

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: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet S Parts I-III Date/Time Prepared: 3/23/2021 6:47 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/23/2021	Time: 6:47 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH PADUCAH (18-0104) 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) CHRISTOPHER GRAFF

Officer or Administrator of Provider(s)

VP, SYSTEM FINANCIAL OPERATIONS

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	334,495	74,832	0	743,990	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
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	334,495	74,832	0	743,990	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: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/23/2021 6:47 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2501 KENTUCKY AVENUE			PO Box:				1.00	
2.00	City: PADUCAH			State: KY		Zip Code: 42003-		County:	
		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			BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N
4.00	Subprovider - IPF							P	T
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2019	08/31/2020	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			432	1,018	682	0	7,760	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 09/01/2019
To 08/31/2020Worksheet S-2
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/23/2021 6:47 pm
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		1.00	
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	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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06

Rural Providers			
105.00	Does this hospital qualify as a CAH?	N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N	106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N	108.00

	Physical	Occupational	Speech	Respiratory	
	1.00	2.00	3.00	4.00	
109.00	N	N	N	N	109.00

		1.00	
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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
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part I Date/Time Prepared: 3/23/2021 6:47 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.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	119,000	1,278,336118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	18H001	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet S-2 Part I Date/Time Prepared: 3/23/2021 6:47 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: BAPTIST HEALTH		Contractor's Name: CIGNA		Contractor's Number: 15101				141.00	
142.00	Street: 2701 EASTPOINT PARKWAY		PO Box:						142.00	
143.00	City: LOUISVILLE		State: KY		Zip Code: 40223				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N		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: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/23/2021 6:47 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/08/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/12/2021	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-2
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		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.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BETH	WHEELER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036	BWHEELER@BHSI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet S-2 Part II Date/Time Prepared: 3/23/2021 6:47 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/23/2021 6:47 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	195	71,370	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)		195	71,370	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,392	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		227	83,082	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		227				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: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/23/2021 6:47 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)	11,955	321	28,688			1.00
2.00	HMO and other (see instructions)	6,317	9,117				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)	11,955	321	28,688			7.00
8.00	INTENSIVE CARE UNIT	1,332	122	3,536			8.00
9.00	CORONARY CARE UNIT	891	34	2,073			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		79	5,415			13.00
14.00	Total (see instructions)	14,178	556	39,712	0.00	1,163.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			2			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,163.66	27.00
28.00	Observation Bed Days		0	3,172			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	219	350			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: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part I
Date/Time Prepared:
3/23/2021 6:47 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	3,453	144	9,812	1.00
2.00 HMO and other (see instructions)			1,308	2,126		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	3,453	144	9,812	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	72,005,114	0	72,005,114	2,420,419.35	29.75
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,579,926	522,783	2,102,709	110,249.37	19.07
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,601,907	0	2,601,907	38,809.70	67.04
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		295,339	0	295,339	2,266.00	130.33
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		19,801,777	0	19,801,777	501,288.00	39.50
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,910,142	0	19,910,142		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		805,747	0	805,747		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		46,542	0	46,542		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,436,608	0	4,436,608		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,692,519	-500,446	1,192,073	47,410.47	25.14	26.00
27.00	Administrative & General	5.00	5,572,350	-167,014	5,405,336	199,995.99	27.03	27.00
28.00	Administrative & General under contract (see inst.)		325,426	0	325,426	1,163.42	279.71	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,668,822	743	1,669,565	63,983.08	26.09	30.00
31.00	Laundry & Linen Service	8.00	174,102	0	174,102	10,111.05	17.22	31.00
32.00	Housekeeping	9.00	1,904,311	3,891	1,908,202	118,029.74	16.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,971,474	-1,465,762	505,712	10,685.97	47.32	34.00
35.00	Dietary under contract (see instructions)		66,697	0	66,697	1,386.29	48.11	35.00
36.00	Cafeteria	11.00	0	1,472,263	1,472,263	105,495.00	13.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,251,225	0	1,251,225	26,265.71	47.64	38.00
39.00	Central Services and Supply	14.00	743,350	0	743,350	39,323.44	18.90	39.00
40.00	Pharmacy	15.00	3,786,345	3,579	3,789,924	84,336.50	44.94	40.00
41.00	Medical Records & Medical Records Library	16.00	566,835	0	566,835	17,558.20	32.28	41.00
42.00	Social Service	17.00	1,192,046	0	1,192,046	38,887.08	30.65	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part III
Date/Time Prepared:
3/23/2021 6:47 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	72,397,237	0	72,397,237	2,422,969.06	29.88	1.00
2.00	Excluded area salaries (see instructions)	1,579,926	522,783	2,102,709	110,249.37	19.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,817,311	-522,783	70,294,528	2,312,719.69	30.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	22,699,023	0	22,699,023	542,363.70	41.85	4.00
5.00	Subtotal wage-related costs (see inst.)	24,393,292	0	24,393,292	0.00	34.70	5.00
6.00	Total (sum of lines 3 thru 5)	117,909,626	-522,783	117,386,843	2,855,083.39	41.12	6.00
7.00	Total overhead cost (see instructions)	20,915,502	-652,746	20,262,756	764,631.94	26.50	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/23/2021 6:47 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,301,111	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	67,244	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,132,682	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	67,023	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	252,841	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,393,524	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,149,985	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	70,365	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	327,656	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,762,431	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet S-3
Part V
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,601,907	20,762,431	1.00
2.00	Hospital	2,601,907	19,956,684	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	805,747	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 18-0104

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

Worksheet S-10

Date/Time Prepared:
3/23/2021 6:47 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.131964	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		40,562,661	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		275,363,025	6.00
7.00	Medicaid cost (line 1 times line 6)		36,338,006	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	16,782,217	291,901	17,074,118
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,214,648	291,901	2,506,549
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,214,648	291,901	2,506,549
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,157,499	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,094,563	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,683,943	27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,473,556	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,707,584	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,214,133	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,214,133	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

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

Worksheet A

Date/Time Prepared:
3/23/2021 6:47 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	NEW CAP REL COSTS-BLDG & FIXT		0	0	6,498,021	6,498,021	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,299,900	4,299,900	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,692,519	1,077,309	2,769,828	-528,122	2,241,706	4.00
5.01	00540	NONPATIENT TELEPHONES	201,486	66,764	268,250	104,162	372,412	5.01
5.02	00550	DATA PROCESSING	278,754	71,805	350,559	1,145	351,704	5.02
5.03	00580	PURCHASING, REC, STORES	0	36,601	36,601	-1,335	35,266	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,092,110	79,688,098	84,780,208	-12,198,712	72,581,496	5.06
7.00	00700	OPERATION OF PLANT	1,668,822	7,293,721	8,962,543	213	8,962,756	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	174,102	998,366	1,172,468	0	1,172,468	8.00
9.00	00900	HOUSEKEEPING	1,904,311	1,101,740	3,006,051	5,086	3,011,137	9.00
10.00	01000	DIETARY	1,971,474	2,559,520	4,530,994	-3,608,247	922,747	10.00
11.00	01100	CAFETERIA	0	0	0	3,616,787	3,616,787	11.00
13.00	01300	NURSING ADMINISTRATION	1,251,225	466,567	1,717,792	0	1,717,792	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	743,350	965,476	1,708,826	0	1,708,826	14.00
15.00	01500	PHARMACY	3,786,345	20,254,016	24,040,361	-18,495,375	5,544,986	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	566,835	226,176	793,011	0	793,011	16.00
17.00	01700	SOCIAL SERVICE	1,192,046	553,937	1,745,983	0	1,745,983	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,530,957	4,827,979	16,358,936	-3,553,737	12,805,199	30.00
31.00	03100	INTENSIVE CARE UNIT	2,572,829	1,969,025	4,541,854	-143,928	4,397,926	31.00
32.00	03200	CORONARY CARE UNIT	1,586,844	1,036,928	2,623,772	-72,011	2,551,761	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,988,664	1,378,654	3,367,318	-17,015	3,350,303	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,424,237	39,662,858	47,087,095	-25,915,801	21,171,294	50.00
51.00	05100	RECOVERY ROOM	1,216,911	384,712	1,601,623	1,551,461	3,153,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,478,472	1,220,334	3,698,806	-168,293	3,530,513	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,943,959	4,210,414	8,154,373	-669,224	7,485,149	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,449,061	1,072,322	2,521,383	-3,604	2,517,779	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	616,416	695,955	1,312,371	-70,650	1,241,721	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	207,422	209,090	416,512	-15,467	401,045	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,622,144	5,393,820	7,015,964	-3,841,090	3,174,874	59.00
60.00	06000	LABORATORY	2,973,959	4,761,098	7,735,057	33,426	7,768,483	60.00
60.01	06001	PATHOLOGY	577,713	1,197,606	1,775,319	0	1,775,319	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	844,588	844,588	-796,498	48,090	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,127,061	1,127,061	64.00
65.00	06500	RESPIRATORY THERAPY	1,836,869	852,261	2,689,130	43,893	2,733,023	65.00
66.00	06600	PHYSICAL THERAPY	1,075,708	362,843	1,438,551	-11,423	1,427,128	66.00
67.00	06700	OCCUPATIONAL THERAPY	545,109	175,926	721,035	146	721,181	67.00
68.00	06800	SPEECH PATHOLOGY	371,113	152,001	523,114	96,445	619,559	68.00
69.00	06900	ELECTROCARDIOLOGY	1,077,984	530,105	1,608,089	2,266	1,610,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361,564	213,208	574,772	4,937	579,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,605,648	7,605,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,584,542	24,584,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,079,823	19,079,823	73.00
74.00	07400	RENAL DIALYSIS	0	402,833	402,833	-4,417	398,416	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	1,074,331	1,074,331	-45,330	1,029,001	76.00
76.97	07697	CARDIAC REHABILITATION	180,177	74,091	254,268	3,060	257,328	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,314,742	1,823,358	5,138,100	-39,426	5,098,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	948,955	509,134	1,458,089	-78,383	1,379,706	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

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

Worksheet A

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,425,188	190,395,570	260,820,758	-1,620,066	259,200,692	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	224,181	390,379	614,560	1,163	615,723	190.00
191.00	19100	RESEARCH	141,707	26,707	168,414	0	168,414	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	833,580	815,549	1,649,129	1,065,471	2,714,600	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	553,432	553,432	194.02
194.03	07952	RETAIL PHARMACY	380,458	5,259,109	5,639,567	0	5,639,567	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	72,005,114	196,887,314	268,892,428	0	268,892,428	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

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

Worksheet A

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-122,013	6,376,008	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-46,093	4,253,807	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-10,364	2,231,342	4.00
5.01	00540	NONPATIENT TELEPHONES	-88,049	284,363	5.01
5.02	00550	DATA PROCESSING	0	351,704	5.02
5.03	00580	PURCHASING, REC, STORES	1,592,348	1,627,614	5.03
5.04	00570	ADMITTING	2,112,471	2,112,471	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-22,229,357	50,352,139	5.06
7.00	00700	OPERATION OF PLANT	-98,795	8,863,961	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-22,101	1,150,367	8.00
9.00	00900	HOUSEKEEPING	-78,238	2,932,899	9.00
10.00	01000	DIETARY	-115,466	807,281	10.00
11.00	01100	CAFETERIA	-1,076,017	2,540,770	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,717,792	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,708,826	14.00
15.00	01500	PHARMACY	-485,214	5,059,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,231,207	6,024,218	16.00
17.00	01700	SOCIAL SERVICE	0	1,745,983	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-30,078	12,775,121	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,397,926	31.00
32.00	03200	CORONARY CARE UNIT	0	2,551,761	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-172,020	3,178,283	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,706,351	18,464,943	50.00
51.00	05100	RECOVERY ROOM	0	3,153,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,530,513	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-155,767	7,329,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-160	2,517,619	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-14,375	1,227,346	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	401,045	58.00
59.00	05900	CARDIAC CATHETERIZATION	-19,282	3,155,592	59.00
60.00	06000	LABORATORY	-233,026	7,535,457	60.00
60.01	06001	PATHOLOGY	0	1,775,319	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-24,149	23,941	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,127,061	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,733,023	65.00
66.00	06600	PHYSICAL THERAPY	-127,510	1,299,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	-80,287	640,894	67.00
68.00	06800	SPEECH PATHOLOGY	-50,619	568,940	68.00
69.00	06900	ELECTROCARDIOLOGY	-13,797	1,596,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-949	578,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-558,360	7,047,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	24,584,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,079,823	73.00
74.00	07400	RENAL DIALYSIS	0	398,416	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	1,029,001	76.00
76.97	07697	CARDIAC REHABILITATION	0	257,328	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-4,563	5,094,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	1,379,706	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

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

Worksheet A

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,626,974	239,573,718	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	615,723	190.00
191.00	19100	RESEARCH	0	168,414	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,714,600	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NAUTILUS	0	0	194.00
194.01	07951	PR/MARKETING	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	553,432	194.02
194.03	07952	RETAIL PHARMACY	0	5,639,567	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-19,626,974	249,265,454	200.00

RECLASSIFICATIONS

Provider CCN: 18-0104

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

Worksheet A-6

Date/Time Prepared:
3/23/2021 6:47 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,572,878		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
	0		0	18,572,878		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,190,190		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	506,945		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	0		0	32,697,135		
	C - TELEPHONE EXPENSES					
1.00	NONPATIENT TELEPHONES	5.01	0	104,162		1.00
	0		0	104,162		
	D - DEPRECIATION MME					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,299,900		1.00
	0		0	4,299,900		
	E - RECLASS OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	24,584,542		1.00
	0		0	24,584,542		
	F - NON PATIENT RELATED DAY CARE COSTS					
1.00	OTHER NONREIMBURSABLE	194.02	519,707	33,725		1.00
	0		519,707	33,725		
	G - DIETARY/CAFE					
1.00	CAFETERIA	11.00	1,472,263	2,144,524		1.00
	0		1,472,263	2,144,524		
	H - DEPRECIATION B&F					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,560,613		1.00
	0		0	7,560,613		
	I - INPATIENT ANCILLARY					
1.00	OPERATING ROOM	50.00	216,266	64,053		1.00
2.00	RECOVERY ROOM	51.00	8,483	2,515		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	26,201	7,766		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	139	41		4.00
5.00	CARDIAC CATHETERIZATION	59.00	21,252	6,241		5.00
6.00	LABORATORY	60.00	21,746	6,436		6.00
7.00	INTRAVENOUS THERAPY	64.00	6,744	1,999		7.00

