

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/25/2022 1:08 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 1/25/2022	Time: 1:08 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**  
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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KISHWAUKEE COMMUNITY HOSPITAL ( 14-0286 ) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	37,982	-88,331	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	37,982	-88,331	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:08 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:	Zip Code: 60115-	1.00
2.00	City: DEKALB	State: IL	County: DEKALB	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	KISHWAUKEE COMMUNITY HOSPITAL	140286	16974	1	12/21/1975	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2020	08/31/2021			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
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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					22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N						23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286			Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:08 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	779	434	0	13	2,882	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
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	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:08 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-2  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

		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		
		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
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	4.00	5.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>				
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
<b>Inpatient Rehabilitation Facility PPS</b>				
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
		1.00		
<b>Long Term Care Hospital PPS</b>				
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
<b>TEFRA Providers</b>				
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	
<b>Title V and XIX Services</b>				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
<b>Rural Providers</b>				
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:08 pm	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				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	
				1.00	2.00	3.00	
		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				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	197,691		467,472		3,465,912	
				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:08 pm	
		1.00		2.00			
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		HBO640		140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131		141.00	
142.00	Street: 251 E HURON STREET	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60611		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:08 pm	
			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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part II Date/Time Prepared: 1/25/2022 1:08 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? 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 programs 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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/10/2021	Y	12/10/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part II Date/Time Prepared: 1/25/2022 1:08 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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-766-7529		BRANDON.HOFMANN@NM.ORG	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR FINANCIAL ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,390	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		98	35,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

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)	8,257	770	18,909			1.00
2.00 HMO and other (see instructions)	3,556	2,882				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,257	770	18,909			7.00
8.00 INTENSIVE CARE UNIT	1,341	64	2,601			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		270	1,408			13.00
14.00 Total (see instructions)	9,598	1,104	22,918	0.00	804.69	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			124			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	804.69	27.00
28.00 Observation Bed Days		0	4,523			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	122	233			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

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	2,022	232	5,257	1.00
2.00 HMO and other (see instructions)			685	997		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	2,022	232	5,257	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	62,903,713	-313,253	62,590,460	1,673,759.44	37.40
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)		316,012	-2,506	313,506	19,568.34	16.02
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,022,081	0	3,022,081	22,680.78	133.24
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		142,086	0	142,086	947.24	150.00
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		13,861,167	0	13,861,167	308,017.00	45.00
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		18,203,286	0	18,203,286		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		91,636	0	91,636		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,279,457	0	1,279,457		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	468,449	-429,298	39,151	0.00	0.00	26.00
27.00	Administrative & General	8,094,062	-495,405	7,598,657	169,037.35	44.95	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,307,635	9,037	1,316,672	68,471.45	19.23	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,123,424	-675,404	448,020	25,692.72	17.44	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	683,168	683,168	39,177.82	17.44	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,275,513	28,146	2,303,659	61,518.25	37.45	38.00
39.00	Central Services and Supply	305,562	2,112	307,674	12,230.19	25.16	39.00
40.00	Pharmacy	2,116,941	14,629	2,131,570	44,487.85	47.91	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	656,763	4,539	661,302	17,709.66	37.34	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/25/2022 1:08 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	62,903,713	-313,253	62,590,460	1,673,759.44	37.40	1.00
2.00	Excluded area salaries (see instructions)	316,012	-2,506	313,506	19,568.34	16.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,587,701	-310,747	62,276,954	1,654,191.10	37.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,025,334	0	17,025,334	331,645.02	51.34	4.00
5.00	Subtotal wage-related costs (see inst.)	19,482,743	0	19,482,743	0.00	31.28	5.00
6.00	Total (sum of lines 3 thru 5)	99,095,778	-310,747	98,785,031	1,985,836.12	49.74	6.00
7.00	Total overhead cost (see instructions)	16,348,349	-858,476	15,489,873	438,325.29	35.34	7.00

Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 1/25/2022 1:08 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	3,596,298	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
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)	6,304,360	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,839,529	9.00
10.00	Dental, Hearing and Vision Plan	278,621	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	534,074	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)	211,062	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,265,749	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-9,384	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	274,613	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,294,922	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-3  
Part V  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,022,081	18,294,922	1.00
2.00	Hospital	3,022,081	18,294,922	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital -Based SNF			8.00
9.00	Hospital -Based NF			9.00
10.00	Hospital -Based OLTC			10.00
11.00	Hospital -Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice			13.00
14.00	Hospital -Based Health Clinic RHC	0	0	14.00
15.00	Hospital -Based Health Clinic FQHC	0	0	15.00
16.00	Hospital -Based-CMHC			16.00
16.10	Hospital -Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet S-10

