.00	05600	RADIOISOTOPE	111	0	0	0	0	56.00
60.00	06000	LABORATORY	0	21,554	185,149	636,801	10,398,828	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,411	870,665	9,233,039	107,794	58,994,141	65.00
66.00	06600	PHYSICAL THERAPY	1,703	106,205	1,262,699	138	3,707,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,122	0	712,932	9	3,229,158	67.00
68.00	06800	SPEECH PATHOLOGY	999	4,331	438,686	7,661	2,285,539	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,086,018	18,938,195	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,513	443,137	1,566,518	3,722,365	31,942,220	73.00
74.00	07400	RENAL DIALYSIS	310	3,570	0	19,205	10,318,961	74.00
75.01	03630	ULTRASOUND	288	143,165	79,210	0	758,966	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,509	21,894,910	52,526,434	10,006,350	260,936,637	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	4,958	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	442	1,704	226,657	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)	4,058,818	2,976,072	9,482,822	813,337	2,085,937	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.260485	0.135915	0.179759	0.081282	0.007994	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			103,599	115,928	66,269	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001964	0.011585	0.000254	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: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PATIENT ACCOUNTS (GROSS REVE NUE)	Reconciliation	OTHER A&G (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER S)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS	260,936,637				5.03
5.04	00590	OTHER A&G	0	-14,122,442	78,878,113		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	477,877	2,677	6.00
7.00	00700	OPERATION OF PLANT	0	0	4,369,903	0	100,163 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	313,731	0	2,922 8.00
9.00	00900	HOUSEKEEPING	0	0	2,045,168	0	2,896 9.00
10.00	01000	DIETARY	0	0	1,360,539	0	10,618 10.00
11.00	01100	CAFETERIA	0	0	301,445	0	4,715 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,260,311	0	1,328 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00	01500	PHARMACY	0	0	0	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	505,833	0	2,407 16.00
17.00	01700	SOCIAL SERVICE	0	0	2,074,775	0	1,750 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,778,757	0	32,156,919	2,181	47,983 30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	716,201	0	910,275	0	2,598 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,868,397	0	1,698,347	23	5,089 54.00
56.00	05600	RADIOISOTOPE	0	0	2,360	0	111 56.00
60.00	06000	LABORATORY	10,398,828	0	1,800,854	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	58,994,141	0	11,576,671	468	3,411 65.00
66.00	06600	PHYSICAL THERAPY	3,707,274	0	1,678,402	5	1,703 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,229,158	0	952,599	0	1,122 67.00
68.00	06800	SPEECH PATHOLOGY	2,285,539	0	606,494	0	999 68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0 68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,938,195	0	4,625,455	0	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,942,220	0	6,653,832	0	4,513 73.00
74.00	07400	RENAL DIALYSIS	10,318,961	0	2,966,795	0	310 74.00
75.01	03630	ULTRASOUND	758,966	0	149,306	0	288 75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	260,936,637	-14,122,442	78,487,891	2,677	94,763 118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	0	105,409	0	4,958 190.01
194.00	07950	PSYCHOLOGY	0	0	284,813	0	442 194.00
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)	770,468		14,122,442	563,437	5,152,295 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002953		0.179041	210.473291	51.439104 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,520		2,542,656	91,560	573,893 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000148		0.032235	34.202465	5.729591 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: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	PURCHASING					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	PATIENT ACCOUNTS					5.03
5.04	00590	OTHER A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	246,807				8.00
9.00	00900	HOUSEKEEPING	0	94,345			9.00
10.00	01000	DIETARY	0	10,618	90,443		10.00
11.00	01100	CAFETERIA	0	4,715	0	56,146	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,328	0	1,070	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,407	0	524	16.00
17.00	01700	SOCIAL SERVICE	0	1,750	0	1,882	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	246,807	47,983	90,443	34,688	0 30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,598	0	478	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,089	0	875	0 54.00
56.00	05600	RADIOISOTOPE	0	111	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	382	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	3,411	0	11,115	0 65.00
66.00	06600	PHYSICAL THERAPY	0	1,703	0	1,726	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,122	0	841	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	999	0	550	0 68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0 68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,513	0	1,643	0 73.00
74.00	07400	RENAL DIALYSIS	0	310	0	0	0 74.00
75.01	03630	ULTRASOUND	0	288	0	75	0 75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	246,807	88,945	90,443	55,849	0 118.00
NONREIMBURSABLE COST CENTERS							
190.01	19002	IDLE SPACE	0	4,958	0	0	0 190.01
194.00	07950	PSYCHOLOGY	0	442	0	297	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)	520,207	2,560,305	2,438,459	725,905	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.107748	27.137686	26.961279	12.928882	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	95,831	166,869	411,713	163,165	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.388283	1.768711	4.552182	2.906084	0.000000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
