

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: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/22/2021 12:14 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/22/2021	Time: 12:14 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	6. Date Received: 01/31/2020	10. NPR Date:
	(1) As Submitted	7. Contractor No. 06101	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 SHIRLEY RYAN ABILITYLAB (14-3026) for the cost reporting period beginning 09/01/2019 and ending 08/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) JONATHAN TINGSTAD

Officer or Administrator of Provider(s)

SENIOR VP/CFO

Title

(Dated when report is electronically signed.)

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	221,635	100,763	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	221,635	100,763	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: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 12:14 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 355 E. ERIE			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60611-		County: COOK 2.00	
		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			SHIRLEY RYAN ABILITYLAB	143026	16974	5	09/01/1967	N P O
4.00	Subprovider - IPF								3.00
5.00	Subprovider - IRF								4.00
6.00	Subprovider - (Other)								5.00
7.00	Swing Beds - SNF								6.00
8.00	Swing Beds - NF								7.00
9.00	Hospital-Based SNF								8.00
10.00	Hospital-Based NF								9.00
11.00	Hospital-Based OLTC								10.00
12.00	Hospital-Based HHA								11.00
13.00	Separately Certified ASC								12.00
14.00	Hospital-Based Hospice								13.00
15.00	Hospital-Based Health Clinic - RHC								14.00
16.00	Hospital-Based Health Clinic - FQHC								15.00
17.00	Hospital-Based (CMHC) I								16.00
17.10	Hospital-Based (CORF) I								17.00
18.00	Renal Dialysis								17.10
19.00	Other								18.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2019	08/31/2020	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	4,002	1,730	0	0	9,146		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02	
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			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: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet 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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
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)		N	N	0	71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y			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)		Y	N	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.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 12:14 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,264,769	0	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)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/22/2021 12:14 pm
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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	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.				N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						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.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	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: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part II Date/Time Prepared: 3/22/2021 12:14 pm	
		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				
		1.00	2.00				
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)	N					3.00
		Y/N	Type				
		1.00	2.00				
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.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/23/2021	Y	02/23/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/22/2021 12:14 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	226	82,716	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)		226	82,716	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)		226	82,716	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		226				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: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,973	4,356	77,589			1.00
2.00	HMO and other (see instructions)	6,437	10,522				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)	24,973	4,356	77,589			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)	24,973	4,356	77,589	34.80	1,994.02	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				34.80	1,994.02	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	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,234	135	3,379	1.00
2.00 HMO and other (see instructions)			311	371		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,234	135	3,379	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

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

Worksheet A

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	26,241,415	26,241,415	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	12,782,481	12,782,481	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,792,690	2,074,044	3,866,734	34,284,501	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	588,993	1,745,125	2,334,118	-656,856	5.01
5.02	00570	ADMITTING	2,694,888	771,289	3,466,177	-694,978	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,811,155	915,822	2,726,977	-408,895	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	31,611,022	47,478,910	79,089,932	-20,803,756	5.04
7.00	00700	OPERATION OF PLANT	2,386,418	30,366,602	32,753,020	-17,271,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	781,460	8.00
9.00	00900	HOUSEKEEPING	3,023,517	3,578,113	6,601,630	-1,524,156	9.00
10.00	01000	DIETARY	2,247,404	2,868,738	5,116,142	-2,751,417	10.00
11.00	01100	CAFETERIA	0	0	0	2,183,053	11.00
13.00	01300	NURSING ADMINISTRATION	2,279,612	1,160,959	3,440,571	-804,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	680,958	17,445	698,403	56,989	14.00
15.00	01500	PHARMACY	2,117,364	7,722,497	9,839,861	-7,221,830	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	666,619	324,423	991,042	-150,602	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	493,816	3,485,069	3,978,885	-744,014	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	646,251	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0	437,480	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	286,719	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,858,123	13,380,387	41,238,510	-11,524,089	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,240,908	1,685,695	2,926,603	-916,415	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,506,036	54.01
54.02	05402	PULMONARY	0	0	0	251,923	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	504,353	1,038,241	1,542,594	-128,742	60.00
60.01	06001	VOCATIONAL REHABILITATION	407,242	142,950	550,192	-109,386	60.01
65.00	06500	RESPIRATORY THERAPY	1,537,015	530,647	2,067,662	-434,950	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,153,893	66.00
66.01	06601	ALLIED HEALTH	22,918,182	6,695,181	29,613,363	-29,613,363	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,521,181	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,850,530	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,198,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,716,500	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	2,643,423	3,711,369	6,354,792	-1,337,909	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	35,858,192	16,729,525	52,587,717	-10,202,601	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,361,894	146,423,031	291,784,925	5,598,516	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	12,643,122	10,664,582	23,307,704	-3,072,486	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,377,545	615,167	1,992,712	-304,157	192.01
192.02	19202	ACADEMY	573,338	281,648	854,986	-128,163	192.02
192.03	19203	PARTNERSHIP EXPENSE	7,711,968	2,533,833	10,245,801	-1,618,801	192.03
192.04	19204	PATHWAYS	1,139,121	1,192,345	2,331,466	-474,909	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	168,806,988	161,710,606	330,517,594	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

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

Worksheet A

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-8,154,877	18,086,538	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	12,782,481	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,940,693	46,091,928	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	0	1,677,262	5.01
5.02	00570	ADMITTING	-1,518	2,769,681	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,724	2,315,358	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-15,764,757	42,521,419	5.04
7.00	00700	OPERATION OF PLANT	-1,403,585	14,077,484	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	781,460	8.00
9.00	00900	HOUSEKEEPING	-2,087	5,075,387	9.00
10.00	01000	DIETARY	-395	2,364,330	10.00
11.00	01100	CAFETERIA	-1,158,911	1,024,142	11.00
13.00	01300	NURSING ADMINISTRATION	-9,261	2,626,929	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	755,392	14.00
15.00	01500	PHARMACY	-4,846	2,613,185	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,327	837,113	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-146,585	3,088,286	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	646,251	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	437,480	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	286,719	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-34,758	29,679,663	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-575	2,009,613	54.00
54.01	05401	PSYCHOLOGY	-902	1,505,134	54.01
54.02	05402	PULMONARY	0	251,923	54.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-931	1,412,921	60.00
60.01	06001	VOCATIONAL REHABILITATION	-1,700	439,106	60.01
65.00	06500	RESPIRATORY THERAPY	-384	1,632,328	65.00
66.00	06600	PHYSICAL THERAPY	-16,822	12,137,071	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-9,026	6,512,155	67.00
68.00	06800	SPEECH PATHOLOGY	-5,329	3,845,201	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,198,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,716,500	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-2,180	5,014,703	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-17,187,192	25,197,924	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,971,979	261,411,462	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	-455,705	19,779,513	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	-37,060	1,651,495	192.01
192.02	19202	ACADEMY	0	726,823	192.02
192.03	19203	PARTNERSHIP EXPENSE	-5,115,592	3,511,408	192.03
192.04	19204	PATHWAYS	0	1,856,557	192.04
192.05	19205	UNUSED SPACE	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-41,580,336	288,937,258	200.00

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
3/22/2021 12:14 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34,608,102	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	TOTALS		0	34,608,102		
	B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,731,077	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,701,758	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
	TOTALS		0	29,432,835		
	C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,510,338	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	80,723	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	9,591,061		
	E - ALLIED HEALTH					
1.00	OCCUPATIONAL THERAPY	67.00	6,448,469	72,712	1.00	
2.00	PSYCHOLOGY	54.01	643,740	7,259	2.00	
3.00	PHYSICAL THERAPY	66.00	12,018,377	135,516	3.00	
4.00	SPEECH PATHOLOGY	68.00	3,807,596	42,934	4.00	
	TOTALS		22,918,182	258,421		
	F - NMH SERVICES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	633,284	1.00	
	TOTALS		0	633,284		
	G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,198,395	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	212,455	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	