RECLASSIFICATIONS

Provider CCN: 18-0104

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

Worksheet A-6

Date/Time Prepared:
3/23/2021 6:47 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	RESPIRATORY THERAPY	65.00	16,357	4,848	8.00
9.00	SPEECH PATHOLOGY	68.00	89,446	26,513	9.00
10.00	ELECTROCARDIOLOGY	69.00	203	60	10.00
11.00	EMERGENCY	91.00	16,266	4,821	11.00
12.00	ONCOLOGY INFUSION	93.00	789	234	12.00
			423,892	125,527	
	J - OP ANCILLARY				
1.00	OPERATING ROOM	50.00	8,247	2,444	1.00
2.00	RECOVERY ROOM	51.00	1,196,950	354,741	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	49	14	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	3,731	1,106	4.00
5.00	CARDIAC CATHETERIZATION	59.00	807	239	5.00
6.00	LABORATORY	60.00	2,166	642	6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	36,490	10,816	7.00
8.00	INTRAVENOUS THERAPY	64.00	862,626	255,692	8.00
9.00	RESPIRATORY THERAPY	65.00	375	111	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	939	278	10.00
11.00	EMERGENCY	91.00	16,183	4,797	11.00
	TOTALS		2,128,563	630,880	
	K - COVID				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	19,261	6,052	1.00
2.00	DATA PROCESSING	5.02	871	274	2.00
3.00	OPERATION OF PLANT	7.00	743	233	3.00
4.00	HOUSEKEEPING	9.00	3,891	1,223	4.00
5.00	DIETARY	10.00	6,501	2,043	5.00
6.00	PHARMACY	15.00	3,579	1,125	6.00
7.00	ADULTS & PEDIATRICS	30.00	30,502	9,584	7.00
8.00	INTENSIVE CARE UNIT	31.00	2,139	672	8.00
9.00	CORONARY CARE UNIT	32.00	7,879	2,476	9.00
10.00	NURSERY	43.00	3,444	1,082	10.00
11.00	OPERATING ROOM	50.00	13,413	4,215	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	8,113	2,549	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	9,767	3,069	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	3,754	1,180	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,035	325	15.00
16.00	LABORATORY	60.00	2,034	639	16.00
17.00	RESPIRATORY THERAPY	65.00	17,871	5,615	17.00
18.00	PHYSICAL THERAPY	66.00	2,994	941	18.00
19.00	OCCUPATIONAL THERAPY	67.00	279	88	19.00
20.00	ELECTROCARDIOLOGY	69.00	1,752	551	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	2,913	915	21.00
22.00	CARDIAC REHABILITATION	76.97	2,424	762	22.00
23.00	EMERGENCY	91.00	12,850	4,038	23.00
24.00	ONCOLOGY INFUSION	93.00	6,800	2,137	24.00
25.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	885	278	25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,191	688	26.00
	TOTALS		167,885	52,754	
	L - PHYSICIAN OFFICE BLDG DEPRECIATION				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,062,592	1.00
	TOTALS		0	1,062,592	
500.00	Grand Total: Increases		4,712,310	91,869,232	500.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet A-6
Date/Time Prepared:
3/23/2021 6:47 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	A - DRUGS CHARGED TO PATIENTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,480	0	2.00
3.00	PHARMACY	15.00	0	18,481,820	0	3.00
4.00	NURSERY	43.00	0	71	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	77,295	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	27	0	6.00
7.00	WOUND CARE CENTER	76.00	0	1,182	0	7.00
			0	18,572,878		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	55	0	1.00
2.00	PURCHASING, REC, STORES	5.03	0	1,335	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	863	0	3.00
4.00	OPERATION OF PLANT	7.00	0	763	0	4.00
5.00	HOUSEKEEPING	9.00	0	28	0	5.00
6.00	DIETARY	10.00	0	4	0	6.00
7.00	PHARMACY	15.00	0	18,259	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	298,134	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	137,951	0	9.00
10.00	CORONARY CARE UNIT	32.00	0	80,553	0	10.00
11.00	NURSERY	43.00	0	19,446	0	11.00
12.00	OPERATING ROOM	50.00	0	26,224,439	0	12.00
13.00	RECOVERY ROOM	51.00	0	11,228	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	212,985	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,837	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,538	0	16.00
17.00	CT SCAN	57.00	0	70,650	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,827	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	3,869,629	0	19.00
20.00	LABORATORY	60.00	0	237	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	843,804	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	1,257	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	15,358	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	221	0	24.00
25.00	SPEECH PATHOLOGY	68.00	0	19,514	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	300	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	108	0	27.00
28.00	RENAL DIALYSIS	74.00	0	3,869	0	28.00
29.00	WOUND CARE CENTER	76.00	0	44,148	0	29.00
30.00	CARDIAC REHABILITATION	76.97	0	126	0	30.00
31.00	EMERGENCY	91.00	0	98,381	0	31.00
32.00	ONCOLOGY INFUSION	93.00	0	88,343	0	32.00
33.00	RADIOLOGY-DIAGNOSTIC	54.00	0	506,945	0	33.00
			0	32,697,135		
	C - TELEPHONE EXPENSES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	104,162	0	1.00
			0	104,162		
	D - DEPRECIATION MME					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,299,900	9	1.00
			0	4,299,900		
	E - RECLASS OF IMPLANTABLE DEVICES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,584,542	0	1.00
			0	24,584,542		
	F - NON PATIENT RELATED DAY CARE COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	519,707	33,725	0	1.00
			519,707	33,725		
	G - DIETARY/CAFE					
1.00	DIETARY	10.00	1,472,263	2,144,524	0	1.00
			1,472,263	2,144,524		
	H - DEPRECIATION B&F					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,560,613	9	1.00
			0	7,560,613		

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet A-6
Date/Time Prepared:
3/23/2021 6:47 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - INPATIENT ANCILLARY						
1.00	ADULTS & PEDIATRICS	30.00	416,197	123,366	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	5,508	1,541	0		2.00
3.00	CORONARY CARE UNIT	32.00	184	51	0		3.00
4.00	NURSERY	43.00	1,580	444	0		4.00
5.00	RENAL DIALYSIS	74.00	423	125	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
			423,892	125,527			
	J - OP ANCILLARY						
1.00	ADULTS & PEDIATRICS	30.00	2,125,967	630,159	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	1,359	380	0		2.00
3.00	CORONARY CARE UNIT	32.00	1,237	341	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		2,128,563	630,880			
	K - COVID						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	167,885	52,754	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
	TOTALS		167,885	52,754			
	L - PHYSICIAN OFFICE BLDG DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,062,592	9		1.00
	TOTALS		0	1,062,592			
500.00	Grand Total: Decreases		4,712,310	91,869,232			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part I
Date/Time Prepared:
3/23/2021 6:47 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	8,344,004	0	0	0	0	1.00	
2.00	Land Improvements	7,713,635	0	0	0	0	2.00	
3.00	Buildings and Fixtures	241,899,496	2,516,685	0	2,516,685	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	14,003,744	8,398	0	8,398	0	5.00	
6.00	Movable Equipment	107,682,665	9,164,152	0	9,164,152	15,938,201	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	379,643,544	11,689,235	0	11,689,235	15,938,201	8.00	
9.00	Reconciling Items	-2,468,621	-3,858,980	0	-3,858,980	0	9.00	
10.00	Total (line 8 minus line 9)	382,112,165	15,548,215	0	15,548,215	15,938,201	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,344,004	0				1.00	
2.00	Land Improvements	7,713,635	0				2.00	
3.00	Buildings and Fixtures	244,416,181	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	14,012,142	0				5.00	
6.00	Movable Equipment	100,908,616	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	375,394,578	0				8.00	
9.00	Reconciling Items	-6,327,601	0				9.00	
10.00	Total (line 8 minus line 9)	381,722,179	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part II
Date/Time Prepared:
3/23/2021 6:47 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW 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: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet A-7
Part III
Date/Time Prepared:
3/23/2021 6:47 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	NEW CAP REL COSTS-BLDG & FIXT	271,960,879	0	271,960,879	0.716358	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	107,682,665	0	107,682,665	0.283642	0	2.00
3.00	Total (sum of lines 1-2)	379,643,544	0	379,643,544	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,383,480	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,299,250	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,682,730	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	NEW CAP REL COSTS-BLDG & FIXT	-7,472	0	0	0	6,376,008	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-45,443	0	0	0	4,253,807	2.00
3.00	Total (sum of lines 1-2)	-52,915	0	0	0	10,629,815	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

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

Worksheet A-8

Date/Time Prepared:
3/23/2021 6:47 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		B	-7,472	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,422,721			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-6,254,485			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,076,017	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

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

Worksheet A-8

Date/Time Prepared:
3/23/2021 6:47 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONE - COST OFFSET	A	-10,785	NONPATIENT TELEPHONES	5.01	0	33.00
34.00	PATIENT PHONE - OPERATOR OFFSET	A	-24,269	NONPATIENT TELEPHONES	5.01	0	34.00
35.00	PATIENT PHONE - BENEFIT OFFSET	A	-7,010	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00	LIFELINE EXPENSES	A	-49,402	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	LIFELINE DEPRECIATION AND RENT	A	-650	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00	CABLE TV COSTS	A	-52,995	NONPATIENT TELEPHONES	5.01	0	38.00
39.00	CHANGE IN USEFUL LIFE	A	75,531	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
40.00	CHANGE IN USEFUL LIFE PEDIATRIC BLDG	A	-9,468	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	40.00
42.00	EDUCATION CLASS	B	-7,592	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00	BASIC LIFE SUPPORT	B	-58,956	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
45.00	RADIATION THERAPY OTHER REVENUE	B	-160	RADIOLOGY-THERAPEUTIC	55.00	0	45.00
45.02	OTHER INCOME	B	-44,708	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03	NET ASSETS RELEASED	B	-45,443	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.03
45.04	BAD DEBT EXPENSE	A	-2,243,089	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.04
45.15	RENTAL INCOME	B	-180,604	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.17	COMMUNITY BENEFIT REVENUE	B	-2,500	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.17
45.18	LTACH	B	-315	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.18
46.00	LTACH	B	-654,673	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.00
46.01	LTACH	B	-98,795	OPERATION OF PLANT	7.00	0	46.01
46.02	LTACH	B	-22,101	LAUNDRY & LINEN SERVICE	8.00	0	46.02
46.03	LTACH	B	-78,238	HOUSEKEEPING	9.00	0	46.03
46.04	LTACH	B	-115,466	DIETARY	10.00	0	46.04
46.05	LTACH	B	-485,214	PHARMACY	15.00	0	46.05
46.06	LTACH	B	-30,078	ADULTS & PEDIATRICS	30.00	0	46.06
46.07	LTACH	B	-151,312	RADIOLOGY-DIAGNOSTIC	54.00	0	46.07
46.08	LTACH	B	-14,375	CT SCAN	57.00	0	46.08
46.09	LTACH	B	-18,712	CARDIAC CATHETERIZATION	59.00	0	46.09
46.10	LTACH	B	-233,026	LABORATORY	60.00	0	46.10
46.11	LTACH	B	-24,149	BLOOD STORING, PROCESSING & TRANS.	63.00	0	46.11
46.12	LTACH	B	-127,510	PHYSICAL THERAPY	66.00	0	46.12
46.13	LTACH	B	-80,287	OCCUPATIONAL THERAPY	67.00	0	46.13
46.14	LTACH	B	-50,619	SPEECH PATHOLOGY	68.00	0	46.14
46.15	LTACH	B	-13,797	ELECTROCARDIOLOGY	69.00	0	46.15
46.16	LTACH	B	-949	ELECTROENCEPHALOGRAPHY	70.00	0	46.16
46.17	LTACH	B	-4,563	EMERGENCY	91.00	0	46.17
46.18	LTACH	B	0		0.00	0	46.18
46.19	LTACH	B	0		0.00	0	46.19
46.20	LTACH	B	0		0.00	0	46.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,626,974				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 18-0104

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

Worksheet A-8-1

Date/Time Prepared:
3/23/2021 6:47 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.03	PURCHASING, REC, STORES	MAT MGT	1,592,348	0	1.00
2.00	5.04	ADMITTING	PATIENT ACCESS	2,112,471	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	FIN COUNSEL	82,073	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	FINANCE + MALPRACTICE	33,660,755	48,374,979	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	5,231,207	0	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-558,360	0	4.02
5.00	0		0	42,120,494	48,374,979	5.00

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

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

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

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

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

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

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

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

Provider CCN: 18-0104

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

Worksheet A-8-1

Date/Time Prepared:
3/23/2021 6:47 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,592,348	0		1.00
2.00	2,112,471	0		2.00
3.00	82,073	0		3.00
4.00	-14,714,224	0		4.00
4.01	5,231,207	0		4.01
4.02	-558,360	0		4.02
5.00	-6,254,485			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 18-0104