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	35,166					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	260,936,637		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	54,302	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,688	0	0	115,778,757	54,302	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	478	0	0	716,201	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,868,397	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	10,398,828	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	58,994,141	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,707,274	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,229,158	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,285,539	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,938,195	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,942,220	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,318,961	0	74.00
75.01	03630	ULTRASOUND	0	0	0	758,966	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,166	0	0	260,936,637	54,302	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	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)	1,604,142	0	0	792,307	2,608,086	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	45.616277	0.000000	0.000000	0.003036	48.029281	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	84,430	0	0	93,927	127,741	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.400899	0.000000	0.000000	0.000360	2.352418	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: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	PURCHASING						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	PATIENT ACCOUNTS						5.03
5.04	00590	OTHER A&G						5.04
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	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				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	0	0	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03630	ULTRASOUND	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19002	IDLE SPACE	0	0	0	0	0	190.01
194.00	07950	PSYCHOLOGY	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)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet C
Part I
Date/Time Prepared:
10/26/2020 9:32 am

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,092,914		50,092,914	0	50,092,914	30.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,307,554		1,307,554	0	1,307,554	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,430,197		2,430,197	0	2,430,197	54.00
56.00	05600	RADIOISOTOPE	11,505		11,505	0	11,505	56.00
60.00	06000	LABORATORY	2,159,791		2,159,791	0	2,159,791	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	14,338,709	0	14,338,709	0	14,338,709	65.00
66.00	06600	PHYSICAL THERAPY	2,147,343	0	2,147,343	0	2,147,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,231,993	0	1,231,993	0	1,231,993	67.00
68.00	06800	SPEECH PATHOLOGY	807,630	0	807,630	0	807,630	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,511,097		5,511,097	0	5,511,097	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,317,977		8,317,977	0	8,317,977	73.00
74.00	07400	RENAL DIALYSIS	3,553,660		3,553,660	0	3,553,660	74.00
75.01	03630	ULTRASOUND	201,942		201,942	0	201,942	75.01
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Subtotal (see instructions)	92,112,312	0	92,112,312	0	92,112,312	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	92,112,312	0	92,112,312	0	92,112,312	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet C
Part I
Date/Time Prepared:
10/26/2020 9:32 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,778,757		115,778,757			30.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	716,201	0	716,201	1.825680	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,547,991	320,406	3,868,397	0.628218	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
60.00	06000	LABORATORY	10,133,119	265,709	10,398,828	0.207696	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	54,922,834	4,071,307	58,994,141	0.243053	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,697,825	9,449	3,707,274	0.579224	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,219,082	10,076	3,229,158	0.381521	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,281,894	3,645	2,285,539	0.353365	0.000000	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0.000000	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,938,195	0	18,938,195	0.291004	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,942,220	0	31,942,220	0.260407	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,085,709	2,233,252	10,318,961	0.344382	0.000000	74.00
75.01	03630	ULTRASOUND	718,122	40,844	758,966	0.266075	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
200.00		Subtotal (see instructions)	253,981,949	6,954,688	260,936,637			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	253,981,949	6,954,688	260,936,637			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet C
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.825680			50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.628218			54.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
60.00	06000 LABORATORY	0.207696			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.243053			65.00
66.00	06600 PHYSICAL THERAPY	0.579224			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.381521			67.00
68.00	06800 SPEECH PATHOLOGY	0.353365			68.00
68.01	03550 PSYCHOLOGY	0.000000			68.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.291004			71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.260407			73.00
74.00	07400 RENAL DIALYSIS	0.344382			74.00
75.01	03630 ULTRASOUND	0.266075			75.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part I
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		5,075,588	0	5,075,588	54,302	93.47	30.00