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
3/22/2021 12:14 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
		TOTALS		0	4,410,850	
		H - TRANSCRIPTION AND PHY PRACTICE				
1.00		CLINIC	90.00	1,139,445	290,889	1.00
		TOTALS		1,139,445	290,889	
		I - LINEN				
1.00		LAUNDRY & LINEN SERVICE	8.00	0	781,460	1.00
		TOTALS		0	781,460	
		J - CAFETERIA				
1.00		CAFETERIA	11.00	1,078,813	1,104,240	1.00
		TOTALS		1,078,813	1,104,240	
		K - DRUGS				
1.00		DRUGS CHARGED TO PATIENTS	73.00	0	6,716,500	1.00
		TOTALS		0	6,716,500	
		L - PULMONARY				
1.00		PULMONARY	54.02	161,606	90,317	1.00
2.00			0.00	0	0	2.00
		TOTALS		161,606	90,317	
		M - PARAMEDICAL EDUCATION				
1.00		PARAMED ED PRGM - ORTOTICS	23.00	432,080	5,400	1.00
2.00		PARAMED ED PRGM - PROSTHETIC	23.01	283,119	3,600	2.00
		TOTALS		715,199	9,000	
		N - PSYCHOLOGY				
1.00		PSYCHOLOGY	54.01	855,037	0	1.00
		TOTALS		855,037	0	
		O - RESIDENT COSTS				
1.00		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	388,758	257,493	1.00
		TOTALS		388,758	257,493	
500.00		Grand Total: Increases		27,257,040	88,184,452	500.00

RECLASSIFICATIONS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet A-6
Date/Time Prepared:
3/22/2021 12:14 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		304,692	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01		133,572	0		2.00
3.00	ADMITTING	5.02		598,279	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03		408,895	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		4,040,383	0		5.00
6.00	OPERATION OF PLANT	7.00		540,873	0		6.00
7.00	HOUSEKEEPING	9.00		686,729	0		7.00
8.00	DIETARY	10.00		512,190	0		8.00
9.00	NURSING ADMINISTRATION	13.00		510,285	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00		152,982	0		10.00
11.00	PHARMACY	15.00		481,293	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00		150,602	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		97,203	0		13.00
14.00	ADULTS & PEDIATRICS	30.00		6,318,068	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00		279,118	0		15.00
16.00	LABORATORY	60.00		113,928	0		16.00
17.00	VOCATIONAL REHABILITATION	60.01		92,297	0		17.00
18.00	RESPIRATORY THERAPY	65.00		351,275	0		18.00
19.00	ALLIED HEALTH	66.01		5,203,239	0		19.00
20.00	PROSTHETICS AND ORTHOTICS	76.00		596,519	0		20.00
21.00	CLINIC	90.00		7,967,580	0		21.00
22.00	RESEARCH	191.00		2,772,433	0		22.00
23.00	FOUNDATION	192.01		304,157	0		23.00
24.00	ACADEMY	192.02		128,163	0		24.00
25.00	PARTNERSHIP EXPENSE	192.03		1,598,265	0		25.00
26.00	PATHWAYS	192.04		265,082	0		26.00
	TOTALS		0	34,608,102			
	B - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		18,909	9		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01		436,113	9		2.00
3.00	ADMITTING	5.02		96,699	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		5,822,701	9		4.00
5.00	OPERATION OF PLANT	7.00		16,731,078	9		5.00
6.00	HOUSEKEEPING	9.00		55,967	9		6.00
7.00	DIETARY	10.00		56,174	9		7.00
8.00	NURSING ADMINISTRATION	13.00		294,096	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00		2,484	9		9.00
10.00	PHARMACY	15.00		24,037	9		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		560	9		11.00
12.00	ADULTS & PEDIATRICS	30.00		415,263	9		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00		1,266,786	9		13.00
14.00	LABORATORY	60.00		14,783	9		14.00
15.00	VOCATIONAL REHABILITATION	60.01		17,089	9		15.00
16.00	RESPIRATORY THERAPY	65.00		17,689	9		16.00
17.00	ALLIED HEALTH	66.01		1,227,168	9		17.00
18.00	PROSTHETICS AND ORTHOTICS	76.00		17,142	9		18.00
19.00	CLINIC	90.00		2,387,681	9		19.00
20.00	RESEARCH	191.00		300,053	9		20.00
21.00	PARTNERSHIP EXPENSE	192.03		20,536	9		21.00
22.00	PATHWAYS	192.04		209,827	9		22.00
	TOTALS		0	29,432,835			
	C - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,510,338	11		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	80,706	11		2.00
3.00	PURCHASING RECEIVING AND STORES	5.01	0	17	11		3.00
	TOTALS		0	9,591,061			
	E - ALLIED HEALTH						
1.00	ALLIED HEALTH	66.01	22,918,182	258,421	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		22,918,182	258,421			