Date/Time Prepared:  
1/25/2022 1:08 pm

				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.192246	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			24,386,742	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			3,021,000	5.00
6.00	Medicaid charges			154,022,577	6.00
7.00	Medicaid cost (line 1 times line 6)			29,610,224	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)			2,202,482	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			35,054	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)			2,202,482	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,598,822	1,929,947	16,528,769	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,806,565	1,929,947	4,736,512	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,806,565	1,929,947	4,736,512	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,503,431	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			650,641	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,000,986	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,502,445	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,215,922	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,952,434	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,154,916	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		13,721,162	13,721,162	-4,147,094	9,574,068	1.00
2.00	00200		0	0	4,147,094	4,147,094	2.00
4.00	00400	468,449	87,318	555,767	15,186,094	15,741,861	4.00
5.00	00500	8,094,062	77,194,872	85,288,934	-5,158,204	80,130,730	5.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	565,990	565,990	0	565,990	8.00
9.00	00900	1,307,635	1,181,662	2,489,297	-508,829	1,980,468	9.00
10.00	01000	1,123,424	2,156,200	3,279,624	-2,478,950	800,674	10.00
11.00	01100	0	0	0	1,985,380	1,985,380	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	498,638	498,638	1,130	499,768	12.01
13.00	01300	2,275,513	653,422	2,928,935	-343,504	2,585,431	13.00
14.00	01400	305,562	370,178	675,740	-82,698	593,042	14.00
15.00	01500	2,116,941	8,273,049	10,389,990	-8,230,648	2,159,342	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	656,763	207,086	863,849	-141,590	722,259	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	14,911,316	5,332,552	20,243,868	-4,881,572	15,362,296	30.00
31.00	03100	2,856,505	1,018,979	3,875,484	-648,755	3,226,729	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	391,264	391,264	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,577,636	8,606,432	10,184,068	-5,626,616	4,557,452	50.00
50.01	05001	1,214,834	489,651	1,704,485	-212,843	1,491,642	50.01
50.02	05002	481,782	460,586	942,368	58,612	1,000,980	50.02
51.00	05100	682,027	160,447	842,474	-111,009	731,465	51.00
52.00	05200	0	0	0	1,772,820	1,772,820	52.00
53.00	05300	0	1,044,001	1,044,001	-1,115	1,042,886	53.00
54.00	05400	5,546,800	6,157,332	11,704,132	-3,085,217	8,618,915	54.00
55.00	05500	2,432,411	18,851,008	21,283,419	-544,298	20,739,121	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,288,485	7,099,630	10,388,115	-811,818	9,576,297	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,246,106	461,066	1,707,172	-279,517	1,427,655	65.00
66.00	06600	3,706,110	1,181,284	4,887,394	-761,835	4,125,559	66.00
67.00	06700	538,712	154,795	693,507	-122,684	570,823	67.00
68.00	06800	277,977	61,986	339,963	-47,682	292,281	68.00
69.00	06900	445,895	1,082,958	1,528,853	-82,821	1,446,032	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	4,084,656	4,084,656	71.00
72.00	07200	0	0	0	4,291,382	4,291,382	72.00
73.00	07300	0	0	0	7,926,023	7,926,023	73.00
76.00	03950	64,535	393,678	458,213	-21,557	436,656	76.00
76.01	03951	1,149	537	1,686	42,621	44,307	76.01
76.97	07697	366,982	103,409	470,391	-73,154	397,237	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	362,377	115,329	477,706	-88,258	389,448	90.00
90.01	09001	15,130	3,930	19,060	-3,825	15,235	90.01
91.00	09100	5,079,811	2,324,354	7,404,165	-1,123,316	6,280,849	91.00
92.00	09200						92.00
93.00	04950	1,142,772	315,887	1,458,659	-132,958	1,325,701	93.00
93.01	04951	0	377,673	377,673	0	377,673	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		62,587,701	160,707,081	223,294,782	134,709	223,429,491	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	92,487	88,555	181,042	-39,172	141,870	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.00	07950 HOME OFFICE COSTS	0	152,435	152,435	0	152,435	194.00
194.01	07951 COMMUNITY WELLNESS	0	1,361	1,361	0	1,361	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	5,629	2,512,707	2,518,336	3,024	2,521,360	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	217,896	2,061,209	2,279,105	-98,561	2,180,544	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	62,903,713	165,523,348	228,427,061	0	228,427,061	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-518,830	9,055,238	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-234,923	3,912,171	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,907,886	17,649,747	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,522,040	58,608,690	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	565,990	8.00