200.00	Total (lines 30 through 199)		5,075,588		5,075,588	54,302		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		18,108	1,692,555				
200.00	Total (lines 30 through 199)		18,108	1,692,555				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part II
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			Title XVIII		Hospital	PPS		
			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	162,088	716,201	0.226316	173,870	39,350	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	596,177	3,868,397	0.154115	1,440,221	221,960	54.00
56.00	05600	RADIOISOTOPE	3,268	0	0.000000	0	0	56.00
60.00	06000	LABORATORY	77,756	10,398,828	0.007477	3,449,163	25,789	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	747,638	58,994,141	0.012673	17,668,144	223,908	65.00
66.00	06600	PHYSICAL THERAPY	128,009	3,707,274	0.034529	1,245,408	43,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,278	3,229,158	0.021454	1,075,223	23,068	67.00
68.00	06800	SPEECH PATHOLOGY	53,160	2,285,539	0.023259	829,688	19,298	68.00
68.01	03550	PSYCHOLOGY	0	0	0.000000	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	210,874	18,938,195	0.011135	6,606,051	73,558	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	479,819	31,942,220	0.015021	13,391,740	201,157	73.00
74.00	07400	RENAL DIALYSIS	113,120	10,318,961	0.010962	3,390,724	37,169	74.00
75.01	03630	ULTRASOUND	33,505	758,966	0.044146	188,289	8,312	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	2,674,692	145,157,880		49,458,521	916,572	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-2010		Period: From 06/01/2019 To 05/31/2020		Worksheet D Part III Date/Time Prepared: 10/26/2020 9:32 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	54,302	0.00	18,108		30.00	
200.00		Total (lines 30 through 199)			0	54,302		18,108		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-2010		Period: From 06/01/2019 To 05/31/2020		Worksheet D Part IV Date/Time Prepared: 10/26/2020 9:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
68.01	03550	PSYCHOLOGY		0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.01	03630	ULTRASOUND		0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part IV
Date/Time Prepared:
10/26/2020 9:32 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	716,201	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,868,397	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	10,398,828	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	58,994,141	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,707,274	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,229,158	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,285,539	0.000000	68.00
68.01	03550	PSYCHOLOGY	0	0	0	0	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,938,195	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,942,220	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,318,961	0.000000	74.00
75.01	03630	ULTRASOUND	0	0	0	758,966	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	145,157,880		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet D
Part IV
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	173,870	0	0	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,440,221	0	320,406	0 54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0 56.00
60.00	06000	LABORATORY	0.000000	3,449,163	0	265,709	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	17,668,144	0	4,071,307	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,245,408	0	9,449	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,075,223	0	10,076	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	829,688	0	3,645	0 68.00
68.01	03550	PSYCHOLOGY	0.000000	0	0	0	0 68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,606,051	0	0	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	13,391,740	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,390,724	0	2,233,252	0 74.00
75.01	03630	ULTRASOUND	0.000000	188,289	0	40,844	0 75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
200.00		Total (lines 50 through 199)		49,458,521	0	6,954,688	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part V
Date/Time Prepared:
10/26/2020 9:32 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1.825680	0	0	0	0	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.628218	320,406	0	0	201,285	54.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
60.00	06000	LABORATORY	0.207696	265,709	0	0	55,187	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.243053	4,071,307	0	0	989,543	65.00	
66.00	06600	PHYSICAL THERAPY	0.579224	9,449	0	0	5,473	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.381521	10,076	0	0	3,844	67.00	
68.00	06800	SPEECH PATHOLOGY	0.353365	3,645	0	0	1,288	68.00	
68.01	03550	PSYCHOLOGY	0.000000	0	0	0	0	68.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291004	0	0	0	0	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260407	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.344382	2,233,252	0	0	769,092	74.00	
75.01	03630	ULTRASOUND	0.266075	40,844	0	0	10,868	75.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		6,954,688	0	0	2,036,580	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		6,954,688	0	0	2,036,580	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part V
Date/Time Prepared:
10/26/2020 9:32 am

				Title XVIII	Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03550	PSYCHOLOGY	0	0		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03630	ULTRASOUND	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
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: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Date/Time Prepared: 10/26/2020 9:32 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,302	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,302	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)		54,302	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		18,108	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,092,914	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,092,914	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)		50,092,914	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)		922.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,704,449	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)		16,704,449	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet D-1