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

Worksheet A-8-2

Date/Time Prepared:
3/23/2021 6:47 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	43.00	DR. A	194,085	167,000	27,085	211,500	217	1.00
2.00	50.00	DR. B	2,701,899	2,701,899	0	0	0	2.00
3.00	50.00	DR. C	30,869	0	30,869	246,400	223	3.00
4.00	60.00	DR. D	100,000	0	100,000	260,300	800	4.00
5.00	59.00	DR. E	1,688	0	1,688	211,500	11	5.00
6.00	54.00	DR. F	35,175	0	35,175	271,900	235	6.00
7.00	5.06	DR. G	3,706	0	3,706	211,500	27	7.00
8.00	4.00	DR. H	16,563	0	16,563	211,500	133	8.00
9.00	5.06	DR. I	2,369	0	2,369	211,500	18	9.00
10.00	5.06	DR. J	3,503,189	3,481,668	21,521	211,500	147	10.00
11.00	5.06	DR. K	1,088,363	1,036,650	51,713	211,500	426	11.00
12.00	5.06	DR. L	4,650	0	4,650	211,500	31	12.00
200.00			7,682,556	7,387,217	295,339		2,268	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	43.00	DR. A	22,065	1,103	0	0	0	1.00
2.00	50.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	26,417	1,321	0	0	0	3.00
4.00	60.00	DR. D	100,115	5,006	0	0	0	4.00
5.00	59.00	DR. E	1,118	56	0	0	0	5.00
6.00	54.00	DR. F	30,720	1,536	0	0	0	6.00
7.00	5.06	DR. G	2,745	137	0	0	0	7.00
8.00	4.00	DR. H	13,524	676	0	0	0	8.00
9.00	5.06	DR. I	1,830	92	0	0	0	9.00
10.00	5.06	DR. J	14,947	747	0	0	0	10.00
11.00	5.06	DR. K	43,317	2,166	0	0	0	11.00
12.00	5.06	DR. L	3,152	158	0	0	0	12.00
200.00			259,950	12,998	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	43.00	DR. A	0	22,065	5,020	172,020		1.00
2.00	50.00	DR. B	0	0	0	2,701,899		2.00
3.00	50.00	DR. C	0	26,417	4,452	4,452		3.00
4.00	60.00	DR. D	0	100,115	0	0		4.00
5.00	59.00	DR. E	0	1,118	570	570		5.00
6.00	54.00	DR. F	0	30,720	4,455	4,455		6.00
7.00	5.06	DR. G	0	2,745	961	961		7.00
8.00	4.00	DR. H	0	13,524	3,039	3,039		8.00
9.00	5.06	DR. I	0	1,830	539	539		9.00
10.00	5.06	DR. J	0	14,947	6,574	3,488,242		10.00
11.00	5.06	DR. K	0	43,317	8,396	1,045,046		11.00
12.00	5.06	DR. L	0	3,152	1,498	1,498		12.00
200.00			0	259,950	35,504	7,422,721		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	6,376,008				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,253,807	4,253,807			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,231,342	194,282	1,186	2,426,810	4.00
5.01	00540	NONPATIENT TELEPHONES	284,363	756	0	6,905	5.01
5.02	00550	DATA PROCESSING	351,704	0	3,871	9,583	5.02
5.03	00580	PURCHASING, REC, STORES	1,627,614	38,288	0	0	5.03
5.04	00570	ADMITTING	2,112,471	25,334	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	50,352,139	110,901	499,032	168,753	5.06
7.00	00700	OPERATION OF PLANT	8,863,961	3,017,993	71,075	57,216	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,150,367	34,030	777	5,966	8.00
9.00	00900	HOUSEKEEPING	2,932,899	15,367	16,715	65,394	9.00
10.00	01000	DIETARY	807,281	54,297	23,045	17,331	10.00
11.00	01100	CAFETERIA	2,540,770	36,405	0	50,454	11.00
13.00	01300	NURSING ADMINISTRATION	1,717,792	25,681	79,175	42,879	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,708,826	82,610	147,997	25,475	14.00
15.00	01500	PHARMACY	5,059,772	32,556	117,150	129,881	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,024,218	20,267	4,643	19,425	16.00
17.00	01700	SOCIAL SERVICE	1,745,983	9,831	0	40,851	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,775,121	813,094	67,026	309,125	30.00
31.00	03100	INTENSIVE CARE UNIT	4,397,926	111,090	47,724	88,009	31.00
32.00	03200	CORONARY CARE UNIT	2,551,761	70,329	807	54,602	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,178,283	21,099	113,233	68,215	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,464,943	458,923	1,045,849	262,582	50.00
51.00	05100	RECOVERY ROOM	3,153,084	48,542	454	83,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,530,513	73,248	118,758	86,115	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,329,382	155,246	377,631	135,627	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,517,619	86,769	491,155	49,788	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,227,346	7,865	68,079	21,125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	401,045	0	262,708	7,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,155,592	115,249	100,930	56,347	59.00
60.00	06000	LABORATORY	7,535,457	48,209	79,921	102,807	60.00
60.01	06001	PATHOLOGY	1,775,319	17,847	25,345	19,798	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,941	6,526	0	1,251	63.00
64.00	06400	INTRAVENOUS THERAPY	1,127,061	0	0	29,793	64.00
65.00	06500	RESPIRATORY THERAPY	2,733,023	30,347	52,489	64,135	65.00
66.00	06600	PHYSICAL THERAPY	1,299,618	22,460	2,662	36,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	640,894	0	3,555	18,690	67.00
68.00	06800	SPEECH PATHOLOGY	568,940	0	15,490	15,783	68.00
69.00	06900	ELECTROCARDIOLOGY	1,596,558	106,499	223,382	37,010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	578,760	46,334	39,024	12,523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,047,288	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,584,542	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,079,823	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	398,416	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,029,001	9,188	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	257,328	23,594	816	6,258	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	5,094,111	126,812	34,854	115,149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,379,706	272,241	116,270	32,781	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	239,573,718	6,370,109	4,252,828	2,354,751	292,024
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	615,723	5,899	240	7,713	190.00
191.00	19100	RESEARCH	168,414	0	0	4,856	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,714,600	0	0	28,642	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	553,432	0	0	17,810	194.02
194.03	07952	RETAIL PHARMACY	5,639,567	0	739	13,038	194.03
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)	249,265,454	6,376,008	4,253,807	2,426,810	292,024

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	369,694					5.02
5.03	00580	PURCHASING, REC, STORES	5,024	1,675,462				5.03
5.04	00570	ADMITTING	42,801	0	2,187,235			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	12,954	37,571	0	51,201,586	51,201,586	5.06
7.00	00700	OPERATION OF PLANT	0	11,751	0	12,031,067	3,110,151	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	173	0	1,192,360	308,237	8.00
9.00	00900	HOUSEKEEPING	2,758	3,036	0	3,037,565	785,241	9.00
10.00	01000	DIETARY	1,034	5,138	0	912,662	235,932	10.00
11.00	01100	CAFETERIA	0	0	0	2,627,978	679,359	11.00
13.00	01300	NURSING ADMINISTRATION	0	251	0	1,874,151	484,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,581	9,203	0	1,980,436	511,963	14.00
15.00	01500	PHARMACY	9,210	6,026	0	5,361,922	1,386,110	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,213	232	0	6,099,023	1,576,658	16.00
17.00	01700	SOCIAL SERVICE	99	260	0	1,803,304	466,172	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,585	26,550	180,408	14,399,992	3,722,542	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,516	70,804	4,732,396	1,223,372	31.00
32.00	03200	CORONARY CARE UNIT	0	6,530	40,841	2,729,406	705,579	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,009	80,011	3,463,850	895,440	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,262	653,669	398,640	21,326,057	5,512,999	50.00
51.00	05100	RECOVERY ROOM	0	887	14,343	3,300,324	853,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,208	38,874	3,857,716	997,258	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,476	22,501	44,607	8,099,846	2,093,891	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,424	9,684	3,162,021	817,414	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,475	89,615	1,418,505	366,698	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	985	15,639	687,521	177,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	89,216	141,196	3,664,461	947,300	59.00
60.00	06000	LABORATORY	56,346	12,481	92,476	7,933,977	2,051,012	60.00
60.01	06001	PATHOLOGY	0	9,354	8,491	1,860,690	481,007	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,886	14,353	64,306	16,624	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	176	1,157,030	299,104	64.00
65.00	06500	RESPIRATORY THERAPY	8,176	7,439	33,569	2,931,969	757,943	65.00
66.00	06600	PHYSICAL THERAPY	6,994	640	21,795	1,394,625	360,525	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15	15,354	678,508	175,401	67.00
68.00	06800	SPEECH PATHOLOGY	0	549	12,362	614,520	158,860	68.00
69.00	06900	ELECTROCARDIOLOGY	4,531	1,051	69,776	2,048,576	529,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	394	688	4,560	683,330	176,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	176,606	76,809	7,300,703	1,887,305	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	521,094	507,051	25,612,687	6,621,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	148,577	19,228,400	4,970,734	73.00
74.00	07400	RENAL DIALYSIS	0	184	6,310	404,910	104,673	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	2,027	465	1,040,681	269,026	76.00
76.97	07697	CARDIAC REHABILITATION	0	67	0	288,063	74,467	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	29,256	16,145	50,121	5,479,706	1,416,559	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	4,446	328	1,805,772	466,810	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	369,694	1,673,283	2,187,235	239,492,602	48,675,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	795	0	630,370	162,957	190.00
191.00	19100	RESEARCH	0	101	0	173,371	44,818	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	957	0	2,744,199	709,403	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	571,242	147,672	194.02
194.03	07952	RETAIL PHARMACY	0	326	0	5,653,670	1,461,530	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	369,694	1,675,462	2,187,235	249,265,454	51,201,586	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	15,141,218					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	172,416	1,673,013				8.00
9.00	00900	HOUSEKEEPING	77,856	74,190	3,974,852			9.00
10.00	01000	DIETARY	275,100	36,388	0	1,460,082		10.00
11.00	01100	CAFETERIA	184,447	0	0	0	3,491,784	11.00
13.00	01300	NURSING ADMINISTRATION	130,117	0	0	0	49,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	418,550	17,202	75,248	0	73,634	14.00
15.00	01500	PHARMACY	164,945	0	380,665	0	157,923	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,683	0	75,248	0	32,878	16.00
17.00	01700	SOCIAL SERVICE	49,809	0	0	0	72,818	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,119,602	949,222	1,381,017	1,223,705	578,030	30.00
31.00	03100	INTENSIVE CARE UNIT	562,844	105,239	216,891	149,016	140,001	31.00
32.00	03200	CORONARY CARE UNIT	356,327	107,598	172,627	87,361	83,475	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	106,898	24,549	88,527	0	95,446	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,325,168	224,636	522,308	0	443,424	50.00
51.00	05100	RECOVERY ROOM	245,942	0	88,527	0	130,431	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	371,117	14,972	128,364	0	131,637	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	786,563	20,220	247,875	0	223,305	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	439,623	0	128,364	0	61,026	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	39,847	0	0	0	32,590	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	14,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	583,917	0	0	0	74,417	59.00
60.00	06000	LABORATORY	244,256	0	84,100	244	217,420	60.00
60.01	06001	PATHOLOGY	90,423	0	22,132	0	39,462	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,066	0	8,853	0	2,339	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	55,710	64.00
65.00	06500	RESPIRATORY THERAPY	153,757	0	30,984	0	106,634	65.00
66.00	06600	PHYSICAL THERAPY	113,795	0	0	0	56,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	32,719	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	24,390	68.00
69.00	06900	ELECTROCARDIOLOGY	539,586	0	110,658	0	59,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,754	0	17,705	0	23,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	46,552	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	119,542	0	0	0	10,567	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	642,500	98,797	194,759	0	206,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,379,331	0	0	0	54,250	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,111,333	1,673,013	3,974,852	1,460,082	3,285,337	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,885	0	0	0	25,077	190.00
191.00	19100	RESEARCH	0	0	0	0	7,264	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	88,242	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	63,152	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	22,712	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,141,218	1,673,013	3,974,852	1,460,082	3,491,784	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,537,939					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,077,033				14.00
15.00	01500	PHARMACY	0	1,708	7,453,273			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,886,490		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,392,103	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	758,874	27,884	0	2,124,820	1,733,884	30.00
31.00	03100	INTENSIVE CARE UNIT	183,804	12,902	0	389,600	211,122	31.00
32.00	03200	CORONARY CARE UNIT	109,592	7,534	0	366,514	123,770	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	125,309	1,819	0	349,969	323,327	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	506,077	2,452,737	0	1,435,079	0	50.00
51.00	05100	RECOVERY ROOM	171,242	1,050	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,818	19,920	0	34,823	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,195	77,802	0	685,890	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,473	799	0	49,830	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,409	6,608	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	361,923	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,732	0	0	0	0	59.00
60.00	06000	LABORATORY	2,195	22	0	606,239	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,071	78,920	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	73,141	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,196	118	0	11,159	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,436	0	5,193	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,525	1,825	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,334	28	0	114,668	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	418	10	0	30,399	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,453,273	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	362	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	4,129	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,954	12	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	256,375	9,201	0	1,682,307	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	53,205	8,263	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,537,939	3,077,033	7,453,273	7,886,490	2,392,103	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,537,939	3,077,033	7,453,273	7,886,490	2,392,103	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,019,572	0	31,019,572	30.00
31.00	03100	INTENSIVE CARE UNIT	7,927,187	0	7,927,187	31.00
32.00	03200	CORONARY CARE UNIT	4,849,783	0	4,849,783	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	5,475,134	0	5,475,134	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,748,485	0	34,748,485	50.00
51.00	05100	RECOVERY ROOM	4,790,683	0	4,790,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,728,625	0	5,728,625	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,236,587	0	12,236,587	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,669,550	0	4,669,550	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,866,657	0	1,866,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,241,910	0	1,241,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,332,827	0	5,332,827	59.00
60.00	06000	LABORATORY	11,139,221	0	11,139,221	60.00
60.01	06001	PATHOLOGY	2,493,714	0	2,493,714	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,179	0	207,179	63.00
64.00	06400	INTRAVENOUS THERAPY	1,584,985	0	1,584,985	64.00
65.00	06500	RESPIRATORY THERAPY	4,003,760	0	4,003,760	65.00
66.00	06600	PHYSICAL THERAPY	1,932,415	0	1,932,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	886,649	0	886,649	67.00
68.00	06800	SPEECH PATHOLOGY	807,120	0	807,120	68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,714	0	3,418,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,229	0	1,167,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,188,008	0	9,188,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,233,917	0	32,233,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,652,407	0	31,652,407	73.00
74.00	07400	RENAL DIALYSIS	509,945	0	509,945	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,360,388	0	1,360,388	76.00
76.97	07697	CARDIAC REHABILITATION	502,605	0	502,605	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	9,987,003	0	9,987,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	3,767,631	0	3,767,631	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,729,890	0	236,729,890		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	848,289	0	848,289		190.00
191.00	19100	RESEARCH	225,453	0	225,453		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,541,844	0	3,541,844		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	782,066	0	782,066		194.02
194.03	07952	RETAIL PHARMACY	7,137,912	0	7,137,912		194.03
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	249,265,454	0	249,265,454		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,383	194,282	1,186	205,851	4.00
5.01	00540	NONPATIENT TELEPHONES	0	756	0	756	5.01
5.02	00550	DATA PROCESSING	4,083,675	0	3,871	4,087,546	5.02
5.03	00580	PURCHASING, REC, STORES	8,686	38,288	0	46,974	5.03
5.04	00570	ADMITTING	0	25,334	0	25,334	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,766,289	110,901	499,032	2,376,222	5.06
7.00	00700	OPERATION OF PLANT	13,350	3,017,993	71,075	3,102,418	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,030	777	34,807	8.00
9.00	00900	HOUSEKEEPING	0	15,367	16,715	32,082	9.00
10.00	01000	DIETARY	0	54,297	23,045	77,342	10.00
11.00	01100	CAFETERIA	0	36,405	0	36,405	11.00
13.00	01300	NURSING ADMINISTRATION	85,213	25,681	79,175	190,069	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	82,610	147,997	230,607	14.00
15.00	01500	PHARMACY	18,263	32,556	117,150	167,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,267	4,643	24,910	16.00
17.00	01700	SOCIAL SERVICE	13,200	9,831	0	23,031	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	813,094	67,026	880,120	30.00
31.00	03100	INTENSIVE CARE UNIT	0	111,090	47,724	158,814	31.00
32.00	03200	CORONARY CARE UNIT	0	70,329	807	71,136	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	21,099	113,233	134,332	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	108,990	458,923	1,045,849	1,613,762	50.00
51.00	05100	RECOVERY ROOM	0	48,542	454	48,996	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	73,248	118,758	192,006	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,489	155,246	377,631	722,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	86,769	491,155	577,924	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	7,865	68,079	75,944	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	262,708	262,708	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	115,249	100,930	216,179	59.00
60.00	06000	LABORATORY	0	48,209	79,921	128,130	60.00
60.01	06001	PATHOLOGY	0	17,847	25,345	43,192	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,526	0	6,526	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,915	30,347	52,489	85,751	65.00
66.00	06600	PHYSICAL THERAPY	0	22,460	2,662	25,122	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,555	3,555	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	15,490	15,490	68.00
69.00	06900	ELECTROCARDIOLOGY	0	106,499	223,382	329,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,120	46,334	39,024	87,478	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	9,188	0	9,188	76.00
76.97	07697	CARDIAC REHABILITATION	0	23,594	816	24,410	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	126,812	34,854	161,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,800	272,241	116,270	390,311	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,304,373	6,370,109	4,252,828	16,927,310	199,738
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60	5,899	240	6,199	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	739	739	194.03
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)	6,304,433	6,376,008	4,253,807	16,934,248	205,851