9.00	00900	HOUSEKEEPING	-62,986	1,917,482	9.00
10.00	01000	DIETARY	34,729	835,403	10.00
11.00	01100	CAFETERIA	-920,702	1,064,678	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	-12,617	487,151	12.01
13.00	01300	NURSING ADMINISTRATION	-21,226	2,564,205	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-4,484	588,558	14.00
15.00	01500	PHARMACY	-990	2,158,352	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-520	721,739	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-284,326	15,077,970	30.00
31.00	03100	INTENSIVE CARE UNIT	-26,730	3,199,999	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	391,264	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,200	4,556,252	50.00
50.01	05001	AMBULATORY SERVICES	-30	1,491,612	50.01
50.02	05002	ENDOSCOPY	0	1,000,980	50.02
51.00	05100	RECOVERY ROOM	0	731,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,772,820	52.00
53.00	05300	ANESTHESIOLOGY	-791,500	251,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-856,886	7,762,029	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-60,477	20,678,644	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-69,284	9,507,013	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-290	1,427,365	65.00
66.00	06600	PHYSICAL THERAPY	-74,662	4,050,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,016	569,807	67.00
68.00	06800	SPEECH PATHOLOGY	0	292,281	68.00
69.00	06900	ELECTROCARDIOLOGY	-401	1,445,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,084,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,291,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,926,023	73.00
76.00	03950	SLEEP LAB	0	436,656	76.00
76.01	03951	CLINICAL NUTRITION	0	44,307	76.01
76.97	07697	CARDIAC REHABILITATION	-1,440	395,797	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-1,404	388,044	90.00
90.01	09001	GENETIC COUNSELING	0	15,235	90.01
91.00	09100	EMERGENCY	-6,952	6,273,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-211,172	1,114,529	93.00
93.01	04951	OUTSIDE SERVICES	0	377,673	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,744,473	199,685,018	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-15,352	126,518	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	-152,435	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	1,361	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet A Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	-748,302	1,773,058	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	-526,192	1,654,352	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	-25,186,754	203,240,307	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	678,479	1,302,212	1.00
	TOTALS		678,479	1,302,212	
<b>B - SCHEDULING COSTS</b>					
1.00	OPERATING ROOM	50.00	128,770	2,229	1.00
2.00	AMBULATORY SERVICES	50.01	48,630	842	2.00
3.00	ENDOSCOPY	50.02	174,515	3,021	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	75,128	1,301	4.00
	TOTALS		427,043	7,393	
<b>C - NURSERY DELIVERY AND LABOR</b>					
1.00	NURSERY	43.00	372,536	16,154	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,687,961	73,194	2.00
	TOTALS		2,060,497	89,348	
<b>D - MEDICAL SUPPLY</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,963,585	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	3,963,585	
<b>F - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,147,094	1.00
	TOTALS		0	4,147,094	
<b>G - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,926,023	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	7,926,023	
<b>H - ROUTINE OBSERVATION</b>					
1.00	ADULTS & PEDIATRICS	30.00	120,844	17,180	1.00
	TOTALS		120,844	17,180	
<b>J - MOB BUILDING COSTS</b>					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
<b>K - KISH HEALTHCARE BUILDING COSTS</b>					
1.00	EMERGENCY	91.00	0	11,675	1.00
	TOTALS		0	11,675	
<b>L - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,291,382	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	4,291,382	
<b>M - MEDICAL DIRECTOR FEES</b>					
1.00	NURSING ADMINISTRATION	13.00	0	20,175	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	43,575	2.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	583,656	5.00
6.00	OUTPATIENT COUNSELING	93.00	0	78,336	6.00
7.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	15,000	7.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	108,177	9.00
	TOTALS		0	848,919	
<b>N - DIRECTLY ASSIGNED BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,615,392	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