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
3/22/2021 12:14 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - NMH SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	633,284	0		1.00
	TOTALS		0	633,284			
	G - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	4,090,077	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,795	0		2.00
3.00	LABORATORY	60.00	0	31	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	65,986	0		4.00
5.00	ALLIED HEALTH	66.01	0	6,353	0		5.00
6.00	PROSTHETICS AND ORTHOTICS	76.00	0	49	0		6.00
7.00	CLINIC	90.00	0	238,111	0		7.00
8.00	PURCHASING RECEIVING AND STORES	5.01	0	6,448	0		8.00
	TOTALS		0	4,410,850			
	H - TRANSCRIPTION AND PHY PRACTICE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,139,445	290,889	0		1.00
	TOTALS		1,139,445	290,889			
	I - LINEN						
1.00	HOUSEKEEPING	9.00	0	781,460	0		1.00
	TOTALS		0	781,460			
	J - CAFETERIA						
1.00	DIETARY	10.00	1,078,813	1,104,240	0		1.00
	TOTALS		1,078,813	1,104,240			
	K - DRUGS						
1.00	PHARMACY	15.00	0	6,716,500	0		1.00
	TOTALS		0	6,716,500			
	L - PULMONARY						
1.00	ADULTS & PEDIATRICS	30.00	45,529	21,868	0		1.00
2.00	CLINIC	90.00	116,077	68,449	0		2.00
	TOTALS		161,606	90,317			
	M - PARAMEDICAL EDUCATION						
1.00	PROSTHETICS AND ORTHOTICS	76.00	715,199	9,000	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		715,199	9,000			
	N - PSYCHOLOGY						
1.00	CLINIC	90.00	855,037	0	0		1.00
	TOTALS		855,037	0			
	O - RESIDENT COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	388,758	257,493	0		1.00
	TOTALS		388,758	257,493			
500.00	Grand Total: Decreases		27,257,040	88,184,452			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,336,316	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	549,064,640	25,577,786	0	25,577,786	0	3.00	
4.00	Building Improvements	7,640,517	0	0	0	150,141	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	117,415,643	1,948,057	0	1,948,057	653,089	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	706,457,116	27,525,843	0	27,525,843	803,230	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	706,457,116	27,525,843	0	27,525,843	803,230	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,336,316	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	574,642,426	0				3.00	
4.00	Building Improvements	7,490,376	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	118,710,611	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	733,179,729	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	733,179,729	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	603,542,280	0	603,542,280	0.823185	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	129,637,449	0	129,637,449	0.176815	0	2.00
3.00	Total (sum of lines 1-2)	733,179,729	0	733,179,729	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	16,731,077	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,701,758	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,432,835	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,355,461	0	0	0	18,086,538	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	80,723	0	0	0	12,782,481	2.00
3.00	Total (sum of lines 1-2)	1,436,184	0	0	0	30,869,019	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	35.00
38.00	UAE SPECIAL PROJECT	A	-1,192,092	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	38.00
38.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	38.01
40.00	PROVIDER TAX	A	-8,544,320	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	40.00
41.00	INTERNATIONAL RELATIONS	A	-150,287	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	41.00
41.02	REFERRAL DEVELOPMENT	A	-110,858	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	41.02
42.00	MARKETING	A	-553,590	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.00
42.02	LOBBYING EXPENSE	A	-155,656	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.02
42.03	ADVANTAGE SERIES	A	-641,952	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.03
42.04	GIFTS AND SPORTS PROGRAM	A	-205,974	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	42.04
42.05	GIFTS AND SPORTS PROGRAM	A	-1,518	ADMITTING		5.02	0	42.05
42.06	GIFTS AND SPORTS PROGRAM	A	-2,724	CASHIERING/ACCOUNTS RECEIVABLE		5.03	0	42.06
42.07	GIFTS AND SPORTS PROGRAM	A	-427,570	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.07
42.08	GIFTS AND SPORTS PROGRAM	A	-3,045	OPERATION OF PLANT		7.00	0	42.08
42.09	GIFTS AND SPORTS PROGRAM	A	-2,087	HOUSEKEEPING		9.00	0	42.09
42.10	GIFTS AND SPORTS PROGRAM	A	-395	DIETARY		10.00	0	42.10
42.11	GIFTS AND SPORTS PROGRAM	A	-9,261	NURSING ADMINISTRATION		13.00	0	42.11
42.12	GIFTS AND SPORTS PROGRAM	A	-1,298	PHARMACY		15.00	0	42.12
42.13	GIFTS AND SPORTS PROGRAM	A	-1,070	MEDICAL RECORDS & LIBRARY		16.00	0	42.13
42.14	GIFTS AND SPORTS PROGRAM	A	-23,788	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	42.14
42.15	GIFTS AND SPORTS PROGRAM	A	-5,318	ADULTS & PEDIATRICS		30.00	0	42.15
42.16	GIFTS AND SPORTS PROGRAM	A	-575	RADIOLOGY-DIAGNOSTIC		54.00	0	42.16
42.17	GIFTS AND SPORTS PROGRAM	A	-208	LABORATORY		60.00	0	42.17
42.18	GIFTS AND SPORTS PROGRAM	A	-384	RESPIRATORY THERAPY		65.00	0	42.18
42.19	GIFTS AND SPORTS PROGRAM	A	-5,635	OCCUPATIONAL THERAPY		67.00	0	42.19
42.20	GIFTS AND SPORTS PROGRAM	A	-1,180	PROSTHETICS AND ORTHOTICS		76.00	0	42.20
42.21	GIFTS AND SPORTS PROGRAM	A	-6,139	CLINIC		90.00	0	42.21
42.22	PHARMACY EDUCATION	A	-3,548	PHARMACY		15.00	0	42.22
42.23	LAB RESEARCH	A	-723	LABORATORY		60.00	0	42.23
42.24	OFFSET HOUSING COSTS	A	-46,938	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.24
42.25	OFFSET ENDOWMENTS EXPENSE	A	-487,652	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.25
42.26	OFFSET MEDICAL STUDENTS	A	-122,797	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	42.26
42.27	PENSION COST ADD BACK	A	8,146,667	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	42.27
42.28	GIFTS AND SPORTS PROGRAM	A	-563	PSYCHOLOGY		54.01	0	42.28
42.29	GIFTS AND SPORTS PROGRAM	A	-10,502	PHYSICAL THERAPY		66.00	0	42.29
42.30	GIFTS AND SPORTS PROGRAM	A	-3,327	SPEECH PATHOLOGY		68.00	0	42.30
42.31	OFFSET EXCISE TAX	A	-504,221	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.31
42.32	OFFSET INCOME TAX	A	-111,350	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.32
42.33	OFFSET INCOME TAX	A	-675,409	PARTNERSHIP EXPENSE		192.03	0	42.33
42.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.34
42.35	OTHER OPERATING REVENUE	B	-2,838,271	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	42.35
42.36	OTHER OPERATING REVENUE	B	-2,257	MEDICAL RECORDS & LIBRARY		16.00	0	42.36
42.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.37
42.38	OTHER OPERATING REVENUE	B	-29,440	ADULTS & PEDIATRICS		30.00	0	42.38
42.39	OTHER OPERATING REVENUE	B	-1,700	VOCATIONAL REHABILITATION		60.01	0	42.39
42.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.40
45.00	OTHER OPERATING REVENUE	B	-1,000	PROSTHETICS AND ORTHOTICS		76.00	0	45.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.01	OTHER OPERATING REVENUE	B	-872,773	CLINIC	90.00	0	45.01
45.02	OTHER OPERATING REVENUE	B	-3,391	OCCUPATIONAL THERAPY	67.00	0	45.02
45.03	OTHER OPERATING REVENUE	B	-339	PSYCHOLOGY	54.01	0	45.03
45.04	OTHER OPERATING REVENUE	B	-6,320	PHYSICAL THERAPY	66.00	0	45.04
45.05	OTHER OPERATING REVENUE	B	-2,002	SPEECH PATHOLOGY	68.00	0	45.05
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07	OFFSET PHYSICIANS PRO FEES	A	-2,061,527	CLINIC	90.00	0	45.07
45.08	OFFSET PHYSICIANS PRO FEES	A	-455,705	RESEARCH	191.00	0	45.08
45.09	OFFSET PHYSICIANS PRO FEES	A	-37,060	FOUNDATION	192.01	0	45.09
45.10	OFFSET PHYSICIANS PRO FEES	A	-4,440,183	PARTNERSHIP EXPENSE	192.03	0	45.10
45.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.11
45.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.12
45.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.13
45.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.14
45.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.15
45.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.16
45.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.17
45.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.18
45.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,580,336				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-3026