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,342					5.01
5.02	00550	DATA PROCESSING	21	4,088,380				5.02
5.03	00580	PURCHASING, REC, STORES	21	55,558	102,553			5.03
5.04	00570	ADMITTING	30	473,328	0	498,692		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	93	143,251	2,299	0	2,536,180	5.06
7.00	00700	OPERATION OF PLANT	42	0	719	0	154,058	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	11	0	15,268	8.00
9.00	00900	HOUSEKEEPING	6	30,502	186	0	38,896	9.00
10.00	01000	DIETARY	21	11,438	314	0	11,687	10.00
11.00	01100	CAFETERIA	2	0	0	0	33,651	11.00
13.00	01300	NURSING ADMINISTRATION	38	0	15	0	23,999	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8	50,655	563	0	25,359	14.00
15.00	01500	PHARMACY	34	101,855	369	0	68,659	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	245,651	14	0	78,098	16.00
17.00	01700	SOCIAL SERVICE	29	1,089	16	0	23,091	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	454	1,433,059	1,625	41,157	184,392	30.00
31.00	03100	INTENSIVE CARE UNIT	34	0	582	16,153	60,598	31.00
32.00	03200	CORONARY CARE UNIT	21	0	400	9,317	34,950	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	184	18,253	44,355	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88	246,196	40,029	90,943	273,080	50.00
51.00	05100	RECOVERY ROOM	0	0	54	3,272	42,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	625	8,869	49,398	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107	126,911	1,377	10,176	103,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26	0	87	2,209	40,490	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	274	20,444	18,164	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	60	3,568	8,804	58.00
59.00	05900	CARDIAC CATHETERIZATION	27	0	5,459	32,211	46,923	59.00
60.00	06000	LABORATORY	29	623,116	764	21,097	101,595	60.00
60.01	06001	PATHOLOGY	21	0	572	1,937	23,826	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2	0	1,094	3,274	823	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	40	14,816	64.00
65.00	06500	RESPIRATORY THERAPY	13	90,417	455	7,658	37,544	65.00
66.00	06600	PHYSICAL THERAPY	16	77,345	39	4,972	17,858	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1	3,503	8,688	67.00
68.00	06800	SPEECH PATHOLOGY	6	0	34	2,820	7,869	68.00
69.00	06900	ELECTROCARDIOLOGY	45	50,111	64	15,918	26,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	4,357	42	1,040	8,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,807	17,523	93,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	31,886	115,389	327,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,895	246,220	73.00
74.00	07400	RENAL DIALYSIS	0	0	11	1,439	5,185	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	124	106	13,326	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	4	0	3,689	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	61	323,541	988	11,434	70,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	272	75	23,123	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,342	4,088,380	102,419	498,692	2,411,039	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	49	0	8,072	190.00
191.00	19100	RESEARCH	0	0	6	0	2,220	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	59	0	35,139	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	7,315	194.02
194.03	07952	RETAIL PHARMACY	0	0	20	0	72,395	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,342	4,088,380	102,553	498,692	2,536,180	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	3,262,090					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,146	87,743				8.00
9.00	00900	HOUSEKEEPING	16,774	3,891	127,884			9.00
10.00	01000	DIETARY	59,269	1,908	0	163,449		10.00
11.00	01100	CAFETERIA	39,738	0	0	0	114,076	11.00
13.00	01300	NURSING ADMINISTRATION	28,033	0	0	0	1,607	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90,174	902	2,421	0	2,406	14.00
15.00	01500	PHARMACY	35,536	0	12,247	0	5,159	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,123	0	2,421	0	1,074	16.00
17.00	01700	SOCIAL SERVICE	10,731	0	0	0	2,379	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	887,543	49,784	44,432	136,987	18,885	30.00
31.00	03100	INTENSIVE CARE UNIT	121,261	5,519	6,978	16,682	4,574	31.00
32.00	03200	CORONARY CARE UNIT	76,769	5,643	5,554	9,780	2,727	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	23,031	1,288	2,848	0	3,118	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500,944	11,781	16,804	0	14,487	50.00
51.00	05100	RECOVERY ROOM	52,987	0	2,848	0	4,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,955	785	4,130	0	4,301	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	169,461	1,060	7,975	0	7,295	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	94,714	0	4,130	0	1,994	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,585	0	0	0	1,065	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	481	58.00
59.00	05900	CARDIAC CATHETERIZATION	125,802	0	0	0	2,431	59.00
60.00	06000	LABORATORY	52,624	0	2,706	0	7,103	60.00
60.01	06001	PATHOLOGY	19,481	0	712	0	1,289	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,124	0	285	0	76	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,820	64.00
65.00	06500	RESPIRATORY THERAPY	33,126	0	997	0	3,484	65.00
66.00	06600	PHYSICAL THERAPY	24,516	0	0	0	1,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,069	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	797	68.00
69.00	06900	ELECTROCARDIOLOGY	116,251	0	3,560	0	1,937	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,577	0	570	0	783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	10,029	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	25,755	0	0	0	345	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	138,423	5,182	6,266	0	6,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	297,169	0	0	0	1,772	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,255,651	87,743	127,884	163,449	107,332	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,439	0	0	0	819	190.00
191.00	19100	RESEARCH	0	0	0	0	237	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,883	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	2,063	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	742	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,262,090	87,743	127,884	163,449	114,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
Part II
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	247,398					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	405,256				14.00
15.00	01500	PHARMACY	0	225	403,070			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	375,976		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	63,831	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,977	3,672	0	101,297	46,266	30.00
31.00	03100	INTENSIVE CARE UNIT	17,917	1,699	0	18,574	5,634	31.00
32.00	03200	CORONARY CARE UNIT	10,683	992	0	17,473	3,303	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,215	240	0	16,684	8,628	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,332	323,035	0	68,415	0	50.00
51.00	05100	RECOVERY ROOM	16,693	138	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,846	2,624	0	1,660	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116	10,247	0	32,699	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,021	105	0	2,376	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	235	870	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	47,666	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,115	0	0	0	0	59.00
60.00	06000	LABORATORY	214	3	0	28,901	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	299	10,394	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,130	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,091	15	0	532	0	65.00
66.00	06600	PHYSICAL THERAPY	0	189	0	248	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	734	240	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,592	4	0	5,467	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41	1	0	1,449	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	403,070	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	48	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	544	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	970	2	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	24,991	1,212	0	80,201	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	5,186	1,088	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	247,398	405,256	403,070	375,976	63,831	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	247,398	405,256	403,070	375,976	63,831	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,929,866	0	3,929,866	30.00
31.00	03100	INTENSIVE CARE UNIT	442,484	0	442,484	31.00
32.00	03200	CORONARY CARE UNIT	253,380	0	253,380	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	270,962	0	270,962	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,271,170	0	3,271,170	50.00
51.00	05100	RECOVERY ROOM	178,552	0	178,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	368,504	0	368,504	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,205,014	0	1,205,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	729,299	0	729,299	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	127,373	0	127,373	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323,893	0	323,893	58.00
59.00	05900	CARDIAC CATHETERIZATION	439,927	0	439,927	59.00
60.00	06000	LABORATORY	975,003	0	975,003	60.00
60.01	06001	PATHOLOGY	92,709	0	92,709	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,003	0	30,003	63.00
64.00	06400	INTRAVENOUS THERAPY	26,333	0	26,333	64.00
65.00	06500	RESPIRATORY THERAPY	266,523	0	266,523	65.00
66.00	06600	PHYSICAL THERAPY	155,298	0	155,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,404	0	18,404	67.00
68.00	06800	SPEECH PATHOLOGY	29,329	0	29,329	68.00
69.00	06900	ELECTROCARDIOLOGY	554,201	0	554,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,155	0	156,155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	121,816	0	121,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	475,216	0	475,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	683,185	0	683,185	73.00
74.00	07400	RENAL DIALYSIS	6,683	0	6,683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	33,317	0	33,317	76.00
76.97	07697	CARDIAC REHABILITATION	55,706	0	55,706	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	840,657	0	840,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	721,777	0	721,777	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,782,739	0	16,782,739		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,232	0	22,232		190.00
191.00	19100	RESEARCH	2,875	0	2,875		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,511	0	40,511		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	10,889	0	10,889		194.02
194.03	07952	RETAIL PHARMACY	75,002	0	75,002		194.03
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	16,934,248	0	16,934,248		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

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

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	843,135					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		4,265,090				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	1,189	70,813,464			4.00
5.01	00540	NONPATIENT TELEPHONES	100	0	201,486	837		5.01
5.02	00550	DATA PROCESSING	0	3,881	279,625	13	7,506	5.02
5.03	00580	PURCHASING, REC, STORES	5,063	0	0	13	102	5.03
5.04	00570	ADMITTING	3,350	0	0	19	869	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	500,355	4,924,225	58	263	5.06
7.00	00700	OPERATION OF PLANT	399,086	71,263	1,669,565	26	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500	779	174,102	3	0	8.00
9.00	00900	HOUSEKEEPING	2,032	16,759	1,908,202	4	56	9.00
10.00	01000	DIETARY	7,180	23,106	505,712	13	21	10.00
11.00	01100	CAFETERIA	4,814	0	1,472,263	1	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,396	79,385	1,251,225	24	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,924	148,389	743,350	5	93	14.00
15.00	01500	PHARMACY	4,305	117,461	3,789,924	21	187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,680	4,655	566,835	23	451	16.00
17.00	01700	SOCIAL SERVICE	1,300	0	1,192,046	18	2	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,520	67,204	9,019,295	284	2,631	30.00
31.00	03100	INTENSIVE CARE UNIT	14,690	47,851	2,568,101	21	0	31.00
32.00	03200	CORONARY CARE UNIT	9,300	809	1,593,302	13	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,790	113,533	1,990,528	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,686	1,048,628	7,662,163	55	452	50.00
51.00	05100	RECOVERY ROOM	6,419	455	2,422,344	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,686	119,073	2,512,835	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	378,632	3,957,596	67	233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,474	492,458	1,452,815	16	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,040	68,260	616,416	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	263,405	208,457	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,240	101,198	1,644,203	17	0	59.00
60.00	06000	LABORATORY	6,375	80,133	2,999,905	18	1,144	60.00
60.01	06001	PATHOLOGY	2,360	25,412	577,713	13	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	863	0	36,490	1	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	869,370	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,013	52,628	1,871,472	8	166	65.00
66.00	06600	PHYSICAL THERAPY	2,970	2,669	1,078,702	10	142	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,564	545,388	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,531	460,559	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,083	223,974	1,079,939	28	92	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	39,127	365,416	3	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,215	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,120	818	182,601	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	16,769	34,946	3,360,041	38	594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	36,000	116,578	956,544	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