						Increases					
Cost Center		Line #	Salary	Other							
2.00		3.00	4.00	5.00							
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
TOTALS							0	15,615,392			
Q - CLINICAL NUTRITION COSTS											
1.00	CLINICAL NUTRITION	76.01	0	3,315							1.00
TOTALS							0	3,315			
P - ROUTINE DIABETES											
1.00		0.00	0	0							1.00
TOTALS							0	0			
Q - BUILDING RENTAL RECLASS											
1.00	PHYSICAL THERAPY	66.00	0	38,582							1.00
2.00	CLINICAL NUTRITION	76.01	0	37,444							2.00
TOTALS							0	76,026			
R - PTO ACCRUAL											
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,237	0							1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	52,151	0							2.00
3.00	HOUSEKEEPING	9.00	9,037	0							3.00
4.00	DIETARY	10.00	3,075	0							4.00
5.00	CAFETERIA	11.00	4,689	0							5.00
6.00	NURSING ADMINISTRATION	13.00	15,810	0							6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,112	0							7.00
8.00	PHARMACY	15.00	14,629	0							8.00
9.00	SOCIAL SERVICE	17.00	4,539	0							9.00
10.00	ADULTS & PEDIATRICS	30.00	89,642	0							10.00
11.00	INTENSIVE CARE UNIT	31.00	18,905	0							11.00
12.00	NURSERY	43.00	2,574	0							12.00
13.00	OPERATING ROOM	50.00	11,792	0							13.00
14.00	AMBULATORY SERVICES	50.01	8,731	0							14.00
15.00	ENDOSCOPY	50.02	4,535	0							15.00
16.00	RECOVERY ROOM	51.00	4,713	0							16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	11,665	0							17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	38,014	0							18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	16,809	0							19.00
20.00	LABORATORY	60.00	22,725	0							20.00
21.00	RESPIRATORY THERAPY	65.00	8,611	0							21.00
22.00	PHYSICAL THERAPY	66.00	25,611	0							22.00
23.00	OCCUPATIONAL THERAPY	67.00	3,723	0							23.00
24.00	SPEECH PATHOLOGY	68.00	1,921	0							24.00
25.00	ELECTROCARDIOLOGY	69.00	3,081	0							25.00
26.00	SLEEP LAB	76.00	446	0							26.00
27.00	CLINICAL NUTRITION	76.01	8	0							27.00
28.00	CARDIAC REHABILITATION	76.97	2,536	0							28.00
29.00	CLINIC	90.00	2,504	0							29.00
30.00	GENETIC COUNSELING	90.01	105	0							30.00
31.00	EMERGENCY	91.00	35,104	0							31.00
32.00	OUTPATIENT COUNSELING	93.00	7,349	0							32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	639	0							33.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	7	0	35.00
36.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	1,506	0	36.00
	TOTALS		432,535	0	
<b>S - CORP INCENTIVE</b>					
1.00	HOUSEKEEPING	9.00	0	31,224	1.00
2.00	DIETARY	10.00	0	25,727	2.00
3.00	NURSING ADMINISTRATION	13.00	0	175,110	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,673	4.00
5.00	PHARMACY	15.00	0	122,869	5.00
6.00	SOCIAL SERVICE	17.00	0	24,322	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	416,849	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	83,256	8.00
9.00	OPERATING ROOM	50.00	0	71,145	9.00
10.00	AMBULATORY SERVICES	50.01	0	47,127	10.00
11.00	ENDOSCOPY	50.02	0	12,760	11.00
12.00	RECOVERY ROOM	51.00	0	20,225	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	227,581	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	73,109	14.00
15.00	LABORATORY	60.00	0	141,699	15.00
16.00	RESPIRATORY THERAPY	65.00	0	82,399	16.00
17.00	PHYSICAL THERAPY	66.00	0	149,998	17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	5,757	18.00
19.00	SPEECH PATHOLOGY	68.00	0	8,736	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	16,501	20.00
21.00	CLINICAL NUTRITION	76.01	0	2,078	21.00
22.00	CARDIAC REHABILITATION	76.97	0	16,096	22.00
23.00	CLINIC	90.00	0	11,099	23.00
24.00	EMERGENCY	91.00	0	177,889	24.00
25.00	OUTPATIENT COUNSELING	93.00	0	43,515	25.00
26.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,863	26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	2,297	27.00
28.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	8,014	28.00
	TOTALS		0	2,011,918	
<b>T - EMERGENCY INCIDENT</b>					
1.00	HOUSEKEEPING	9.00	0	1,760	1.00
2.00	MAINTENANCE OF PLANT	12.01	0	1,130	2.00
3.00	NURSING ADMINISTRATION	13.00	12,336	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,047	4.00
5.00	OPERATING ROOM	50.00	0	225	5.00
6.00	LABORATORY	60.00	0	762	6.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	121,071	8.00
	TOTALS		12,336	132,995	
<b>U - APN</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,096	1.00
2.00	OUTPATIENT COUNSELING	93.00	0	79,322	2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	4,658	3.00
	TOTALS		0	205,076	
500.00	Grand Total: Increases		3,731,734	40,649,533	500.00