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

Worksheet A-8-2

Date/Time Prepared:
3/22/2021 12:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	17,578,411	12,879,703	4,698,708	211,500	31,930	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		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			17,578,411	12,879,703	4,698,708		31,930	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	90.00	AGGREGATE-CLINIC	3,246,728	162,336	124,137	33,182	193,595	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		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			3,246,728	162,336	124,137	33,182	193,595	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	90.00	AGGREGATE-CLINIC	51,748	3,331,658	1,367,050	14,246,753		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		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			51,748	3,331,658	1,367,050	14,246,753		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	18,086,538	18,086,538			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,782,481		12,782,481		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	46,091,928	80,757	19,029	46,191,714	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	1,677,262	23,402	438,884	162,900	5.01
5.02	00570	ADMITTING	2,769,681	45,705	97,314	745,333	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,315,358	139,080	0	500,917	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	42,521,419	467,047	5,859,707	8,427,615	5.04
7.00	00700	OPERATION OF PLANT	14,077,484	10,160,429	0	660,019	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	781,460	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,075,387	131,591	56,323	836,223	9.00
10.00	01000	DIETARY	2,364,330	270,876	56,531	323,201	10.00
11.00	01100	CAFETERIA	1,024,142	0	0	298,371	11.00
13.00	01300	NURSING ADMINISTRATION	2,626,929	16,251	295,965	630,479	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	755,392	366,243	2,500	188,335	14.00
15.00	01500	PHARMACY	2,613,185	49,720	24,190	585,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	837,113	27,622	0	184,369	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,088,286	38,715	564	29,056	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	646,251	0	0	107,520	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	437,480	19,519	2,034	119,502	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	286,719	12,881	1,341	78,303	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,679,663	2,890,718	417,902	7,692,213	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,009,613	180,652	1,274,836	343,202	54.00
54.01	05401	PSYCHOLOGY	1,505,134	55,875	34,688	414,521	54.01
54.02	05402	PULMONARY	251,923	0	0	44,696	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,412,921	10,946	14,877	139,490	60.00
60.01	06001	VOCATIONAL REHABILITATION	439,106	0	17,198	112,632	60.01
65.00	06500	RESPIRATORY THERAPY	1,632,328	0	17,801	425,097	65.00
66.00	06600	PHYSICAL THERAPY	12,137,071	1,089,967	647,622	3,323,959	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	6,512,155	621,557	347,481	1,783,472	67.00
68.00	06800	SPEECH PATHOLOGY	3,845,201	339,896	205,176	1,053,078	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,198,395	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,716,500	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	5,014,703	133,145	13,876	533,295	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	25,197,924	423,466	2,402,855	9,964,030	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	261,411,462	17,596,060	12,248,694	39,707,434	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	19,779,513	421,488	301,960	3,496,746	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,651,495	22,596	0	380,992	192.01
192.02	19202	ACADEMY	726,823	18,259	0	158,570	192.02
192.03	19203	PARTNERSHIP EXPENSE	3,511,408	0	20,667	2,132,922	192.03
192.04	19204	PATHWAYS	1,856,557	15,181	211,160	315,050	192.04
192.05	19205	UNUSED SPACE	0	12,954	0	0	192.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	288,937,258	18,086,538	12,782,481	46,191,714	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	3,668,278					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,961,505				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	57,861,921	57,861,921		5.04
7.00	00700	OPERATION OF PLANT	0	0	24,992,763	6,258,263	31,251,026	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	781,460	195,680	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,173,015	1,545,741	573,542	9.00
10.00	01000	DIETARY	0	0	3,069,533	768,620	1,180,616	10.00
11.00	01100	CAFETERIA	0	0	1,372,907	343,780	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,575,755	895,380	70,831	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,341,074	335,809	1,596,274	14.00
15.00	01500	PHARMACY	0	0	3,409,486	853,746	216,707	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,058,967	265,169	120,393	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,170,663	793,944	168,741	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	753,771	188,747	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	578,535	144,867	85,073	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	379,244	94,964	56,141	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,560,787	830,827	43,154,516	10,805,980	12,599,214	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,398	77,888	3,975,290	995,425	787,375	54.00
54.01	05401	PSYCHOLOGY	15,051	30,108	2,062,215	516,385	243,532	54.01
54.02	05402	PULMONARY	2,551	3,295	302,465	75,738	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	225,220	121,965	1,926,333	482,360	47,710	60.00
60.01	06001	VOCATIONAL REHABILITATION	461	12,513	583,757	146,175	0	60.01
65.00	06500	RESPIRATORY THERAPY	51,905	27,627	2,159,824	540,826	0	65.00
66.00	06600	PHYSICAL THERAPY	490,465	410,692	18,227,457	4,564,210	4,750,629	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	417,024	251,371	10,001,568	2,504,423	2,709,061	67.00
68.00	06800	SPEECH PATHOLOGY	169,511	104,838	5,758,151	1,441,858	1,481,438	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,121	56,119	4,358,635	1,091,415	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	494,268	309,624	7,520,392	1,883,129	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	62,568	125,941	5,998,618	1,502,072	580,312	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,948	598,697	38,767,898	9,707,598	1,845,682	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,668,278	2,961,505	253,316,213	48,942,304	29,113,271	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	24,165,142	6,051,024	1,837,060	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,310,430	578,539	98,486	192.01
192.02	19202	ACADEMY	0	0	1,037,332	259,751	79,581	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	5,669,356	1,419,624	0	192.03
192.04	19204	PATHWAYS	0	0	2,425,831	607,435	66,168	192.04
192.05	19205	UNUSED SPACE	0	0	12,954	3,244	56,460	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,668,278	2,961,505	288,937,258	57,861,921	31,251,026	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	977,140					8.00
9.00	00900	HOUSEKEEPING	0	8,292,298				9.00
10.00	01000	DIETARY	0	171,913	5,190,682			10.00
11.00	01100	CAFETERIA	0	0	0	1,716,687		11.00
13.00	01300	NURSING ADMINISTRATION	0	10,113	0	34,747	4,586,826	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	247,758	0	20,803	0	14.00
15.00	01500	PHARMACY	0	35,394	0	29,446	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,169	0	12,989	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	25,281	0	5,741	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 - ORTOTICS	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	977,140	4,874,254	5,190,682	549,104	4,586,826	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,069	0	21,130	0	54.00
54.01	05401	PSYCHOLOGY	0	25,281	0	10,364	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,113	0	14,107	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	7,713	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,044	0	65.00
66.00	06600	PHYSICAL THERAPY	0	475,290	0	193,395	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	288,208	0	103,764	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	141,576	0	61,266	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	106,182	0	46,782	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	854,511	0	396,074	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	977,140	7,377,112	5,190,682	1,531,469	4,586,826	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	748,329	0	164,967	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	15,169	0	13,580	0	192.01
192.02	19202	ACADEMY	0	151,688	0	6,671	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	977,140	8,292,298	5,190,682	1,716,687	4,586,826	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			14.00	15.00	16.00	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,541,718					14.00
15.00	01500	PHARMACY	0	4,544,779				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,472,687			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,164,370		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		942,518	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	927,793	2,498,622	565,511	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,145	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	29,454	0	0	54.01
54.02	05402	PULMONARY	0	0	7,363	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	13,254	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	27,981	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	47,126	1,249,311	282,755	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	41,235	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	32,399	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,541,718	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,544,779	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	16,200	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	310,737	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,541,718	4,544,779	1,472,687	3,747,933	848,266	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	0	0	0	192.01
192.02	19202	ACADEMY	0	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	416,437	94,252	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,541,718	4,544,779	1,472,687	4,164,370	942,518	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM - ORTOTICS	PARAMED ED PRGM - PROSTHETIC	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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 - ORTOTICS	808,475					23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC		530,349				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	291,051	116,677	87,137,370	-3,064,133	84,073,237	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,894,434	0	5,894,434	54.00
54.01	05401	PSYCHOLOGY	0	0	2,887,231	0	2,887,231	54.01
54.02	05402	PULMONARY	0	0	385,566	0	385,566	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	2,493,877	0	2,493,877	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	765,626	0	765,626	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,724,694	0	2,724,694	65.00
66.00	06600	PHYSICAL THERAPY	0	0	29,790,173	-1,532,066	28,258,107	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	15,648,259	0	15,648,259	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	8,916,688	0	8,916,688	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,991,768	0	8,991,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,948,300	0	13,948,300	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	8,250,166	0	8,250,166	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	517,424	413,672	52,813,596	0	52,813,596	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	808,475	530,349	240,647,748	-4,596,199	236,051,549	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	32,966,522	0	32,966,522	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	3,016,204	0	3,016,204	192.01
192.02	19202	ACADEMY	0	0	1,535,023	0	1,535,023	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	7,599,669	-510,689	7,088,980	192.03
192.04	19204	PATHWAYS	0	0	3,099,434	0	3,099,434	192.04
192.05	19205	UNUSED SPACE	0	0	72,658	0	72,658	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	808,475	530,349	288,937,258	-5,106,888	283,830,370	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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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	493	80,757	19,029	100,279	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	75,331	23,402	438,884	537,617	5.01
5.02	00570	ADMITTING	26,888	45,705	97,314	169,907	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	139,080	0	139,080	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	417,843	467,047	5,859,707	6,744,597	5.04
7.00	00700	OPERATION OF PLANT	1,001,758	10,160,429	0	11,162,187	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,539	131,591	56,323	192,453	9.00
10.00	01000	DIETARY	579	270,876	56,531	327,986	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,760	16,251	295,965	315,976	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,205	366,243	2,500	415,948	14.00