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 SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	842,355	4,264,108	68,710,755	837	7,506
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	241	225,066	0	190.00
191.00	19100	RESEARCH	0	0	141,707	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	835,771	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	519,707	0	194.02
194.03	07952	RETAIL PHARMACY	0	741	380,458	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,376,008	4,253,807	2,426,810	292,024	369,694
203.00		Unit cost multiplier (Wkst. B, Part I)	7.562262	0.997355	0.034270	348.893668	49.253131
204.00		Cost to be allocated (per Wkst. B, Part II)			205,851	1,342	4,088,380
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002907	1.603345	544.681588
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
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To 08/31/2020

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Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			PURCHASING, REC, STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES	79,044,580					5.03
5.04	00570	ADMITTING	0	599,681,448				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,772,537	0	-51,201,586	198,063,868		5.06
7.00	00700	OPERATION OF PLANT	554,390	0	0	12,031,067	395,180	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,167	0	0	1,192,360	4,500	8.00
9.00	00900	HOUSEKEEPING	143,220	0	0	3,037,565	2,032	9.00
10.00	01000	DIETARY	242,401	0	0	912,662	7,180	10.00
11.00	01100	CAFETERIA	0	0	0	2,627,978	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	11,858	0	0	1,874,151	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	434,176	0	0	1,980,436	10,924	14.00
15.00	01500	PHARMACY	284,288	0	0	5,361,922	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,953	0	0	6,099,023	2,680	16.00
17.00	01700	SOCIAL SERVICE	12,285	0	0	1,803,304	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,252,597	49,467,487	0	14,399,992	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	448,965	19,414,197	0	4,732,396	14,690	31.00
32.00	03200	CORONARY CARE UNIT	308,056	11,198,455	0	2,729,406	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	141,960	21,938,860	0	3,463,850	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,837,759	109,306,208	0	21,326,057	60,686	50.00
51.00	05100	RECOVERY ROOM	41,840	3,932,706	0	3,300,324	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481,585	10,659,257	0	3,857,716	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,061,554	12,231,072	0	8,099,846	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,162	2,655,456	0	3,162,021	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	211,123	24,572,134	0	1,418,505	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,454	4,288,312	0	687,521	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,209,104	38,715,731	0	3,664,461	15,240	59.00
60.00	06000	LABORATORY	588,831	25,356,791	0	7,933,977	6,375	60.00
60.01	06001	PATHOLOGY	441,309	2,328,130	0	1,860,690	2,360	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	843,838	3,935,572	0	64,306	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	48,343	0	1,157,030	0	64.00
65.00	06500	RESPIRATORY THERAPY	350,982	9,204,552	0	2,931,969	4,013	65.00
66.00	06600	PHYSICAL THERAPY	30,174	5,976,184	0	1,394,625	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	724	4,210,070	0	678,508	0	67.00
68.00	06800	SPEECH PATHOLOGY	25,884	3,389,691	0	614,520	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,572	19,132,497	0	2,048,576	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,439	1,250,430	0	683,330	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,332,040	21,060,837	0	7,300,703	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,584,542	138,978,424	0	25,612,687	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,739,485	0	19,228,400	0	73.00
74.00	07400	RENAL DIALYSIS	8,703	1,730,077	0	404,910	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	95,634	127,489	0	1,040,681	1,215	76.00
76.97	07697	CARDIAC REHABILITATION	3,159	0	0	288,063	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	761,722	13,742,998	0	5,479,706	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	209,769	90,003	0	1,805,772	36,000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

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

Worksheet B-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			PURCHASING, REC, STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,941,756	599,681,448	-51,201,586	188,291,016	394,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,530	0	0	630,370	780	190.00
191.00	19100	RESEARCH	4,763	0	0	173,371	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,146	0	0	2,744,199	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	571,242	0	194.02
194.03	07952	RETAIL PHARMACY	15,385	0	0	5,653,670	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,675,462	2,187,235		51,201,586	15,141,218	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.021196	0.003647		0.258510	38.314738	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	102,553	498,692		2,536,180	3,262,090	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001297	0.000832		0.012805	8.254694	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: 18-0104

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

Worksheet B-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,415,869					8.00
9.00	00900	HOUSEKEEPING	62,787	898				9.00
10.00	01000	DIETARY	30,795	0	132,569			10.00
11.00	01100	CAFETERIA	0	0	0	1,864,721		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	26,266	1,032,342	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	17	0	39,323	0	14.00
15.00	01500	PHARMACY	0	86	0	84,336	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17	0	17,558	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	38,887	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	803,325	312	111,107	308,686	308,683	30.00
31.00	03100	INTENSIVE CARE UNIT	89,064	49	13,530	74,765	74,765	31.00
32.00	03200	CORONARY CARE UNIT	91,060	39	7,932	44,578	44,578	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,776	20	0	50,971	50,971	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,109	118	0	236,802	205,854	50.00
51.00	05100	RECOVERY ROOM	0	20	0	69,654	69,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	70,298	70,296	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	119,252	486	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	32,590	4,260	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	17,404	980	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,869	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,741	25,517	59.00
60.00	06000	LABORATORY	0	19	0	116,109	893	60.00
60.01	06001	PATHOLOGY	0	5	0	21,074	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	1,249	1,249	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	29,751	29,751	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	56,946	4,554	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,355	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	17,473	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,025	3,061	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	0	31,661	6,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	12,798	170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,643	4,049	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	83,612	44	0	110,437	104,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	28,971	21,642	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

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

Worksheet B-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,415,869	898	132,569	1,754,472	1,032,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	13,392	0	190.00
191.00	19100	RESEARCH	0	0	0	3,879	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	47,124	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	33,725	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	12,129	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,673,013	3,974,852	1,460,082	3,491,784	2,537,939	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.181616	4,426.338530	11.013751	1.872550	2.458429	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	87,743	127,884	163,449	114,076	247,398	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.061971	142.409800	1.232935	0.061176	0.239647	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: 18-0104

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

Worksheet B-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	32,899,327				14.00
15.00	01500	PHARMACY	18,259	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,686,425		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	38,886	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	298,134	0	723,791	28,186	30.00
31.00	03100	INTENSIVE CARE UNIT	137,951	0	132,712	3,432	31.00
32.00	03200	CORONARY CARE UNIT	80,553	0	124,848	2,012	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	19,446	0	119,212	5,256	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,224,439	0	488,840	0	50.00
51.00	05100	RECOVERY ROOM	11,228	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,985	0	11,862	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	831,849	0	233,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,538	0	16,974	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	70,650	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,869,629	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	237	0	206,507	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	843,804	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,257	0	3,801	0	65.00
66.00	06600	PHYSICAL THERAPY	15,358	0	1,769	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	221	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,514	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	300	0	39,060	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108	0	10,355	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,869	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	44,148	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	126	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	98,381	0	573,055	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	88,343	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

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

Worksheet B-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,899,327	100	2,686,425	38,886		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0		194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,077,033	7,453,273	7,886,490	2,392,103		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.093529	74,532.730000	2.935682	61.515790		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	405,256	403,070	375,976	63,831		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012318	4,030.700000	0.139954	1.641491		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII	Hospital	PPS			
Cost Center Description			Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance		Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,019,572		31,019,572	0	31,019,572	30.00
31.00	03100	INTENSIVE CARE UNIT	7,927,187		7,927,187	0	7,927,187	31.00
32.00	03200	CORONARY CARE UNIT	4,849,783		4,849,783	0	4,849,783	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	5,475,134		5,475,134	5,020	5,480,154	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,748,485		34,748,485	4,452	34,752,937	50.00
51.00	05100	RECOVERY ROOM	4,790,683		4,790,683	0	4,790,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,728,625		5,728,625	0	5,728,625	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,236,587		12,236,587	4,455	12,241,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,669,550		4,669,550	0	4,669,550	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,866,657		1,866,657	0	1,866,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,241,910		1,241,910	0	1,241,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,332,827		5,332,827	570	5,333,397	59.00
60.00	06000	LABORATORY	11,139,221		11,139,221	0	11,139,221	60.00
60.01	06001	PATHOLOGY	2,493,714		2,493,714	0	2,493,714	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,179		207,179	0	207,179	63.00
64.00	06400	INTRAVENOUS THERAPY	1,584,985		1,584,985	0	1,584,985	64.00
65.00	06500	RESPIRATORY THERAPY	4,003,760	0	4,003,760	0	4,003,760	65.00
66.00	06600	PHYSICAL THERAPY	1,932,415	0	1,932,415	0	1,932,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	886,649	0	886,649	0	886,649	67.00
68.00	06800	SPEECH PATHOLOGY	807,120	0	807,120	0	807,120	68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,714		3,418,714	0	3,418,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,229		1,167,229	0	1,167,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,188,008		9,188,008	0	9,188,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,233,917		32,233,917	0	32,233,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,652,407		31,652,407	0	31,652,407	73.00
74.00	07400	RENAL DIALYSIS	509,945		509,945	0	509,945	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,360,388		1,360,388	0	1,360,388	76.00
76.97	07697	CARDIAC REHABILITATION	502,605		502,605	0	502,605	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	9,987,003		9,987,003	0	9,987,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,088,323		3,088,323	0	3,088,323	92.00
93.00	04040	ONCOLOGY INFUSION	3,767,631		3,767,631	0	3,767,631	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

					Title XVIII		Hospital		PPS		
Cost Center Description					Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
							Total Costs	RCE Disallowance	Total Costs		
1.00					2.00	3.00	4.00	5.00			
116.00	11600	HOSPICE			0		0		0	116.00	
200.00		Subtotal (see instructions)			239,818,213	0	239,818,213	14,497	239,832,710	200.00	
201.00		Less Observation Beds			3,088,323		3,088,323		3,088,323	201.00	
202.00		Total (see instructions)			236,729,890	0	236,729,890	14,497	236,744,387	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,467,487		49,467,487		30.00
31.00	03100	INTENSIVE CARE UNIT	19,414,197		19,414,197		31.00
32.00	03200	CORONARY CARE UNIT	11,198,455		11,198,455		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	21,938,863		21,938,863		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	109,306,208	196,233,486	305,539,694	0.113728	0.000000
51.00	05100	RECOVERY ROOM	3,932,706	15,137,856	19,070,562	0.251208	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,659,257	720,352	11,379,609	0.503411	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,231,072	97,923,997	110,155,069	0.111085	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,655,456	114,575,716	117,231,172	0.039832	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	24,572,134	58,889,245	83,461,379	0.022366	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,288,312	12,604,331	16,892,643	0.073518	0.000000
59.00	05900	CARDIAC CATHETERIZATION	38,715,731	41,723,318	80,439,049	0.066296	0.000000
60.00	06000	LABORATORY	25,356,791	47,181,438	72,538,229	0.153563	0.000000
60.01	06001	PATHOLOGY	2,328,130	10,490,845	12,818,975	0.194533	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,935,572	2,182,905	6,118,477	0.033861	0.000000
64.00	06400	INTRAVENOUS THERAPY	48,343	6,183,427	6,231,770	0.254339	0.000000
65.00	06500	RESPIRATORY THERAPY	9,204,552	2,382,689	11,587,241	0.345532	0.000000
66.00	06600	PHYSICAL THERAPY	5,976,184	2,583,160	8,559,344	0.225767	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,210,070	1,693,835	5,903,905	0.150180	0.000000
68.00	06800	SPEECH PATHOLOGY	3,389,691	1,480,673	4,870,364	0.165721	0.000000
69.00	06900	ELECTROCARDIOLOGY	19,132,497	46,950,809	66,083,306	0.051733	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,250,430	9,030,696	10,281,126	0.113531	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,060,837	20,560,207	41,621,044	0.220754	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	138,978,424	73,981,772	212,960,196	0.151361	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	40,739,485	310,518,894	351,258,379	0.090111	0.000000
74.00	07400	RENAL DIALYSIS	1,730,077	0	1,730,077	0.294753	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	WOUND CARE CENTER	127,489	19,096,139	19,223,628	0.070766	0.000000
76.97	07697	CARDIAC REHABILITATION	0	825,522	825,522	0.608833	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	13,742,998	63,558,812	77,301,810	0.129195	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,044,686	13,121,280	15,165,966	0.203635	0.000000
93.00	04040	ONCOLOGY INFUSION	90,003	22,533,303	22,623,306	0.166538	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
200.00		Subtotal (see instructions)	601,726,137	1,192,164,707	1,793,890,844			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	601,726,137	1,192,164,707	1,793,890,844			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.113743			50.00
51.00	05100	RECOVERY ROOM	0.251208			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503411			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111126			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039832			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.022366			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073518			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066304			59.00
60.00	06000	LABORATORY	0.153563			60.00
60.01	06001	PATHOLOGY	0.194533			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033861			63.00
64.00	06400	INTRAVENOUS THERAPY	0.254339			64.00
65.00	06500	RESPIRATORY THERAPY	0.345532			65.00
66.00	06600	PHYSICAL THERAPY	0.225767			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.150180			67.00
68.00	06800	SPEECH PATHOLOGY	0.165721			68.00
69.00	06900	ELECTROCARDIOLOGY	0.051733			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113531			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.220754			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.151361			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090111			73.00
74.00	07400	RENAL DIALYSIS	0.294753			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	WOUND CARE CENTER	0.070766			76.00
76.97	07697	CARDIAC REHABILITATION	0.608833			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.129195			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.203635			92.00
93.00	04040	ONCOLOGY INFUSION	0.166538			93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