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	678,479	1,302,212	0		1.00
	TOTALS		678,479	1,302,212			
<b>B - SCHEDULING COSTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	427,043	7,393	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		427,043	7,393			
<b>C - NURSERY DELIVERY AND LABOR</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,060,497	89,348	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,060,497	89,348			
<b>D - MEDICAL SUPPLY</b>							
1.00	PHARMACY	15.00	0	12	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	57,060	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	36,472	0		3.00
4.00	OPERATING ROOM	50.00	0	2,181,531	0		4.00
5.00	AMBULATORY SERVICES	50.01	0	16,649	0		5.00
6.00	ENDOSCOPY	50.02	0	30,069	0		6.00
7.00	RECOVERY ROOM	51.00	0	2,781	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	1,115	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,567,147	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,591	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	39,217	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	29	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	23	0		13.00
14.00	SLEEP LAB	76.00	0	947	0		14.00
15.00	EMERGENCY	91.00	0	23,942	0		15.00
	TOTALS		0	3,963,585			
<b>F - DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,147,094	9		1.00
	TOTALS		0	4,147,094			
<b>G - DRUGS</b>							
1.00	PHARMACY	15.00	0	7,916,380	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,480	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	600	0		3.00
4.00	OPERATING ROOM	50.00	0	220	0		4.00
5.00	AMBULATORY SERVICES	50.01	0	2,781	0		5.00
6.00	ENDOSCOPY	50.02	0	88	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,268	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	2	0		8.00
9.00	CLINIC	90.00	0	21	0		9.00
10.00	EMERGENCY	91.00	0	1,183	0		10.00
	TOTALS		0	7,926,023			
<b>H - ROUTINE OBSERVATION</b>							
1.00	INTENSIVE CARE UNIT	31.00	120,844	17,180	0		1.00
	TOTALS		120,844	17,180			
<b>J - MOB BUILDING COSTS</b>							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
<b>K - KISH HEALTHCARE BUILDING COSTS</b>							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	11,675	0		1.00
	TOTALS		0	11,675			
<b>L - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	3,237,874	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,053,508	0		2.00
	TOTALS		0	4,291,382			
<b>M - MEDICAL DIRECTOR FEES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	108,177	740,742	0		1.00
2.00		0.00	0	0	0		2.00
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
9.00		0.00	0	0	0		9.00
	TOTALS		108,177	740,742			
<b>N - DIRECTLY ASSIGNED BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,801,902	0		1.00
2.00	HOUSEKEEPING	9.00	0	550,850	0		2.00
3.00	DIETARY	10.00	0	523,746	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	566,935	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	103,530	0		5.00
6.00	PHARMACY	15.00	0	451,754	0		6.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	SOCIAL SERVICE	17.00	0	170,451	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	3,360,277	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	575,820	0	9.00	
10.00	OPERATING ROOM	50.00	0	421,152	0	10.00	
11.00	AMBULATORY SERVICES	50.01	0	298,743	0	11.00	
12.00	ENDOSCOPY	50.02	0	106,062	0	12.00	
13.00	RECOVERY ROOM	51.00	0	133,166	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,387,974	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	627,625	0	15.00	
16.00	LABORATORY	60.00	0	977,004	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	331,310	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	975,997	0	18.00	
19.00	OCCUPATIONAL THERAPY	67.00	0	132,141	0	19.00	
20.00	SPEECH PATHOLOGY	68.00	0	58,339	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	102,401	0	21.00	
22.00	SLEEP LAB	76.00	0	21,056	0	22.00	
23.00	CLINICAL NUTRITION	76.01	0	224	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	91,786	0	24.00	
25.00	CLINIC	90.00	0	101,840	0	25.00	
26.00	GENETIC COUNSELING	90.01	0	3,930	0	26.00	
27.00	EMERGENCY	91.00	0	1,322,859	0	27.00	
28.00	OUTPATIENT COUNSELING	93.00	0	262,158	0	28.00	
29.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	43,674	0	29.00	
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	2,605	0	30.00	
31.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	108,081	0	31.00	
	TOTALS		0	15,615,392			
<b>O - CLINICAL NUTRITION COSTS</b>							
1.00	DIETARY	10.00	0	3,315	0	1.00	
	TOTALS		0	3,315			
<b>P - ROUTINE DIABETES</b>							
1.00		0.00	0	0	0	1.00	
	TOTALS		0	0			
<b>Q - BUILDING RENTAL RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	76,026	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		0	76,026			
<b>R - PTO ACCRUAL</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	432,535	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
35.00		0.00	0	0	0	35.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
36.00		0.00	0	0	0		36.00
	<b>TOTALS</b>		432,535	0			
<b>S - CORP INCENTIVE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,011,918	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
	<b>TOTALS</b>		0	2,011,918			
<b>T - EMERGENCY INCIDENT</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	12,336	132,995	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
8.00		0.00	0	0	0		8.00
	<b>TOTALS</b>		12,336	132,995			
<b>U - APN</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	121,096	0	0		1.00
2.00	OUTPATIENT COUNSELING	93.00	79,322	0	0		2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	4,658	0	0		3.00
	<b>TOTALS</b>		205,076	0			
500.00	<b>Grand Total: Decreases</b>		4,044,987	40,336,280			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	17,178,480	1,932,560	0	1,932,560	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	165,396,310	29,672,570	0	29,672,570	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	36,661,350	1,664,050	0	1,664,050	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	219,236,140	33,269,180	0	33,269,180	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	219,236,140	33,269,180	0	33,269,180	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	19,111,040	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	195,068,880	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	38,325,400	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	252,505,320	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	252,505,320	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	13,721,162	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,721,162	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	CAP REL COSTS-BLDG & FIXT	0	13,721,162				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,721,162				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	214,179,920	0	214,179,920	0.848219	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	38,325,400	0	38,325,400	0.151781	0	2.00
3.00	Total (sum of lines 1-2)	252,505,320	0	252,505,320	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,044,926	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,912,171	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,957,097	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 col s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	10,312	0	0	0	9,055,238	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,912,171	2.00
3.00	Total (sum of lines 1-2)	10,312	0	0	0	12,967,409	3.00