15.00	01500	PHARMACY	16,422	49,720	24,190	90,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,424	27,622	0	38,046	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,795	38,715	564	42,074	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	19,519	2,034	21,553	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	12,881	1,341	14,222	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,133	2,890,718	417,902	3,336,753	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	620	180,652	1,274,836	1,456,108	54.00
54.01	05401	PSYCHOLOGY	0	55,875	34,688	90,563	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,946	14,877	25,823	60.00
60.01	06001	VOCATIONAL REHABILITATION	8,844	0	17,198	26,042	60.01
65.00	06500	RESPIRATORY THERAPY	12,416	0	17,801	30,217	65.00
66.00	06600	PHYSICAL THERAPY	0	1,089,967	647,622	1,737,589	66.00
66.01	06601	ALLIED HEALTH	35,409	0	0	35,409	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	621,557	347,481	969,038	67.00
68.00	06800	SPEECH PATHOLOGY	0	339,896	205,176	545,072	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	2,895	133,145	13,876	149,916	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,948,606	423,466	2,402,855	4,774,927	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,644,960	17,596,060	12,248,694	33,489,714	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	31,252	421,488	301,960	754,700	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	22,596	0	22,596	192.01
192.02	19202	ACADEMY	2,278	18,259	0	20,537	192.02
192.03	19203	PARTNERSHIP EXPENSE	15,364	0	20,667	36,031	192.03
192.04	19204	PATHWAYS	128,730	15,181	211,160	355,071	192.04
192.05	19205	UNUSED SPACE	0	12,954	0	12,954	192.05
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)	3,822,584	18,086,538	12,782,481	34,691,603	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.01	5.02	5.03	5.04	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	00540	PURCHASING RECEIVING AND STORES	537,970					5.01
5.02	00570	ADMITTING	2,394	173,918				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,437		141,604			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	136,949			6,899,829		5.04
7.00	00700	OPERATION OF PLANT	22,157			746,284	11,932,060	7.00
8.00	00800	LAUNDRY & LINEN SERVICE				23,334		8.00
9.00	00900	HOUSEKEEPING	17,171			184,326	218,986	9.00
10.00	01000	DIETARY	12,756			91,656	450,775	10.00
11.00	01100	CAFETERIA	11,775			40,995		11.00
13.00	01300	NURSING ADMINISTRATION	1,433			106,772	27,044	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,683			40,044	609,479	14.00
15.00	01500	PHARMACY	31,960			101,807	82,742	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,305			31,621	45,968	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,281			94,676	64,428	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22,508		22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS				17,275	32,482	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC				11,324	21,435	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,254	73,893	39,761	1,288,515	4,810,548	30.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,902	3,436	3,723	118,702	300,630	54.00
54.01	05401	PSYCHOLOGY	1,598	714	1,439	61,578	92,984	54.01
54.02	05402	PULMONARY		121	158	9,032		54.02
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY	214	10,689	5,830	57,520	18,216	60.00
60.01	06001	VOCATIONAL REHABILITATION	432	22	598	17,431		60.01
65.00	06500	RESPIRATORY THERAPY	1,184	2,464	1,321	64,492		65.00
66.00	06600	PHYSICAL THERAPY	29,833	23,278	19,630	544,272	1,813,854	66.00
66.01	06601	ALLIED HEALTH						66.01
67.00	06700	OCCUPATIONAL THERAPY	16,007	19,793	12,015	298,647	1,034,356	67.00
68.00	06800	SPEECH PATHOLOGY	9,451	8,045	5,011	171,938	565,633	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		4,942	2,682	130,149		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		23,459	14,799	224,559		73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	26,891	2,970	6,020	179,119	221,571	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	41,818	92	28,617	1,157,609	704,706	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF						99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	400,885	173,918	141,604	5,836,185	11,115,837	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	38,654			721,571	701,414	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES						192.00
192.01	19201	FOUNDATION	59,662			68,989	37,603	192.01
192.02	19202	ACADEMY	31,235			30,975	30,385	192.02
192.03	19203	PARTNERSHIP EXPENSE	1,019			169,287		192.03
192.04	19204	PATHWAYS	6,515			72,435	25,264	192.04
192.05	19205	UNUSED SPACE				387	21,557	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	537,970	173,918	141,604	6,899,829	11,932,060	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,334					8.00
9.00	00900	HOUSEKEEPING	0	614,750				9.00
10.00	01000	DIETARY	0	12,745	896,619			10.00
11.00	01100	CAFETERIA	0	0	0	53,417		11.00
13.00	01300	NURSING ADMINISTRATION	0	750	0	1,081	454,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,368	0	647		14.00
15.00	01500	PHARMACY	0	2,624	0	916		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,125	0	404		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,874	0	179		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,334	361,352	896,619	17,087	454,424	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,122	0	657	0	54.00
54.01	05401	PSYCHOLOGY	0	1,874	0	322	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	750	0	439	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	240	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	748	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,236	0	6,018	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	21,366	0	3,229	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,496	0	1,906	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	7,872	0	1,456	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	63,349	0	12,324	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,334	546,903	896,619	47,653	454,424	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	55,477	0	5,133	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	1,125	0	423	0	192.01
192.02	19202	ACADEMY	0	11,245	0	208	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	23,334	614,750	896,619	53,417	454,424	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			14.00	15.00	16.00	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,091,578					14.00
15.00	01500	PHARMACY	0	311,651				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	119,869			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	206,575		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22,741	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	75,518			30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,558			54.00
54.01	05401	PSYCHOLOGY	0	0	2,397			54.01
54.02	05402	PULMONARY	0	0	599			54.02
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	1,079			60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	2,278			60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,836			66.00
66.01	06601	ALLIED HEALTH	0	0	0			66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,356			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,637			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,091,578	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	311,651	0			73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	1,319			76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	25,292			90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,091,578	311,651	119,869	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
192.01	19201	FOUNDATION	0	0	0			192.01
192.02	19202	ACADEMY	0	0	0			192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0			192.03
192.04	19204	PATHWAYS	0	0	0			192.04
192.05	19205	UNUSED SPACE	0	0	0			192.05
200.00		Cross Foot Adjustments				206,575	22,741	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,091,578	311,651	119,869	206,575	22,741	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM - ORTOTICS	PARAMED ED PRGM - PROSTHETIC	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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 - ORTOTICS	71,569					23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC		47,151				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			11,413,746	0	11,413,746	30.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,896,583	0	1,896,583	54.00
54.01	05401	PSYCHOLOGY			254,368	0	254,368	54.01
54.02	05402	PULMONARY			10,007	0	10,007	54.02
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MRI			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			120,863	0	120,863	60.00
60.01	06001	VOCATIONAL REHABILITATION			47,287	0	47,287	60.01
65.00	06500	RESPIRATORY THERAPY			101,348	0	101,348	65.00
66.00	06600	PHYSICAL THERAPY			4,220,757	0	4,220,757	66.00
66.01	06601	ALLIED HEALTH			35,409	0	35,409	66.01
67.00	06700	OCCUPATIONAL THERAPY			2,381,676	0	2,381,676	67.00
68.00	06800	SPEECH PATHOLOGY			1,322,474	0	1,322,474	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,229,351	0	1,229,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			574,468	0	574,468	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS			598,291	0	598,291	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			6,830,420	0	6,830,420	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	31,037,048	0	31,037,048	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			2,284,535	0	2,284,535	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			0	0	0	192.00
192.01	19201	FOUNDATION			191,225	0	191,225	192.01
192.02	19202	ACADEMY			124,929	0	124,929	192.02
192.03	19203	PARTNERSHIP EXPENSE			210,964	0	210,964	192.03
192.04	19204	PATHWAYS			459,968	0	459,968	192.04
192.05	19205	UNUSED SPACE			34,898	0	34,898	192.05
200.00		Cross Foot Adjustments	71,569	47,151	348,036	0	348,036	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	71,569	47,151	34,691,603	0	34,691,603	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	PURCHASING RECEIVING AND STORES (OTHER EXPE NSE)	ADMITTING (INPATIENT CHARGES)	
		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	1,234,253				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		12,701,757			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,511	18,909	167,014,298		4.00
5.01	00540	PURCHASING RECEIVING AND STORES	1,597	436,113	588,993	609,491	5.01
5.02	00570	ADMITTING	3,119	96,699	2,694,888	2,712	432,017,791
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,491	0	1,811,155	1,628	0
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	31,872	5,822,701	30,471,577	155,158	0
7.00	00700	OPERATION OF PLANT	693,363	0	2,386,418	25,103	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	8,980	55,967	3,023,517	19,454	0
10.00	01000	DIETARY	18,485	56,174	1,168,591	14,452	0
11.00	01100	CAFETERIA	0	0	1,078,813	13,340	0
13.00	01300	NURSING ADMINISTRATION	1,109	294,096	2,279,612	1,623	0
14.00	01400	CENTRAL SERVICES & SUPPLY	24,993	2,484	680,958	7,572	0
15.00	01500	PHARMACY	3,393	24,037	2,117,364	36,209	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,885	0	666,619	2,611	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,642	560	105,058	3,717	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	388,758	0	0
23.00	02300	PARAMED ED PRGM - ORTOTICS	1,332	2,021	432,080	0	0
23.01	02301	PARAMED ED PRGM - PROSTHETIC	879	1,333	283,119	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	197,267	415,263	27,812,594	21,814	183,814,853
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,328	1,266,786	1,240,908	4,421	8,526,414
54.01	05401	PSYCHOLOGY	3,813	34,469	1,498,777	1,810	1,772,629
54.02	05402	PULMONARY	0	0	161,606	0	300,411
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	747	14,783	504,353	242	26,524,509
60.01	06001	VOCATIONAL REHABILITATION	0	17,089	407,242	489	54,296
65.00	06500	RESPIRATORY THERAPY	0	17,689	1,537,015	1,341	6,112,980
66.00	06600	PHYSICAL THERAPY	74,381	643,532	12,018,377	33,799	57,762,971
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	42,416	345,287	6,448,469	18,135	49,113,639
68.00	06800	SPEECH PATHOLOGY	23,195	203,880	3,807,596	10,708	19,963,566
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,262,563
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	58,210,843
76.00	03020	PROSTHETICS AND ORTHOTICS	9,086	13,788	1,928,224	30,466	7,368,739
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	28,898	2,387,681	36,026,523	47,378	229,378
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,200,782	12,171,341	143,569,204	454,182	432,017,791
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	28,763	300,053	12,643,122	43,793	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	1,542	0	1,377,545	67,594	0
192.02	19202	ACADEMY	1,246	0	573,338	35,387	0
192.03	19203	PARTNERSHIP EXPENSE	0	20,536	7,711,968	1,154	0
192.04	19204	PATHWAYS	1,036	209,827	1,139,121	7,381	0
192.05	19205	UNUSED SPACE	884	0	0	0	0
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)	18,086,538	12,782,481	46,191,714	2,302,448	3,668,278
203.00		Unit cost multiplier (Wkst. B, Part I)	14.653834	1.006355	0.276573	3.777657	0.008491