Date/Time Prepared:
10/26/2020 9:32 am

		Title XVIII		Hospital	PPS		
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)					14,285,142	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,989,591	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)					1,692,555	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					916,572	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,609,127	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,380,464	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet D-1

Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,075,588	50,092,914	0.101323	0	90.00
91.00	Nursing School cost	0	50,092,914	0.000000	0	91.00
92.00	Allied health cost	0	50,092,914	0.000000	0	92.00
93.00	All other Medical Education	0	50,092,914	0.000000	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet D-3 Date/Time Prepared: 10/26/2020 9:32 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		38,394,832		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.825680	173,870	317,431	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.628218	1,440,221	904,773	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
60.00	06000 LABORATORY	0.207696	3,449,163	716,377	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.243053	17,668,144	4,294,295	65.00
66.00	06600 PHYSICAL THERAPY	0.579224	1,245,408	721,370	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.381521	1,075,223	410,220	67.00
68.00	06800 SPEECH PATHOLOGY	0.353365	829,688	293,183	68.00
68.01	03550 PSYCHOLOGY	0.000000	0	0	68.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.291004	6,606,051	1,922,387	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.260407	13,391,740	3,487,303	73.00
74.00	07400 RENAL DIALYSIS	0.344382	3,390,724	1,167,704	74.00
75.01	03630 ULTRASOUND	0.266075	188,289	50,099	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		49,458,521	14,285,142	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)		49,458,521		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part B Date/Time Prepared: 10/26/2020 9:32 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,036,580 2.00
3.00	OPPS payments			1,389,852 3.00
4.00	Outlier payment (see instructions)			31,087 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.939 5.00
6.00	Line 2 times line 5			1,912,349 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			74.30 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			1,420,939 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			277,972 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)			1,142,967 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)			1,142,967 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,142,967 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			1,142,967 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)			1,142,967 40.00
40.01	Sequestration adjustment (see instructions)			22,859 40.01
40.02	Demonstration payment adjustment amount after sequestration			-1,905 40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0 40.03
41.00	Interim payments			1,122,876 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)			-863 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: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet E-1
Part I
Date/Time Prepared:
10/26/2020 9:32 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		25,203,189		1,122,876	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	01/15/2020	473,933		0	3.01
3.02		03/12/2020	564,109		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,038,042		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)		26,241,231		1,122,876	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		1,558,636		863	6.02
7.00	Total Medicare program liability (see instructions)		24,682,595		1,122,013	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		Provider CCN: 14-2010	Period: From 06/01/2019 To 05/31/2020	Worksheet E-3 Part IV Date/Time Prepared: 10/26/2020 9:32 am
		Title XVIII	Hospital	PPS
				1.00
PART IV - MEDICARE PART A SERVICES - LTCH PPS				
1.00	Net Federal PPS Payments (see instructions)		24,369,858	1.00
1.01	Full standard payment amount		20,562,657	1.01
1.02	Short stay outlier standard payment amount		3,394,187	1.02
1.03	Site neutral payment amount - Cost		20,441	1.03
1.04	Site neutral payment amount - IPPS comparable		392,573	1.04
2.00	Outlier Payments		3,572,106	2.00
3.00	Total PPS Payments (sum of lines 1 and 2)		27,941,964	3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)		0	4.00
5.00	Organ acquisition (DO NOT USE THIS LINE)		0	5.00
6.00	Cost of physicians' services in a teaching hospital (see instructions)		0	6.00
7.00	Subtotal (see instructions)		27,941,964	7.00
8.00	Primary payer payments		0	8.00
9.00	Subtotal (line 7 less line 8).		27,941,964	9.00
10.00	Deductibles		48,004	10.00
11.00	Subtotal (line 9 minus line 10)		27,893,960	11.00
12.00	Coinsurance		4,092,968	12.00
13.00	Subtotal (line 11 minus line 12)		23,800,992	13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,065,491	14.00
15.00	Adjusted reimbursable bad debts (see instructions)		1,342,569	15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,739,116	16.00
17.00	Subtotal (sum of lines 13 and 15)		25,143,561	17.00
18.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	18.00
19.00	Other pass through costs (see instructions)		0	19.00
20.00	Outlier payments reconciliation		0	20.00
21.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	21.00