Line #	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		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	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)	B		0	ADMINISTRATIVE & GENERAL	5.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00	Television and radio service (chapter 21)			0		0.00	0 8.00
9.00	Parking lot (chapter 21)			0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-2,279,922				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	-12,110,860				0 12.00
13.00	Laundry and linen service			0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-525,426	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employees and others			0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00	Sale of drugs to other than patients			0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B		0	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00	Vending machines			0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist			0	*** 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
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00

33.00	PHYSICIAN RECRUITMENT & AMORTIZATION	A	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.			
				Basis/Code (2)	Amount			Cost Center	Line #
					OADMINISTRATIVE & GENERAL	5.00	0 33.00		
33.01	CHA LOBBYING EXPENSES	A			OADMINISTRATIVE & GENERAL	5.00	0 33.01		
33.02	CHA LOBBYING EXPENSES	A			OADMINISTRATIVE & GENERAL	5.00	0 33.02		
33.03	PHYSICIAN BILLING	A			OADMINISTRATIVE & GENERAL	5.00	0 33.03		
33.04	MEDICARE DEPRECIATION - STRAIGHTLINE	A	-210,000		CAP REL COSTS-BLDG & FIXT	1.00	9 33.04		
33.05	MEDICARE DEPERCIATION - STRAIGHTLINE	A	-234,923		CAP REL COSTS-MVBLE EQUIP	2.00	9 33.05		
33.06	MEDICARE TO LISTING DETAIL	A			OCAP REL COSTS-BLDG & FIXT	1.00	9 33.06		
33.07	MEDICARE TO LISTING DETAIL	A			OCAP REL COSTS-MVBLE EQUIP	2.00	9 33.07		
33.08	GOODWILL	A			OCAP REL COSTS-BLDG & FIXT	1.00	9 33.08		
33.09	AMORTIZATION INTANGIBLE	A	-6,230		CAP REL COSTS-BLDG & FIXT	1.00	9 33.09		
33.10	WINDMILL PROPERTIES DEPRECIATION	A	-4,668		CAP REL COSTS-BLDG & FIXT	1.00	9 33.10		
33.11	ROUTE 23 BUILDING DEPRECIATION	A	-41,691		CAP REL COSTS-BLDG & FIXT	1.00	9 33.11		
33.12	BHS DISCOVERY HOUSE BLDG DEPR	A	-951		CAP REL COSTS-BLDG & FIXT	1.00	9 33.12		
33.13	BEN GORDON EQUIPMENT	A			OCAP REL COSTS-MVBLE EQUIP	2.00	9 33.13		
33.14	HOME OFFICE BUILDING DEPRECIATION	A	-29,772		CAP REL COSTS-BLDG & FIXT	1.00	9 33.14		
33.15	KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-66,385		OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.15		
33.16	TALBOT PROPERTIES EXPENSES	A			OADMINISTRATIVE & GENERAL	5.00	0 33.16		
33.17	WINDMILL PROPERTIES EXPENSES	A	-207,118		ADMINISTRATIVE & GENERAL	5.00	0 33.17		