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	PURCHASING RECEIVING AND STORES (OTHER EXPE NSE)	ADMITTING (INPATIENT CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
204.00		Cost to be allocated (per Wkst. B, Part II)			100,279	537,970	173,918	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000600	0.882655	0.000403	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: 14-3026

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.03	5A.04	5.04	7.00	8.00	
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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	655,308,593					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-57,861,921	231,075,337			5.04
7.00	00700	OPERATION OF PLANT	0	0	24,992,763	489,300		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	781,460	0	46,398	8.00
9.00	00900	HOUSEKEEPING	0	0	6,173,015	8,980	0	9.00
10.00	01000	DIETARY	0	0	3,069,533	18,485	0	10.00
11.00	01100	CAFETERIA	0	0	1,372,907	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,575,755	1,109	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,341,074	24,993	0	14.00
15.00	01500	PHARMACY	0	0	3,409,486	3,393	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,058,967	1,885	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,170,663	2,642	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	753,771	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	578,535	1,332	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	379,244	879	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183,814,853	0	43,154,516	197,267	46,398	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,235,639	0	3,975,290	12,328	0	54.00
54.01	05401	PSYCHOLOGY	6,662,628	0	2,062,215	3,813	0	54.01
54.02	05402	PULMONARY	729,250	0	302,465	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	26,989,343	0	1,926,333	747	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	2,769,012	0	583,757	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	6,113,629	0	2,159,824	0	0	65.00
66.00	06600	PHYSICAL THERAPY	90,881,142	0	18,227,457	74,381	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	55,625,383	0	10,001,568	42,416	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,199,375	0	5,758,151	23,195	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,418,480	0	4,358,635	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,516,140	0	7,520,392	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	27,869,270	0	5,998,618	9,086	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	132,484,449	0	38,767,898	28,898	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	655,308,593	-57,861,921	195,454,292	455,829	46,398	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	24,165,142	28,763	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,310,430	1,542	0	192.01
192.02	19202	ACADEMY	0	0	1,037,332	1,246	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	5,669,356	0	0	192.03
192.04	19204	PATHWAYS	0	0	2,425,831	1,036	0	192.04
192.05	19205	UNUSED SPACE	0	0	12,954	884	0	192.05
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)	2,961,505		57,861,921	31,251,026	977,140	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004519		0.250403	63.868845	21.059959	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	141,604		6,899,829	11,932,060	23,334	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000216		0.029860	24.385980	0.502910	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: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,640					9.00
10.00	01000	DIETARY	34	232,797				10.00
11.00	01100	CAFETERIA	0	0	136,655			11.00
13.00	01300	NURSING ADMINISTRATION	2	0	2,766	57,528		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49	0	1,656	0	1,000	14.00
15.00	01500	PHARMACY	7	0	2,344	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	1,034	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5	0	457	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 - ORTOTICS	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	964	232,797	43,711	57,528	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	19	0	1,682	0	0	54.00
54.01	05401	PSYCHOLOGY	5	0	825	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2	0	1,123	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	614	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,914	0	0	65.00
66.00	06600	PHYSICAL THERAPY	94	0	15,395	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	57	0	8,260	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	4,877	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	21	0	3,724	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	169	0	31,529	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,459	232,797	121,911	57,528	1,000	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	148	0	13,132	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	3	0	1,081	0	0	192.01
192.02	19202	ACADEMY	30	0	531	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,292,298	5,190,682	1,716,687	4,586,826	3,541,718	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,056.279268	22.297031	12.562197	79.732061	3,541.718000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	614,750	896,619	53,417	454,424	1,091,578	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	374.847561	3.851506	0.390889	7.899180	1,091.578000	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: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM - ORTOTICS (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,000					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,000				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,000			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		1,000		22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0			100	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	630	600	600	36	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	20	0	0	0	54.01
54.02	05402	PULMONARY	0	5	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	19	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	32	300	300	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	22	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,000	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	11	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	211	0	0	64	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	1,000	900	900	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	0	0	0	192.01
192.02	19202	ACADEMY	0	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	4,544,779	1,472,687	4,164,370	942,518	808,475	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,544.779000	1,472.687000	4,164.370000	942.518000	8,084.750000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM - ORTOTICS (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	21.00	22.00	23.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	311,651	119,869	206,575	22,741	71,569	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	311.651000	119.869000	206.575000	22.741000	715.690000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		PARAMED ED PRGM - PROSTHETIC (ASSIGNED TIME)	
		23.01	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	5.01
5.02	00570	ADMITTING	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	5.04
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
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 - ORTOTICS	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
ANCILLARY SERVICE COST CENTERS			
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	PSYCHOLOGY	54.01
54.02	05402	PULMONARY	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	VOCATIONAL REHABILITATION	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	ALLIED HEALTH	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
192.01	19201	FOUNDATION	192.01
192.02	19202	ACADEMY	192.02
192.03	19203	PARTNERSHIP EXPENSE	192.03
192.04	19204	PATHWAYS	192.04
192.05	19205	UNUSED SPACE	192.05
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		PARAMED ED PRGM - PROSTHETIC (ASSIGNED TIME)	
		23.01	
205.00	Unit cost multiplier (Wkst. B, Part II)	471.510000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,073,237		84,073,237	0	84,073,237	30.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,894,434		5,894,434	0	5,894,434	54.00
54.01	05401	PSYCHOLOGY	2,887,231		2,887,231	0	2,887,231	54.01
54.02	05402	PULMONARY	385,566		385,566	0	385,566	54.02
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	2,493,877		2,493,877	0	2,493,877	60.00
60.01	06001	VOCATIONAL REHABILITATION	765,626		765,626	0	765,626	60.01
65.00	06500	RESPIRATORY THERAPY	2,724,694	0	2,724,694	0	2,724,694	65.00
66.00	06600	PHYSICAL THERAPY	28,258,107	0	28,258,107	0	28,258,107	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	15,648,259	0	15,648,259	0	15,648,259	67.00
68.00	06800	SPEECH PATHOLOGY	8,916,688	0	8,916,688	0	8,916,688	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,991,768		8,991,768	0	8,991,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,948,300		13,948,300	0	13,948,300	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	8,250,166		8,250,166	0	8,250,166	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	52,813,596		52,813,596	1,367,050	54,180,646	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	236,051,549	0	236,051,549	1,367,050	237,418,599	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	236,051,549	0	236,051,549	1,367,050	237,418,599	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
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Part I
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			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	183,814,853		183,814,853			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,526,414	8,709,225	17,235,639	0.341991	0.000000	54.00
54.01	05401	PSYCHOLOGY	1,772,629	4,889,999	6,662,628	0.433347	0.000000	54.01
54.02	05402	PULMONARY	300,411	428,839	729,250	0.528716	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	26,524,509	464,834	26,989,343	0.092402	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	54,296	2,714,716	2,769,012	0.276498	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	6,112,980	649	6,113,629	0.445675	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	57,762,971	33,118,171	90,881,142	0.310935	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	49,113,639	6,511,744	55,625,383	0.281315	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	19,963,566	3,235,809	23,199,375	0.384350	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,262,563	155,917	12,418,480	0.724063	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,210,843	10,305,297	68,516,140	0.203577	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	7,368,739	20,500,531	27,869,270	0.296031	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	229,378	132,255,071	132,484,449	0.398640	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	432,017,791	223,290,802	655,308,593			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	432,017,791	223,290,802	655,308,593			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet C Part I Date/Time Prepared: 3/22/2021 12:14 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.341991		54.00
54.01	05401	PSYCHOLOGY	0.433347		54.01
54.02	05402	PULMONARY	0.528716		54.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.092402		60.00
60.01	06001	VOCATIONAL REHABILITATION	0.276498		60.01
65.00	06500	RESPIRATORY THERAPY	0.445675		65.00
66.00	06600	PHYSICAL THERAPY	0.310935		66.00
66.01	06601	ALLIED HEALTH	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.281315		67.00
68.00	06800	SPEECH PATHOLOGY	0.384350		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.724063		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203577		73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.296031		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.408959		90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	87,137,370		87,137,370	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,894,434		5,894,434	0
54.01	05401	PSYCHOLOGY	2,887,231		2,887,231	0
54.02	05402	PULMONARY	385,566		385,566	0
57.00	05700	CT SCAN	0		0	0
58.00	05800	MRI	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	2,493,877		2,493,877	0
60.01	06001	VOCATIONAL REHABILITATION	765,626		765,626	0
65.00	06500	RESPIRATORY THERAPY	2,724,694	0	2,724,694	0
66.00	06600	PHYSICAL THERAPY	29,790,173	0	29,790,173	0
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	15,648,259	0	15,648,259	0
68.00	06800	SPEECH PATHOLOGY	8,916,688	0	8,916,688	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,991,768		8,991,768	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,948,300		13,948,300	0
76.00	03020	PROSTHETICS AND ORTHOTICS	8,250,166		8,250,166	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	52,813,596		52,813,596	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	240,647,748	0	240,647,748	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	240,647,748	0	240,647,748	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0.000000	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	0.000000	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0.000000	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	PSYCHOLOGY	0.000000			54.01
54.02	05402	PULMONARY	0.000000			54.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	VOCATIONAL REHABILITATION	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	ALLIED HEALTH	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,413,746	0	11,413,746	77,589	147.11	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30 through 199)	11,413,746		11,413,746	77,589		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	24,973	3,673,778				30.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30 through 199)	24,973	3,673,778				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/22/2021 12:14 pm