202.00	Total (see instructions)			202.00
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XIX		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,019,572		31,019,572	0	31,019,572	30.00
31.00	03100	INTENSIVE CARE UNIT	7,927,187		7,927,187	0	7,927,187	31.00
32.00	03200	CORONARY CARE UNIT	4,849,783		4,849,783	0	4,849,783	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	5,475,134		5,475,134	5,020	5,480,154	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,748,485		34,748,485	4,452	34,752,937	50.00
51.00	05100	RECOVERY ROOM	4,790,683		4,790,683	0	4,790,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,728,625		5,728,625	0	5,728,625	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,236,587		12,236,587	4,455	12,241,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,669,550		4,669,550	0	4,669,550	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,866,657		1,866,657	0	1,866,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,241,910		1,241,910	0	1,241,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,332,827		5,332,827	570	5,333,397	59.00
60.00	06000	LABORATORY	11,139,221		11,139,221	0	11,139,221	60.00
60.01	06001	PATHOLOGY	2,493,714		2,493,714	0	2,493,714	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,179		207,179	0	207,179	63.00
64.00	06400	INTRAVENOUS THERAPY	1,584,985		1,584,985	0	1,584,985	64.00
65.00	06500	RESPIRATORY THERAPY	4,003,760	0	4,003,760	0	4,003,760	65.00
66.00	06600	PHYSICAL THERAPY	1,932,415	0	1,932,415	0	1,932,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	886,649	0	886,649	0	886,649	67.00
68.00	06800	SPEECH PATHOLOGY	807,120	0	807,120	0	807,120	68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,714		3,418,714	0	3,418,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,229		1,167,229	0	1,167,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,188,008		9,188,008	0	9,188,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,233,917		32,233,917	0	32,233,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,652,407		31,652,407	0	31,652,407	73.00
74.00	07400	RENAL DIALYSIS	509,945		509,945	0	509,945	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,360,388		1,360,388	0	1,360,388	76.00
76.97	07697	CARDIAC REHABILITATION	502,605		502,605	0	502,605	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	9,987,003		9,987,003	0	9,987,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,088,323		3,088,323	0	3,088,323	92.00
93.00	04040	ONCOLOGY INFUSION	3,767,631		3,767,631	0	3,767,631	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

				Title XIX		Hospital		TEFRA	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
1.00				2.00	3.00	4.00	5.00		
116.00	11600	HOSPICE	0		0		0	116.00	
200.00		Subtotal (see instructions)	239,818,213	0	239,818,213	14,497	239,832,710	200.00	
201.00		Less Observation Beds	3,088,323		3,088,323		3,088,323	201.00	
202.00		Total (see instructions)	236,729,890	0	236,729,890	14,497	236,744,387	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XIX		Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,467,487		49,467,487		30.00
31.00	03100	INTENSIVE CARE UNIT	19,414,197		19,414,197		31.00
32.00	03200	CORONARY CARE UNIT	11,198,455		11,198,455		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	21,938,863		21,938,863		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	109,306,208	196,233,486	305,539,694	0.113728	0.113728
51.00	05100	RECOVERY ROOM	3,932,706	15,137,856	19,070,562	0.251208	0.251208
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,659,257	720,352	11,379,609	0.503411	0.503411
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,231,072	97,923,997	110,155,069	0.111085	0.111085
55.00	05500	RADIOLOGY-THERAPEUTIC	2,655,456	114,575,716	117,231,172	0.039832	0.039832
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	24,572,134	58,889,245	83,461,379	0.022366	0.022366
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,288,312	12,604,331	16,892,643	0.073518	0.073518
59.00	05900	CARDIAC CATHETERIZATION	38,715,731	41,723,318	80,439,049	0.066296	0.066296
60.00	06000	LABORATORY	25,356,791	47,181,438	72,538,229	0.153563	0.153563
60.01	06001	PATHOLOGY	2,328,130	10,490,845	12,818,975	0.194533	0.194533
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,935,572	2,182,905	6,118,477	0.033861	0.033861
64.00	06400	INTRAVENOUS THERAPY	48,343	6,183,427	6,231,770	0.254339	0.254339
65.00	06500	RESPIRATORY THERAPY	9,204,552	2,382,689	11,587,241	0.345532	0.345532
66.00	06600	PHYSICAL THERAPY	5,976,184	2,583,160	8,559,344	0.225767	0.225767
67.00	06700	OCCUPATIONAL THERAPY	4,210,070	1,693,835	5,903,905	0.150180	0.150180
68.00	06800	SPEECH PATHOLOGY	3,389,691	1,480,673	4,870,364	0.165721	0.165721
69.00	06900	ELECTROCARDIOLOGY	19,132,497	46,950,809	66,083,306	0.051733	0.051733
70.00	07000	ELECTROENCEPHALOGRAPHY	1,250,430	9,030,696	10,281,126	0.113531	0.113531
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,060,837	20,560,207	41,621,044	0.220754	0.220754
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	138,978,424	73,981,772	212,960,196	0.151361	0.151361
73.00	07300	DRUGS CHARGED TO PATIENTS	40,739,485	310,518,894	351,258,379	0.090111	0.090111
74.00	07400	RENAL DIALYSIS	1,730,077	0	1,730,077	0.294753	0.294753
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	WOUND CARE CENTER	127,489	19,096,139	19,223,628	0.070766	0.070766
76.97	07697	CARDIAC REHABILITATION	0	825,522	825,522	0.608833	0.608833
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	13,742,998	63,558,812	77,301,810	0.129195	0.129195
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,044,686	13,121,280	15,165,966	0.203635	0.203635
93.00	04040	ONCOLOGY INFUSION	90,003	22,533,303	22,623,306	0.166538	0.166538
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XIX			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
200.00		Subtotal (see instructions)	601,726,137	1,192,164,707	1,793,890,844			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	601,726,137	1,192,164,707	1,793,890,844			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	TEFRA
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	PATHOLOGY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	WOUND CARE CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	ONCOLOGY INFUSION	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

MCRIF32 - 16.9.172.2

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description			Title XIX		Hospital	TEFRA	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,748,485	3,271,170	31,477,315	0	0
51.00	05100	RECOVERY ROOM	4,790,683	178,552	4,612,131	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,728,625	368,504	5,360,121	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,236,587	1,205,014	11,031,573	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,669,550	729,299	3,940,251	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,866,657	127,373	1,739,284	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,241,910	323,893	918,017	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,332,827	439,927	4,892,900	0	0
60.00	06000	LABORATORY	11,139,221	975,003	10,164,218	0	0
60.01	06001	PATHOLOGY	2,493,714	92,709	2,401,005	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,179	30,003	177,176	0	0
64.00	06400	INTRAVENOUS THERAPY	1,584,985	26,333	1,558,652	0	0
65.00	06500	RESPIRATORY THERAPY	4,003,760	266,523	3,737,237	0	0
66.00	06600	PHYSICAL THERAPY	1,932,415	155,298	1,777,117	0	0
67.00	06700	OCCUPATIONAL THERAPY	886,649	18,404	868,245	0	0
68.00	06800	SPEECH PATHOLOGY	807,120	29,329	777,791	0	0
69.00	06900	ELECTROCARDIOLOGY	3,418,714	554,201	2,864,513	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,229	156,155	1,011,074	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,188,008	121,816	9,066,192	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,233,917	475,216	31,758,701	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,652,407	683,185	30,969,222	0	0
74.00	07400	RENAL DIALYSIS	509,945	6,683	503,262	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	WOUND CARE CENTER	1,360,388	33,317	1,327,071	0	0
76.97	07697	CARDIAC REHABILITATION	502,605	55,706	446,899	0	0
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	0	0	0	0	0
91.00	09100	EMERGENCY	9,987,003	840,657	9,146,346	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,088,323	391,260	2,697,063	0	0
93.00	04040	ONCOLOGY INFUSION	3,767,631	721,777	3,045,854	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
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
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	190,546,537	12,277,307	178,269,230	0	0
201.00		Less Observation Beds	3,088,323	391,260	2,697,063	0	0
202.00		Total (line 200 minus line 201)	187,458,214	11,886,047	175,572,167	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet C
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