33.18	HOME OFFICE COSTS	A	-101,202		HOME OFFICE COSTS	194.00	0 33.18		
33.19	PROPERTY TAX - WINDMILL	A	-219,833		ADMINISTRATIVE & GENERAL	5.00	0 33.19		
33.20	PROPERTY TAX - HAUSER ROSS BUILDING	A			OADMINISTRATIVE & GENERAL	5.00	0 33.20		
33.21	PROPERTY TAX - LAND DEVELOPMENT	A			OADMINISTRATIVE & GENERAL	5.00	0 33.21		
33.22	PROPERTY TAX	A			OADMINISTRATIVE & GENERAL	5.00	0 33.22		
33.23	PROPERTY TAX	A			OADMINISTRATIVE & GENERAL	5.00	0 33.23		
33.24	PROPERTY TAX	A			ORADIOLOGY-THERAPEUTIC	55.00	0 33.24		
33.25	PROPERTY TAX - 2475 BETHANY	A	-51,233		HOME OFFICE COSTS	194.00	0 33.25		
33.26	PROPERTY TAX - PROF BUILDING	A	-676,002		OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.26		
33.27	PROPERTY TAX	A	-526,192		OTHER NONREIMBURSABLE COST CENTERS	194.03	0 33.27		
33.28	MEDICAL MALPRACTICE - PHYSICIANS	A			OADMINISTRATIVE & GENERAL	5.00	0 33.28		
33.29	CHARITABLE CONTRIBUTIONS	A			OADMINISTRATIVE & GENERAL	5.00	0 33.29		
33.30	CHARITABLE CONTRIBUTIONS AND SCHOLAR	A	-15,352		GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 33.30		
33.31	SCHOLARSHIPS	A	-17,418		ADMINISTRATIVE & GENERAL	5.00	0 33.31		
33.32	COMMUNITY SUPPORT	A	-29,075		ADMINISTRATIVE & GENERAL	5.00	0 33.32		
33.33	MISC INCOME	B	-513,262		ADMINISTRATIVE & GENERAL	5.00	0 33.33		
33.34	MISC INCOME	B			OPERATING ROOM	50.00	0 33.34		
33.35	MISC INCOME	B			ANESTHESIOLOGY	53.00	0 33.35		
33.36	MISC INCOME	B			OADMINISTRATIVE & GENERAL	5.00	0 33.36		
33.37	MISC INCOME	B			OPHARMACY	15.00	0 33.37		
33.38	MISC INCOME	B			15 INTENSIVE CARE UNIT	31.00	0 33.38		
34.00	MISC INCOME	B	-3,495		RADIOLOGY-DIAGNOSTIC	54.00	0 34.00		
34.01	MISC INCOME	B	4,038		ADULTS & PEDIATRICS	30.00	0 34.01		
34.02	MISC INCOME	B	-5,100		RADIOLOGY-DIAGNOSTIC	54.00	0 34.02		
34.03	MISC INCOME	B	-1,200		RADIOLOGY-THERAPEUTIC	55.00	0 34.03		
34.04	MISC INCOME	B	-3,281		LABORATORY	60.00	0 34.04		
34.05	MISC INCOME	B			RESPIRATORY THERAPY	65.00	0 34.05		
34.06	MISC INCOME	B	-69,645		PHYSICAL THERAPY	66.00	0 34.06		
34.07	MISC INCOME	B	-401		ELECTROCARDIOLOGY	69.00	0 34.07		
34.08	MISC INCOME	B			CLINICAL NUTRITION	76.01	0 34.08		
34.09	MISC INCOME	B			CLINICAL NUTRITION	76.01	0 34.09		
34.10	MISC INCOME	B	-1,410		CARDIAC REHABILITATION	76.97	0 34.10		
34.11	MISC INCOME	B			EMERGENCY	91.00	0 34.11		
34.12	MISC INCOME	B	-41,445		OUTPATIENT COUNSELING	93.00	0 34.12		
34.13	LOSS ON EARLY EXTINGUISHMENT OF DEBT	A			OCAP REL COSTS-BLDG & FIXT	1.00	11 34.13		
34.14	INVTMNT INC OFFSET AGAINST LOSS INT	B			OCAP REL COSTS-BLDG & FIXT	1.00	11 34.14		
34.15	PROVIDER TAX	A	-6,127,914		ADMINISTRATIVE & GENERAL	5.00	0 34.15		
34.16	COST OFFSET	A	10,312		CAP REL COSTS-BLDG & FIXT	1.00	11 34.16		