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							
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,896,583	17,235,639	0.110038	2,745,325	302,090	54.00
54.01	05401 PSYCHOLOGY	254,368	6,662,628	0.038178	336,606	12,851	54.01
54.02	05402 PULMONARY	10,007	729,250	0.013722	98,185	1,347	54.02
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	120,863	26,989,343	0.004478	10,327,109	46,245	60.00
60.01	06001 VOCATIONAL REHABILITATION	47,287	2,769,012	0.017077	3,114	53	60.01
65.00	06500 RESPIRATORY THERAPY	101,348	6,113,629	0.016577	1,675,674	27,778	65.00
66.00	06600 PHYSICAL THERAPY	4,220,757	90,881,142	0.046443	20,056,384	931,479	66.00
66.01	06601 ALLIED HEALTH	35,409	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	2,381,676	55,625,383	0.042816	17,024,343	728,914	67.00
68.00	06800 SPEECH PATHOLOGY	1,322,474	23,199,375	0.057005	6,564,516	374,210	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,229,351	12,418,480	0.098994	3,631,090	359,456	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	574,468	68,516,140	0.008384	18,835,858	157,920	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	598,291	27,869,270	0.021468	1,673,421	35,925	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	6,830,420	132,484,449	0.051556	94,430	4,868	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	19,623,302	471,493,740		83,066,055	2,983,136	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/22/2021 12:14 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	407,728	0	0	30.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	0	0	0	42.00
200.00		Total (lines 30 through 199)		0	0	0	407,728	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	407,728	77,589	5.25	24,973	0	30.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	0.00	0	0	42.00
200.00		Total (lines 30 through 199)			407,728	77,589		24,973		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		131,108						30.00
41.00	04100	SUBPROVIDER - IRF		0						41.00
42.00	04200	SUBPROVIDER		0						42.00
200.00		Total (lines 30 through 199)		131,108						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	931,096	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	931,096	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 12:14 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,235,639	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	6,662,628	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	729,250	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	26,989,343	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	2,769,012	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,113,629	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	90,881,142	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	55,625,383	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	23,199,375	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,418,480	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	68,516,140	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	27,869,270	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	931,096	931,096	132,484,449	0.007028	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	931,096	931,096	471,493,740		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/22/2021 12:14 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	2,745,325	0	1,181,924	0	54.00
54.01	05401	PSYCHOLOGY		0.000000	336,606	0	435,251	0	54.01
54.02	05402	PULMONARY		0.000000	98,185	0	118,420	0	54.02
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	10,327,109	0	100,309	0	60.00
60.01	06001	VOCATIONAL REHABILITATION		0.000000	3,114	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.000000	1,675,674	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	20,056,384	0	1,866	0	66.00
66.01	06601	ALLIED HEALTH		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	17,024,343	0	221	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	6,564,516	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	3,631,090	0	36,225	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	18,835,858	0	3,677,716	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS		0.000000	1,673,421	0	193	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.007028	94,430	664	4,158,991	29,229	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			83,066,055	664	9,711,116	29,229	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part V Date/Time Prepared: 3/22/2021 12:14 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.341991	1,181,924	0	0	404,207	54.00	
54.01	05401	PSYCHOLOGY	0.433347	435,251	0	0	188,615	54.01	
54.02	05402	PULMONARY	0.528716	118,420	0	0	62,611	54.02	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.092402	100,309	0	0	9,269	60.00	
60.01	06001	VOCATIONAL REHABILITATION	0.276498	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.445675	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.310935	1,866	191	0	580	66.00	
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0.281315	221	258	0	62	67.00	
68.00	06800	SPEECH PATHOLOGY	0.384350	0	91	0	0	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.724063	36,225	0	0	26,229	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203577	3,677,716	0	0	748,698	73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS	0.296031	193	1,885	0	57	76.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0.398640	4,158,991	1,974	0	1,657,940	90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		9,711,116	4,399	0	3,098,268	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		9,711,116	4,399	0	3,098,268	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/22/2021 12:14 pm

				Title XVIII	Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	PSYCHOLOGY	0	0		54.01
54.02	05402	PULMONARY	0	0		54.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	59	0		66.00
66.01	06601	ALLIED HEALTH	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	73	0		67.00
68.00	06800	SPEECH PATHOLOGY	35	0		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	558	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	787	0		90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	1,512	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,512	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,413,746	0	11,413,746	77,589	147.11	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30 through 199)	11,413,746		11,413,746	77,589		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,356	640,811				30.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30 through 199)	4,356	640,811				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,896,583	0	0.000000	0	54.00
54.01	05401	PSYCHOLOGY	254,368	0	0.000000	0	54.01
54.02	05402	PULMONARY	10,007	0	0.000000	0	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	120,863	0	0.000000	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	47,287	0	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	101,348	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	4,220,757	0	0.000000	0	66.00
66.01	06601	ALLIED HEALTH	35,409	0	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,381,676	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,322,474	0	0.000000	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,229,351	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,468	0	0.000000	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	598,291	0	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	6,830,420	0	0.000000	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
200.00		Total (lines 50 through 199)	19,623,302	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3026		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/22/2021 12:14 pm	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	407,728	0	30.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER		0	0	0	0	0	42.00	
200.00		Total (lines 30 through 199)		0	0	0	407,728	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	407,728	77,589	5.25	4,356	30.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER		0	0	0	0.00	0	42.00	
200.00		Total (lines 30 through 199)			407,728	77,589		4,356	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		22,869						30.00
41.00	04100	SUBPROVIDER - IRF		0						41.00
42.00	04200	SUBPROVIDER		0						42.00
200.00		Total (lines 30 through 199)		22,869						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	931,096	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	931,096	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	931,096	931,096	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	931,096	931,096	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	05401 PSYCHOLOGY	0.000000	0	0	0	0	0	54.01
54.02	05402 PULMONARY	0.000000	0	0	0	0	0	54.02
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.000000	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.000000	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/22/2021 12:14 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,589	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,589	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)		77,589	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)		24,973	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)		84,073,237	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)		84,073,237	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)		84,073,237	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,083.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,059,994	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)		27,059,994	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3026