				Title XIX		Hospital	TEFRA	
Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)				
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,748,485	305,539,694	0.113728			50.00
51.00	05100	RECOVERY ROOM	4,790,683	19,070,562	0.251208			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,728,625	11,379,609	0.503411			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,236,587	110,155,069	0.111085			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,669,550	117,231,172	0.039832			55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000			56.00
57.00	05700	CT SCAN	1,866,657	83,461,379	0.022366			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,241,910	16,892,643	0.073518			58.00
59.00	05900	CARDIAC CATHETERIZATION	5,332,827	80,439,049	0.066296			59.00
60.00	06000	LABORATORY	11,139,221	72,538,229	0.153563			60.00
60.01	06001	PATHOLOGY	2,493,714	12,818,975	0.194533			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,179	6,118,477	0.033861			63.00
64.00	06400	INTRAVENOUS THERAPY	1,584,985	6,231,770	0.254339			64.00
65.00	06500	RESPIRATORY THERAPY	4,003,760	11,587,241	0.345532			65.00
66.00	06600	PHYSICAL THERAPY	1,932,415	8,559,344	0.225767			66.00
67.00	06700	OCCUPATIONAL THERAPY	886,649	5,903,905	0.150180			67.00
68.00	06800	SPEECH PATHOLOGY	807,120	4,870,364	0.165721			68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,714	66,083,306	0.051733			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,229	10,281,126	0.113531			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,188,008	41,621,044	0.220754			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,233,917	212,960,196	0.151361			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,652,407	351,258,379	0.090111			73.00
74.00	07400	RENAL DIALYSIS	509,945	1,730,077	0.294753			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000			75.00
76.00	03951	WOUND CARE CENTER	1,360,388	19,223,628	0.070766			76.00
76.97	07697	CARDIAC REHABILITATION	502,605	825,522	0.608833			76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000			89.00
90.00	09000	CLINIC	0	0	0.000000			90.00
91.00	09100	EMERGENCY	9,987,003	77,301,810	0.129195			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,088,323	15,165,966	0.203635			92.00
93.00	04040	ONCOLOGY INFUSION	3,767,631	22,623,306	0.166538			93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97.00
99.00	09900	CMHC	0	0	0.000000			99.00
99.10	09910	CORF	0	0	0.000000			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000			101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000			105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000			106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000			107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000			110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000			111.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000			115.00
116.00	11600	HOSPICE	0	0	0.000000			116.00
200.00		Subtotal (sum of lines 50 thru 199)	190,546,537	1,691,871,842				200.00
201.00		Less Observation Beds	3,088,323	0				201.00
202.00		Total (line 200 minus line 201)	187,458,214	1,691,871,842				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,929,866	0	3,929,866	31,860	123.35	30.00	
31.00	INTENSIVE CARE UNIT	442,484		442,484	3,536	125.14	31.00	
32.00	CORONARY CARE UNIT	253,380		253,380	2,073	122.23	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	270,962		270,962	5,415	50.04	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	4,896,692		4,896,692	42,884		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	11,955	1,474,649					30.00
31.00	INTENSIVE CARE UNIT	1,332	166,686					31.00
32.00	CORONARY CARE UNIT	891	108,907					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	14,178	1,750,242					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,271,170	305,539,694	0.010706	43,555,457	466,305	50.00
51.00	05100 RECOVERY ROOM	178,552	19,070,562	0.009363	1,556,418	14,573	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	368,504	11,379,609	0.032383	14,780	479	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,205,014	110,155,069	0.010939	5,686,459	62,204	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	729,299	117,231,172	0.006221	1,054,070	6,557	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	127,373	83,461,379	0.001526	10,540,482	16,085	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	323,893	16,892,643	0.019174	1,771,891	33,974	58.00
59.00	05900 CARDIAC CATHETERIZATION	439,927	80,439,049	0.005469	15,012,338	82,102	59.00
60.00	06000 LABORATORY	975,003	72,538,229	0.013441	10,121,568	136,044	60.00
60.01	06001 PATHOLOGY	92,709	12,818,975	0.007232	613,662	4,438	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	30,003	6,118,477	0.004904	1,849,001	9,068	63.00
64.00	06400 INTRAVENOUS THERAPY	26,333	6,231,770	0.004226	7,145	30	64.00
65.00	06500 RESPIRATORY THERAPY	266,523	11,587,241	0.023001	3,444,712	79,232	65.00
66.00	06600 PHYSICAL THERAPY	155,298	8,559,344	0.018144	2,844,609	51,613	66.00
67.00	06700 OCCUPATIONAL THERAPY	18,404	5,903,905	0.003117	1,732,561	5,400	67.00
68.00	06800 SPEECH PATHOLOGY	29,329	4,870,364	0.006022	1,160,088	6,986	68.00
69.00	06900 ELECTROCARDIOLOGY	554,201	66,083,306	0.008386	8,540,695	71,622	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	156,155	10,281,126	0.015189	410,428	6,234	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	121,816	41,621,044	0.002927	8,854,285	25,916	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	475,216	212,960,196	0.002231	52,813,946	117,828	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	683,185	351,258,379	0.001945	16,371,396	31,842	73.00
74.00	07400 RENAL DIALYSIS	6,683	1,730,077	0.003863	852,386	3,293	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 WOUND CARE CENTER	33,317	19,223,628	0.001733	74,064	128	76.00
76.97	07697 CARDIAC REHABILITATION	55,706	825,522	0.067480	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	840,657	77,301,810	0.010875	6,102,078	66,360	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	391,260	15,165,966	0.025799	1,599,376	41,262	92.00
93.00	04040 ONCOLOGY INFUSION	721,777	22,623,306	0.031904	67,557	2,155	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	12,277,307	1,691,871,842		196,651,452	1,341,730	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/23/2021 6:47 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
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	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days		
			4.00	5.00	6.00	7.00		8.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	31,860	0.00	11,955		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,536	0.00	1,332		31.00	
32.00	03200	CORONARY CARE UNIT	0	0	2,073	0.00	891		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0		34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00	
43.00	04300	NURSERY	0	0	5,415	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0		45.00	
200.00		Total (lines 30 through 199)	0	0	42,884	0.00		14,178		200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							
31.00	03100	INTENSIVE CARE UNIT	0							
32.00	03200	CORONARY CARE UNIT	0							
33.00	03300	BURN INTENSIVE CARE UNIT	0							
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							
40.00	04000	SUBPROVIDER - IPF	0							
41.00	04100	SUBPROVIDER - IRF	0							
42.00	04200	SUBPROVIDER	0							
43.00	04300	NURSERY	0							
44.00	04400	SKILLED NURSING FACILITY	0							
45.00	04500	NURSING FACILITY	0							
200.00		Total (lines 30 through 199)	0							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/23/2021 6:47 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	PATHOLOGY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/23/2021 6:47 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	305,539,694	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,070,562	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	11,379,609	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	110,155,069	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	117,231,172	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	83,461,379	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	16,892,643	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	80,439,049	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	72,538,229	0.000000	60.00
60.01	06001	PATHOLOGY	0	0	0	0	12,818,975	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,118,477	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	6,231,770	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,587,241	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,559,344	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,903,905	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,870,364	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	66,083,306	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	10,281,126	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	41,621,044	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	212,960,196	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	351,258,379	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,730,077	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	0	19,223,628	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	825,522	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	77,301,810	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	15,165,966	0.000000	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	22,623,306	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,691,871,842		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	43,555,457	0	50,388,542	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,556,418	0	3,971,383	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,780	0	2,051	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,686,459	0	30,288,360	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,054,070	0	47,759,301	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	10,540,482	0	15,275,100	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,771,891	0	3,903,362	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	15,012,338	0	18,433,072	0	59.00	
60.00	06000	LABORATORY	0.000000	10,121,568	0	6,227,575	0	60.00	
60.01	06001	PATHOLOGY	0.000000	613,662	0	2,392,840	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,849,001	0	735,709	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	7,145	0	1,778,530	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	3,444,712	0	696,612	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,844,609	0	105,687	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,732,561	0	57,271	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,160,088	0	39,922	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,540,695	0	17,676,203	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	410,428	0	2,058,538	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,854,285	0	6,392,795	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	52,813,946	0	25,276,138	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,371,396	0	131,025,807	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	852,386	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03951	WOUND CARE CENTER	0.000000	74,064	0	6,501,966	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	449	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.000000	6,102,078	0	12,762,164	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,599,376	0	4,055,254	0	92.00	
93.00	04040	ONCOLOGY INFUSION	0.000000	67,557	0	9,188,156	0	93.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00		Total (lines 50 through 199)		196,651,452	0	396,992,787	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.113728	50,388,542	1,015	0	5,730,588	50.00
51.00	05100	RECOVERY ROOM	0.251208	3,971,383	0	0	997,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503411	2,051	0	0	1,032	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111085	30,288,360	25	0	3,364,582	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039832	47,759,301	0	0	1,902,348	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.022366	15,275,100	0	0	341,643	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073518	3,903,362	0	0	286,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066296	18,433,072	5	0	1,222,039	59.00
60.00	06000	LABORATORY	0.153563	6,227,575	62,365	0	956,325	60.00
60.01	06001	PATHOLOGY	0.194533	2,392,840	491	0	465,486	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033861	735,709	0	0	24,912	63.00
64.00	06400	INTRAVENOUS THERAPY	0.254339	1,778,530	65	0	452,350	64.00
65.00	06500	RESPIRATORY THERAPY	0.345532	696,612	705	0	240,702	65.00
66.00	06600	PHYSICAL THERAPY	0.225767	105,687	0	0	23,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.150180	57,271	0	0	8,601	67.00
68.00	06800	SPEECH PATHOLOGY	0.165721	39,922	0	0	6,616	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051733	17,676,203	0	0	914,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113531	2,058,538	0	0	233,708	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.220754	6,392,795	0	0	1,411,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.151361	25,276,138	0	0	3,825,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090111	131,025,807	36	54,596	11,806,866	73.00
74.00	07400	RENAL DIALYSIS	0.294753	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.070766	6,501,966	3	0	460,118	76.00
76.97	07697	CARDIAC REHABILITATION	0.608833	449	0	0	273	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.129195	12,762,164	252	0	1,648,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.203635	4,055,254	0	0	825,792	92.00
93.00	04040	ONCOLOGY INFUSION	0.166538	9,188,156	168	0	1,530,177	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		396,992,787	65,130	54,596	38,682,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		396,992,787	65,130	54,596	38,682,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	115	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	9,577	0		60.00
60.01	06001	PATHOLOGY	96	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	17	0		64.00
65.00	06500	RESPIRATORY THERAPY	244	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3	4,920		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03951	WOUND CARE CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	33	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	ONCOLOGY INFUSION	28	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	10,116	4,920		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,116	4,920		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part I
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XIX		Hospital	TEFRA	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,929,866	0	3,929,866	31,860	123.35	30.00
31.00	INTENSIVE CARE UNIT	442,484		442,484	3,536	125.14	31.00
32.00	CORONARY CARE UNIT	253,380		253,380	2,073	122.23	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	270,962		270,962	5,415	50.04	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	4,896,692		4,896,692	42,884		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	321	39,595				30.00
31.00	INTENSIVE CARE UNIT	122	15,267				31.00
32.00	CORONARY CARE UNIT	34	4,156				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	79	3,953				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	556	62,971				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part II
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Title XIX		Hospital		TEFRA	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,271,170	305,539,694	0.010706	1,252,269	13,407	50.00
51.00	05100 RECOVERY ROOM	178,552	19,070,562	0.009363	41,758	391	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	368,504	11,379,609	0.032383	87,384	2,830	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,205,014	110,155,069	0.010939	285,514	3,123	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	729,299	117,231,172	0.006221	56,498	351	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	127,373	83,461,379	0.001526	575,531	878	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	323,893	16,892,643	0.019174	115,093	2,207	58.00
59.00	05900 CARDIAC CATHETERIZATION	439,927	80,439,049	0.005469	827,809	4,527	59.00
60.00	06000 LABORATORY	975,003	72,538,229	0.013441	557,444	7,493	60.00
60.01	06001 PATHOLOGY	92,709	12,818,975	0.007232	37,563	272	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	30,003	6,118,477	0.004904	55,649	273	63.00
64.00	06400 INTRAVENOUS THERAPY	26,333	6,231,770	0.004226	3,020	13	64.00
65.00	06500 RESPIRATORY THERAPY	266,523	11,587,241	0.023001	235,323	5,413	65.00
66.00	06600 PHYSICAL THERAPY	155,298	8,559,344	0.018144	117,118	2,125	66.00
67.00	06700 OCCUPATIONAL THERAPY	18,404	5,903,905	0.003117	62,859	196	67.00
68.00	06800 SPEECH PATHOLOGY	29,329	4,870,364	0.006022	64,797	390	68.00
69.00	06900 ELECTROCARDIOLOGY	554,201	66,083,306	0.008386	322,692	2,706	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	156,155	10,281,126	0.015189	43,744	664	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	121,816	41,621,044	0.002927	144,610	423	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	475,216	212,960,196	0.002231	603,988	1,347	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	683,185	351,258,379	0.001945	606,985	1,181	73.00
74.00	07400 RENAL DIALYSIS	6,683	1,730,077	0.003863	27,513	106	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 WOUND CARE CENTER	33,317	19,223,628	0.001733	617	1	76.00
76.97	07697 CARDIAC REHABILITATION	55,706	825,522	0.067480	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	840,657	77,301,810	0.010875	289,365	3,147	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	391,260	15,165,966	0.025799	29,114	751	92.00
93.00	04040 ONCOLOGY INFUSION	721,777	22,623,306	0.031904	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	12,277,307	1,691,871,842		6,444,257	54,215	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part III Date/Time Prepared: 3/23/2021 6:47 pm		
					Title XIX		Hospital		TEFRA		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	31,860	0.00	321	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,536	0.00	122	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	2,073	0.00	34	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0.00	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	0	0	42.00	
43.00	04300	NURSERY	0	0	0	5,415	0.00	79	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0.00	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0.00	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	42,884	0.00	556	0	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0							30.00	
31.00	03100	INTENSIVE CARE UNIT	0							31.00	
32.00	03200	CORONARY CARE UNIT	0							32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00	
40.00	04000	SUBPROVIDER - IPF	0							40.00	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
42.00	04200	SUBPROVIDER	0							42.00	
43.00	04300	NURSERY	0							43.00	
44.00	04400	SKILLED NURSING FACILITY	0							44.00	
45.00	04500	NURSING FACILITY	0							45.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Title XIX			Hospital		TEFRA	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part IV Date/Time Prepared: 3/23/2021 6:47 pm	
					Title XIX		Hospital		TEFRA	
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM		0	0	0	305,539,694	0.000000	50.00	
51.00	05100	RECOVERY ROOM		0	0	0	19,070,562	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	11,379,609	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	110,155,069	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	117,231,172	0.000000	55.00	
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN		0	0	0	83,461,379	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	16,892,643	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	80,439,049	0.000000	59.00	
60.00	06000	LABORATORY		0	0	0	72,538,229	0.000000	60.00	
60.01	06001	PATHOLOGY		0	0	0	12,818,975	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	6,118,477	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY		0	0	0	6,231,770	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,587,241	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY		0	0	0	8,559,344	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,903,905	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,870,364	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY		0	0	0	66,083,306	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	10,281,126	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	41,621,044	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	212,960,196	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	351,258,379	0.000000	73.00	
74.00	07400	RENAL DIALYSIS		0	0	0	1,730,077	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00	
76.00	03951	WOUND CARE CENTER		0	0	0	19,223,628	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION		0	0	0	825,522	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00	
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00	
91.00	09100	EMERGENCY		0	0	0	77,301,810	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	15,165,966	0.000000	92.00	
93.00	04040	ONCOLOGY INFUSION		0	0	0	22,623,306	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES							95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00	
200.00		Total (lines 50 through 199)		0	0	0	1,691,871,842		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part IV
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Title XIX			Hospital		TEFRA	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,252,269	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	41,758	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	87,384	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	285,514	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	56,498	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	575,531	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	115,093	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	827,809	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	557,444	0	0	0	60.00
60.01	06001	PATHOLOGY	0.000000	37,563	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	55,649	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	3,020	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	235,323	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	117,118	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	62,859	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	64,797	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	322,692	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	43,744	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	144,610	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	603,988	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	606,985	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	27,513	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.000000	617	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	289,365	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	29,114	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		6,444,257	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet D
Part V
Date/Time Prepared:
3/23/2021 6:47 pm

			Title XIX		Hospital	TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.113728	0	0	1,315,683	0
51.00	05100	RECOVERY ROOM	0.251208	0	0	129,002	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503411	0	0	2,499	0
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111085	0	0	596,116	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039832	0	0	744,107	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.022366	0	0	776,435	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073518	0	0	64,061	0
59.00	05900	CARDIAC CATHETERIZATION	0.066296	0	0	147,507	0
60.00	06000	LABORATORY	0.153563	0	0	16,797	0
60.01	06001	PATHOLOGY	0.194533	0	0	49,332	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033861	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.254339	0	0	103,599	0
65.00	06500	RESPIRATORY THERAPY	0.345532	0	0	13,531	0
66.00	06600	PHYSICAL THERAPY	0.225767	0	0	5,177	0
67.00	06700	OCCUPATIONAL THERAPY	0.150180	0	0	2,567	0
68.00	06800	SPEECH PATHOLOGY	0.165721	0	0	4,804	0
69.00	06900	ELECTROCARDIOLOGY	0.051733	0	0	275,045	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113531	0	0	57,780	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.220754	0	0	124,659	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.151361	0	0	132,859	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090111	0	0	352,540	0
74.00	07400	RENAL DIALYSIS	0.294753	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00	03951	WOUND CARE CENTER	0.070766	0	0	92,427	0
76.97	07697	CARDIAC REHABILITATION	0.608833	0	0	6,639	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.129195	0	0	1,004,161	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.203635	0	0	126,638	0
93.00	04040	ONCOLOGY INFUSION	0.166538	0	0	23,747	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00		Subtotal (see instructions)		0	0	6,167,712	0
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00		Net Charges (line 200 - line 201)		0	0	6,167,712	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0104		Period: From 09/01/2019 To 08/31/2020		Worksheet D Part V Date/Time Prepared: 3/23/2021 6:47 pm	
				Title XIX		Hospital		TEFRA	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	149,630					50.00
51.00	05100	RECOVERY ROOM	0	32,406					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,258					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,220					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,639					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	17,366					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,710					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,779					59.00
60.00	06000	LABORATORY	0	2,579					60.00
60.01	06001	PATHOLOGY	0	9,597					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	26,349					64.00
65.00	06500	RESPIRATORY THERAPY	0	4,675					65.00
66.00	06600	PHYSICAL THERAPY	0	1,169					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	386					67.00
68.00	06800	SPEECH PATHOLOGY	0	796					68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,229					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,560					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,519					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,110					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,768					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03951	WOUND CARE CENTER	0	6,541					76.00
76.97	07697	CARDIAC REHABILITATION	0	4,042					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	129,733					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,788					92.00
93.00	04040	ONCOLOGY INFUSION	0	3,955					93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
95.00	09500	AMBULANCE SERVICES	0						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
200.00		Subtotal (see instructions)	0	626,804					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	626,804					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/23/2021 6:47 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)		31,860	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,860	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)		28,688	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)		11,955	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)		31,019,572	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)		31,019,572	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)		31,019,572	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)		973.62	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,639,627	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,639,627	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