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	21.50
21.99	Demonstration payment adjustment amount before sequestration		0	21.99
22.00	Total amount payable to the provider (see instructions)		25,143,561	22.00
22.01	Sequestration adjustment (see instructions)		502,871	22.01
22.02	Demonstration payment adjustment amount after sequestration		-41,905	22.02
23.00	Interim payments		26,241,231	23.00
24.00	Tentative settlement (for contractor use only)		0	24.00
25.00	Balance due provider/program (line 22 minus lines 22.01, 22.02, 23 and 24)		-1,558,636	25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	26.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt IV, line 2 (see instructions)		3,572,106	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money (see instructions)		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:

10/26/2020 9:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,907,416	0	0	0	1.00
2.00	Temporary investments	23,024	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	22,303,445	0	0	0	4.00
5.00	Other receivable	32,837	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,987,786	0	0	0	6.00
7.00	Inventory	728,197	0	0	0	7.00
8.00	Prepaid expenses	1,939,198	0	0	0	8.00
9.00	Other current assets	1,848,329	0	0	0	9.00
10.00	Due from other funds	184,359	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,979,019	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	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	39,846,055	0	0	0	15.00
16.00	Accumulated depreciation	-7,475,924	0	0	0	16.00
17.00	Leasehold improvements	13,718,891	0	0	0	17.00
18.00	Accumulated depreciation	-1,288,259	0	0	0	18.00
19.00	Fixed equipment	5,584,151	0	0	0	19.00
20.00	Accumulated depreciation	-4,917,136	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	26,418,464	0	0	0	23.00
24.00	Accumulated depreciation	-17,003,169	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)	54,883,073	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	46,675,434	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	5,043,493	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	51,718,927	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	132,581,019	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,521,282	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,175,810	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	1,081,161	0	0	0	43.00
44.00	Other current liabilities	16,032,871	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,811,124	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	34,800,826	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	8,028,276	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,829,102	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	72,640,226	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	59,940,793				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)	59,940,793	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	132,581,019	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/26/2020 9:32 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		61,916,236		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		0				2.00
3.00	Total (sum of line 1 and line 2)		61,916,236		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ADVOCATE CAPITAL CONTRIBUTIONS	0		0		0	5.00
6.00	CHANGE IN TEMP RESTRICTED CONTRIBUT	0		0		0	6.00
7.00	UNREALIZED GAINS/(LOSSES), ON FIXED	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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		61,916,236		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	UNREALIZED LOSS ON INVESTMENT	1,975,443		0		0	13.00
14.00	PARTNERSHIP DISTRIBUTIONS	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)		1,975,443		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		59,940,793		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	ADVOCATE CAPITAL CONTRIBUTIONS		0				5.00
6.00	CHANGE IN TEMP RESTRICTED CONTRIBUT		0				6.00
7.00	UNREALIZED GAINS/(LOSSES), ON FIXED		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	UNREALIZED LOSS ON INVESTMENT		0				13.00
14.00	PARTNERSHIP DISTRIBUTIONS		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: 14-2010

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
10/26/2020 9:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	120,040,290		120,040,290	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	120,040,290		120,040,290	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	120,040,290		120,040,290	17.00
18.00	Ancillary services	140,896,346	0	140,896,346	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	0	3,360,950	3,360,950	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	260,936,636	3,360,950	264,297,586	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		105,130,213		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)		105,130,213		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-2010

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/26/2020 9:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	264,297,586	1.00
2.00	Less contractual allowances and discounts on patients' accounts	152,534,555	2.00
3.00	Net patient revenues (line 1 minus line 2)	111,763,031	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	105,130,213	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,632,818	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (OTHER REVENUE)	2,184,648	24.00
24.01	OTHER (GRANT REVENUE)	0	24.01
24.02	OTHER (GAIN ON SALE OF ASSET)	0	24.02
24.03	COVID-19 PHE PRF	1,335,214	24.03
25.00	Total other income (sum of lines 6-24)	3,519,862	25.00
26.00	Total (line 5 plus line 25)	10,152,680	26.00
27.00	GAIN ON SALE OF ASSET	10,152,680	27.00
27.01	MISCELLANEOUS	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	10,152,680	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	0	29.00