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

Worksheet D-1

Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					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)					23,384,762 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,444,756 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)					3,804,886 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,983,800 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,788,686 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,656,070 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: 14-3026

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

Worksheet D-1

Date/Time Prepared:
3/22/2021 12:14 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	11,413,746	84,073,237	0.135760	0	0	90.00
91.00 Nursing School cost	0	84,073,237	0.000000	0	0	91.00
92.00 Allied health cost	407,728	84,073,237	0.004850	0	0	92.00
93.00 All other Medical Education	0	84,073,237	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/22/2021 12:14 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		58,405,121		30.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.341991	2,745,325	938,876	54.00
54.01	05401	PSYCHOLOGY	0.433347	336,606	145,867	54.01
54.02	05402	PULMONARY	0.528716	98,185	51,912	54.02
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.092402	10,327,109	954,246	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.276498	3,114	861	60.01
65.00	06500	RESPIRATORY THERAPY	0.445675	1,675,674	746,806	65.00
66.00	06600	PHYSICAL THERAPY	0.310935	20,056,384	6,236,232	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.281315	17,024,343	4,789,203	67.00
68.00	06800	SPEECH PATHOLOGY	0.384350	6,564,516	2,523,072	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.724063	3,631,090	2,629,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203577	18,835,858	3,834,547	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.296031	1,673,421	495,384	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.408959	94,430	38,618	90.00
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)		83,066,055	23,384,762	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		83,066,055		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/22/2021 12:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,512	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,069,039	2.00
3.00	OPPS payments		2,657,291	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		29,229	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,512	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,399	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)		4,399	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)		4,399	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,887	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)		1,512	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)		2,686,520	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		880	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		564,492	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,122,660	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		53,870	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,176,530	30.00
31.00	Primary payer payments		2,569	31.00
32.00	Subtotal (line 30 minus line 31)		2,173,961	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)		175,801	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		114,271	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		175,801	36.00
37.00	Subtotal (see instructions)		2,288,232	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,288,232	40.00
40.01	Sequestration adjustment (see instructions)		30,433	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		2,157,036	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)		100,763	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)		7,621	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: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/22/2021 12:14 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,234,493		2,059,203	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		835,886		101,120	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	03/25/2020	78,322	03/25/2020	3,287	3.50	
3.51		12/20/2019	16,641		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)		-94,963		-3,287	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)		40,975,416		2,157,036	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		221,635		100,763	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,197,051		2,257,799	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part II
Date/Time Prepared:
3/22/2021 12:14 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part III Date/Time Prepared: 3/22/2021 12:14 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)			30,975,662	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0448	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			2,162,101	3.00
4.00	Outlier Payments			5,823,922	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			22.77	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			34.80	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			22.77	9.00
10.00	Average Daily Census (see instructions)			211.991803	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.109253	11.00
12.00	Teaching Adjustment (see instructions)			3,384,184	12.00
13.00	Total PPS Payment (see instructions)			42,345,869	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			9,067	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			42,354,936	17.00
18.00	Primary payer payments			20,648	18.00
19.00	Subtotal (line 17 less line 18).			42,334,288	19.00
20.00	Deductibles			165,132	20.00
21.00	Subtotal (line 19 minus line 20)			42,169,156	21.00
22.00	Coinsurance			1,575,233	22.00
23.00	Subtotal (line 21 minus line 22)			40,593,923	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			230,209	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			149,636	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			230,209	26.00
27.00	Subtotal (sum of lines 23 and 25)			40,743,559	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			877,026	28.00
29.00	Other pass through costs (see instructions)			131,772	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50
31.99	Demonstration payment adjustment amount before sequestration			0	31.99
32.00	Total amount payable to the provider (see instructions)			41,752,357	32.00
32.01	Sequestration adjustment (see instructions)			555,306	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			40,975,416	33.00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			221,635	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			111,393	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			5,823,922	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026		Period: From 09/01/2019 To 08/31/2020	Worksheet E-4 Date/Time Prepared: 3/22/2021 12:14 pm
		Title XVIII		Hospital	PPS
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.33	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			34.80	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	31.01	31.01	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	20.42	20.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	20.42		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	20.52		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	20.68		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	20.68		17.00
18.00	Per resident amount	0.00	112,812.47		18.00
19.00	Approved amount for resident costs	0	2,332,962	2,332,962	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.88	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,332,962	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		1.00	2.00	2.01	3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,973	1,921	4,516	26.00
27.00	Total Inpatient Days (see instructions)	77,589	77,589	77,589	27.00
28.00	Ratio of inpatient days to total inpatient days	0.321863	0.024759	0.058204	28.00
29.00	Program direct GME amount	750,894	57,762	135,788	944,444
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		4,043	9,505	13,548
31.00	Net Program direct GME amount				930,896

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026	Period: From 09/01/2019 To 08/31/2020	Worksheet E-4 Date/Time Prepared: 3/22/2021 12:14 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			50,444,756	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			20,648	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			50,424,108	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			3,099,780	42.00
43.00	Primary payer payments (see instructions)			2,569	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			3,097,211	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			53,521,319	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.942131	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.057869	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			930,896	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			877,026	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			53,870	50.00

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

Provider CCN: 14-3026

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

Worksheet G

Date/Time Prepared:
3/22/2021 12:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	16,735,410	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	49,362,747	0	0	0	4.00
5.00	Other receivable	25,955,103	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,865,438	0	0	0	7.00
8.00	Prepaid expenses	3,576,683	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	97,495,381	0	0	0	11.00
FIXED ASSETS						
12.00	Land	32,336,316	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	569,974,634	0	0	0	15.00
16.00	Accumulated depreciation	-57,008,721	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	130,868,780	0	0	0	19.00
20.00	Accumulated depreciation	-74,253,529	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	601,917,480	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	305,345,509	166,933,469	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	19,198,325	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	324,543,834	166,933,469	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,023,956,695	166,933,469	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,117,883	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,612,263	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	10,496,234	0	0	0	40.00
41.00	Deferred income	2,366,535	0	0	0	41.00
42.00	Accelerated payments	14,643,544	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,004,564	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	83,241,023	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	331,088,243	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	173,217,812	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	504,306,055	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	587,547,078	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	436,409,617				52.00
53.00	Specific purpose fund		166,933,469			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)	436,409,617	166,933,469	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,023,956,695	166,933,469	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3026

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

Worksheet G-1

Date/Time Prepared:
3/22/2021 12:14 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		405,962,472		135,355,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		15,471,274				2.00
3.00	Total (sum of line 1 and line 2)		421,433,746		135,355,000		3.00
4.00	INCOME	0		0		0	4.00
5.00	TRANSFER	14,975,871		31,578,469		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		14,975,871		31,578,469		10.00
11.00	Subtotal (line 3 plus line 10)		436,409,617		166,933,469		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		436,409,617		166,933,469		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	INCOME		0				4.00
5.00	TRANSFER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-3026

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/22/2021 12:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	196,367,354		196,367,354	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	196,367,354		196,367,354	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)	196,367,354		196,367,354	17.00
18.00	Ancillary services	235,650,438	226,344,944	461,995,382	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	43,088,572	8,769,577	51,858,149	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	475,106,364	235,114,521	710,220,885	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		330,517,594		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)		330,517,594		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3026

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

Worksheet G-3

Date/Time Prepared:
3/22/2021 12:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	710,220,885	1.00
2.00	Less contractual allowances and discounts on patients' accounts	460,248,666	2.00
3.00	Net patient revenues (line 1 minus line 2)	249,972,219	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	330,517,594	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-80,545,375	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	10,489,138	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	1,318,610	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,222,850	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	8,209	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	77,275,021	24.00
24.50	COVID-19 PHE Funding	5,702,821	24.50
25.00	Total other income (sum of lines 6-24)	96,016,649	25.00
26.00	Total (line 5 plus line 25)	15,471,274	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,471,274	29.00