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

Worksheet D-1

Date/Time Prepared:
3/23/2021 6:47 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,927,187	3,536	2,241.85	1,332	2,986,144
44.00	CORONARY CARE UNIT	4,849,783	2,073	2,339.50	891	2,084,495
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,704,918
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,415,184
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,750,242
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,341,730
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,091,972
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,323,212
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					3,172
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.62
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,088,323

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

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

Worksheet D-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,929,866	31,019,572	0.126690	3,088,323	391,260
91.00	Nursing School cost	0	31,019,572	0.000000	3,088,323	0
92.00	Allied health cost	0	31,019,572	0.000000	3,088,323	0
93.00	All other Medical Education	0	31,019,572	0.000000	3,088,323	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet D-1 Date/Time Prepared: 3/23/2021 6:47 pm
		Title XIX	Hospital	TEFRA
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)		31,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,860	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)		28,688	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)		321	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)		5,415	15.00
16.00	Nursery days (title V or XIX only)		79	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)		31,019,572	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)		31,019,572	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)		31,019,572	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)		973.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		312,532	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)		312,532	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

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

Worksheet D-1

Date/Time Prepared:
3/23/2021 6:47 pm

		Title XIX		Hospital		TEFRA	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,475,134	5,415	1,011.11	79	79,878	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,927,187	3,536	2,241.85	122	273,506	43.00
44.00	CORONARY CARE UNIT	4,849,783	2,073	2,339.50	34	79,543	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					781,737	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,527,196	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)					62,971	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					54,215	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					117,186	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,410,010	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					144	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)					-1,410,010	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)					117,186	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)					3,172	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,088,323	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

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

Worksheet D-1

Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Title XIX		Hospital	TEFRA	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,929,866	31,019,572	0.126690	3,088,323	391,260
91.00	Nursing School cost	0	31,019,572	0.000000	3,088,323	0
92.00	Allied health cost	0	31,019,572	0.000000	3,088,323	0
93.00	All other Medical Education	0	31,019,572	0.000000	3,088,323	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/23/2021 6:47 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		20,365,019	30.00
31.00	03100	INTENSIVE CARE UNIT		7,294,748	31.00
32.00	03200	CORONARY CARE UNIT		4,814,331	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113743	43,555,457	4,954,128 50.00
51.00	05100	RECOVERY ROOM	0.251208	1,556,418	390,985 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503411	14,780	7,440 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111126	5,686,459	631,913 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039832	1,054,070	41,986 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022366	10,540,482	235,748 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073518	1,771,891	130,266 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066304	15,012,338	995,378 59.00
60.00	06000	LABORATORY	0.153563	10,121,568	1,554,298 60.00
60.01	06001	PATHOLOGY	0.194533	613,662	119,378 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033861	1,849,001	62,609 63.00
64.00	06400	INTRAVENOUS THERAPY	0.254339	7,145	1,817 64.00
65.00	06500	RESPIRATORY THERAPY	0.345532	3,444,712	1,190,258 65.00
66.00	06600	PHYSICAL THERAPY	0.225767	2,844,609	642,219 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.150180	1,732,561	260,196 67.00
68.00	06800	SPEECH PATHOLOGY	0.165721	1,160,088	192,251 68.00
69.00	06900	ELECTROCARDIOLOGY	0.051733	8,540,695	441,836 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113531	410,428	46,596 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.220754	8,854,285	1,954,619 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.151361	52,813,946	7,993,972 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090111	16,371,396	1,475,243 73.00
74.00	07400	RENAL DIALYSIS	0.294753	852,386	251,243 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	WOUND CARE CENTER	0.070766	74,064	5,241 76.00
76.97	07697	CARDIAC REHABILITATION	0.608833	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.129195	6,102,078	788,358 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.203635	1,599,376	325,689 92.00
93.00	04040	ONCOLOGY INFUSION	0.166538	67,557	11,251 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		196,651,452	24,704,918 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		196,651,452	24,704,918 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet D-3 Date/Time Prepared: 3/23/2021 6:47 pm
			Title XIX	Hospital	TEFRA
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		917,174	30.00
31.00	03100	INTENSIVE CARE UNIT		733,891	31.00
32.00	03200	CORONARY CARE UNIT		168,434	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		202,071	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113728	1,252,269	142,418 50.00
51.00	05100	RECOVERY ROOM	0.251208	41,758	10,490 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503411	87,384	43,990 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111085	285,514	31,716 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039832	56,498	2,250 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022366	575,531	12,872 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073518	115,093	8,461 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066296	827,809	54,880 59.00
60.00	06000	LABORATORY	0.153563	557,444	85,603 60.00
60.01	06001	PATHOLOGY	0.194533	37,563	7,307 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033861	55,649	1,884 63.00
64.00	06400	INTRAVENOUS THERAPY	0.254339	3,020	768 64.00
65.00	06500	RESPIRATORY THERAPY	0.345532	235,323	81,312 65.00
66.00	06600	PHYSICAL THERAPY	0.225767	117,118	26,441 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.150180	62,859	9,440 67.00
68.00	06800	SPEECH PATHOLOGY	0.165721	64,797	10,738 68.00
69.00	06900	ELECTROCARDIOLOGY	0.051733	322,692	16,694 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113531	43,744	4,966 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.220754	144,610	31,923 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.151361	603,988	91,420 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.090111	606,985	54,696 73.00
74.00	07400	RENAL DIALYSIS	0.294753	27,513	8,110 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	WOUND CARE CENTER	0.070766	617	44 76.00
76.97	07697	CARDIAC REHABILITATION	0.608833	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.129195	289,365	37,385 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.203635	29,114	5,929 92.00
93.00	04040	ONCOLOGY INFUSION	0.166538	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,444,257	781,737 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		6,444,257	781,737 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A
Date/Time Prepared:
3/23/2021 6:47 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			2,767,476	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			29,400,169	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			39,612	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,577,698	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			218.33	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.48	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.69	31.00
32.00	Sum of lines 30 and 31			30.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.11	33.00
34.00	Disproportionate share adjustment (see instructions)			1,134,714	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/23/2021 6:47 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,232,328	889,054		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	183,480	816,181		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	999,661			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	35,919,330			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		35,919,330		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,755,101		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,674,431		59.00
60.00	Primary payer payments		38,221		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,636,210		61.00
62.00	Deductibles billed to program beneficiaries		3,497,912		62.00
63.00	Coinsurance billed to program beneficiaries		112,167		63.00
64.00	Allowable bad debts (see instructions)		900,845		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		585,549		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		276,074		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,611,680		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-182,903		70.93
70.94	HRR adjustment amount (see instructions)		-187,992		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part A Date/Time Prepared: 3/23/2021 6:47 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		35,240,785	71.00
71.01	Sequestration adjustment (see instructions)		468,702	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		34,437,588	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		334,495	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,210,076	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/23/2021 6:47 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,767,476	0	2,767,476		2,767,476
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,400,169	0		29,400,169	29,400,169
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	39,612	0	39,612		39,612
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,577,698	0		1,577,698	1,577,698
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1411	0.1411	0.1411	0.1411	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,134,714	0	97,623	1,037,091	1,134,714
11.01	Uncompensated care payments	36.00	999,661	0	183,480	816,181	999,661
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	35,919,330	0	3,088,191	32,831,139	35,919,330
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,919,330	0	3,088,191	32,831,139	35,919,330
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,755,101	0	226,344	2,528,757	2,755,101

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/23/2021 6:47 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	3,314,535	35,359,896	38,674,431	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,525,938	0	222,092	2,303,846	2,525,938	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	229,163	0	4,252	224,911	229,163	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,755,101	0	226,344	2,528,757	2,755,101	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/23/2021 6:47 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,767,476	2,767,476		2,767,476	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,400,169		29,400,169	29,400,169	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	39,612	39,612		39,612	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,577,698		1,577,698	1,577,698	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1411	0.1411	0.1411		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,134,714	97,623	1,037,091	1,134,714	11.00
11.01	Uncompensated care payments	36.00	999,661	183,480	816,181	999,661	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	35,919,330	3,088,191	32,831,139	35,919,330	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,919,330	3,088,191	32,831,139	35,919,330	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,755,101	226,344	2,528,757	2,755,101	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			3,314,535	35,359,896	38,674,431	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/23/2021 6:47 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,525,938	222,092	2,303,846	2,525,938	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	229,163	4,252	224,911	229,163	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,755,101	226,344	2,528,757	2,755,101	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-182,903	-5,694	-177,209	-182,903	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-187,992	-26,291	-161,701	-187,992	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet E Part B Date/Time Prepared: 3/23/2021 6:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,036	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,682,937	2.00
3.00	OPPS payments		31,613,680	3.00
4.00	Outlier payment (see instructions)		71,477	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,036	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		119,726	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)		119,726	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)		119,726	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,690	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)		15,036	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)		31,685,157	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		12,185	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,786,153	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)		25,901,855	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		25,901,855	30.00
31.00	Primary payer payments		12,934	31.00
32.00	Subtotal (line 30 minus line 31)		25,888,921	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)		783,098	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		509,014	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,090	36.00
37.00	Subtotal (see instructions)		26,397,935	37.00
38.00	MSP-LCC reconciliation amount from PS&R		378	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)		26,397,557	40.00
40.01	Sequestration adjustment (see instructions)		351,088	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		25,971,637	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)		74,832	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		3,319,911	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet E-1
Part I
Date/Time Prepared:
3/23/2021 6:47 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		34,380,881		25,993,204	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/20/2020	71,995	08/20/2020	6,045	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	11/20/2019	15,288	11/20/2019	27,612	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		56,707		-21,567	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)		34,437,588		25,971,637	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		334,495		74,832	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		34,772,083		26,046,469	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet E-1 Part II Date/Time Prepared: 3/23/2021 6:47 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: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 3/23/2021 6:47 pm
		Title XIX	Hospital	TEFRA
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	117,186		1.00
2.00	Medical and other services		626,804	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	117,186	626,804	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	117,186	626,804	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	6,444,257	6,167,712	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	6,444,257	6,167,712	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	6,444,257	6,167,712	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,327,071	5,540,908	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	117,186	626,804	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	117,186	626,804	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	117,186	626,804	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	117,186	626,804	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	117,186	626,804	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	117,186	626,804	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	117,186	626,804	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 18-0104

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

Worksheet G

Date/Time Prepared:
3/23/2021 6:47 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	1,820,684	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	250,713,104	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-203,673,970	0	0	0	6.00
7.00	Inventory	8,259,922	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	9,147,073	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)	66,266,813	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,344,004	0	0	0	12.00
13.00	Land improvements	7,713,635	0	0	0	13.00
14.00	Accumulated depreciation	-6,774,097	0	0	0	14.00
15.00	Buildings	244,353,885	0	0	0	15.00
16.00	Accumulated depreciation	-152,499,826	0	0	0	16.00
17.00	Leasehold improvements	62,296	0	0	0	17.00
18.00	Accumulated depreciation	-31,667	0	0	0	18.00
19.00	Fixed equipment	14,012,142	0	0	0	19.00
20.00	Accumulated depreciation	-13,613,307	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	100,908,616	0	0	0	23.00
24.00	Accumulated depreciation	-80,716,571	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)	121,759,110	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	36,462,089	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	36,462,089	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	224,488,012	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,394,620	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,497	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,894,470	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,291,587	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,711,350	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,711,350	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	25,002,937	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	199,485,075	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	199,485,075	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	224,488,012	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0104

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

Worksheet G-1

Date/Time Prepared:
3/23/2021 6:47 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		189,894,491		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		8,850,113				2.00
3.00	Total (sum of line 1 and line 2)		198,744,604		0		3.00
4.00	OTHER MARKET EXPENSES	29,205,433		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		29,205,433		0		10.00
11.00	Subtotal (line 3 plus line 10)		227,950,037		0		11.00
12.00	TRANSFERS	28,454,375		0		0	12.00
13.00	RESTRICTED FUND	10,585		0		0	13.00
14.00	TO BALANCE	2		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)		28,464,962		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		199,485,075		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER MARKET EXPENSES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS		0				12.00
13.00	RESTRICTED FUND		0				13.00
14.00	TO BALANCE		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: 18-0104

Period:
From 09/01/2019
To 08/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/23/2021 6:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,467,487		49,467,487	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	49,467,487		49,467,487	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,372,403		19,372,403	11.00
12.00	CORONARY CARE UNIT	11,198,455		11,198,455	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,570,858		30,570,858	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	80,038,345		80,038,345	17.00
18.00	Ancillary services	483,832,625	1,092,951,313	1,576,783,938	18.00
19.00	Outpatient services	15,877,686	99,213,395	115,091,081	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	21,938,860	0	21,938,860	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	601,687,516	1,192,164,708	1,793,852,224	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		268,892,428		29.00
30.00	OTHER MARKET EXPENSES	29,205,433			30.00
31.00	EXCLUDED EXPENSES	569,451			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)		29,774,884		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)		298,667,312		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0104

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

Worksheet G-3

Date/Time Prepared:
3/23/2021 6:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,793,852,224	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,498,914,630	2.00
3.00	Net patient revenues (line 1 minus line 2)	294,937,594	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	298,667,312	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,729,718	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	277,849	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,082,618	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	5,702,604	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	66,548	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	450,302	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,094,194	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	2,727,048	24.00
24.50	COVID-19 PHE Funding	133,225	24.50
25.00	Total other income (sum of lines 6-24)	12,534,388	25.00
26.00	Total (line 5 plus line 25)	8,804,670	26.00
27.00	OTHER	-45,443	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-45,443	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,850,113	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0104	Period: From 09/01/2019 To 08/31/2020	Worksheet L Parts I-III Date/Time Prepared: 3/23/2021 6:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,525,938	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		229,163	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		94.66	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,755,101	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00