Line #	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	
34.17	COST OFFSET	A	-423	ADMINISTRATIVE & GENERAL	5.00	0 34.17
34.18	COST OFFSET	A	-2,842	RADIOLOGY-DIAGNOSTIC	54.00	0 34.18
34.19	COST OFFSET	A	-5,017	PHYSICAL THERAPY	66.00	0 34.19
34.20	COST OFFSET	A	-234	CENTRAL SERVICES & SUPPLY	14.00	0 34.20
34.21	COST OFFSET	A	-11,075	ADULTS & PEDIATRICS	30.00	0 34.21
34.22	COST OFFSET	A	-1,239	OPERATING ROOM	50.00	0 34.22
34.23	COST OFFSET	A	-16,300	ANESTHESIOLOGY	53.00	0 34.23
34.24	COST OFFSET	A	-5,503	LABORATORY	60.00	0 34.24
34.25	COST OFFSET	A	-16,026	NURSING ADMINISTRATION	13.00	0 34.25
34.26	COST OFFSET	A	-520	SOCIAL SERVICE	17.00	0 34.26
34.27	COST OFFSET	A	-458	INTENSIVE CARE UNIT	31.00	0 34.27
34.28	COST OFFSET	A	-1,016	OCCUPATIONAL THERAPY	67.00	0 34.28
34.29	COST OFFSET	A	-30	CARDIAC REHABILITATION	76.97	0 34.29
34.30	COST OFFSET	A	-6,960	EMERGENCY	91.00	0 34.30
34.31	COST OFFSET	A	-826	OUTPATIENT COUNSELING	93.00	0 34.31
34.32	COST OFFSET	A	34,729	DIETARY	10.00	0 34.32
34.33	COST OFFSET	A	-990	PHARMACY	15.00	0 34.33
34.34	COST OFFSET	A	-27	RADIOLOGY-THERAPEUTIC	55.00	0 34.34
34.35	COST OFFSET	A	-30	AMBULATORY SERVICES	50.01	0 34.35
34.36	COST OFFSET	A	-290	RESPIRATORY THERAPY	65.00	0 34.36
35.00	HOSPICE COSTS	A	-51,376	ADULTS & PEDIATRICS	30.00	0 35.00
36.00	HOSPICE COSTS	A	-26,287	INTENSIVE CARE UNIT	31.00	0 36.00
37.00	SALES TAX EXPENSE	A	136	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	CRNA / PART B	A		RADIOLOGY-THERAPEUTIC	55.00	0 38.00
38.01	CRNA / PART B	A		ADMINISTRATIVE & GENERAL	5.00	0 38.01
38.02	CRNA / PART B	A	-153,793	RADIOLOGY-DIAGNOSTIC	54.00	0 38.02
39.00	CRNA / PART B	A	-100,739	OUTPATIENT COUNSELING	93.00	0 39.00
40.00	CRNA / PART B	A	-5,915	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 40.00
41.00	HAUSER ROSS BUILDING COSTS	A		ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00	HOME OFFICE BUILDING DEPRECIATION	A	-235,830	CAP REL COSTS-BLDG & FIXT	1.00	9 42.00
43.00	HOME OFFICE HOUSEKEEPING	A	-62,986	HOUSEKEEPING	9.00	0 43.00
44.00	HOME OFFICE CAFETERIA	A	-395,276	CAFETERIA	11.00	0 44.00
44.01	HOME OFFICE MAINTENANCE OF PLANT	A	-12,617	MAINTENANCE OF PLANT	12.01	0 44.01
44.02	MEDICARE UNALLOWABLE	A		ADMINISTRATIVE & GENERAL	5.00	0 44.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,186,754			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:  
1/25/2022 1:08 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		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE ALLOCATION	34,219,671	48,238,417	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE ALLOCATION	13,344,845	11,436,959	4.00
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			47,564,516	59,675,376	5.00

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

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

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

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

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:  
1/25/2022 1:08 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-14,018,746	0		1.00
2.00	0	9		2.00
3.00	0	9		3.00
4.00	1,907,886	0		4.00
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.14	0	9		4.14
4.15	0	9		4.15
5.00	-12,110,860			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

Period: From 09/01/2020 To 08/31/2021

Worksheet A-8-2

Date/Time Prepared: 1/25/2022 1:08 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00		3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	388,387	388,387	0	211,500	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	25,375	5,200	20,175	211,500	1,345	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	249,655	206,080	43,575	169,700	291	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	775,200	775,200	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	691,656	691,656	0	271,900	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	59,250	59,250	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	60,500	60,500	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	113,661	35,325	78,336	181,300	522	13.00
14.00	14.00	AGGREGATE-CENTRAL SERVICES & SUPPLY	4,250	4,250	0	0	0	14.00
15.00	90.00	AGGREGATE-CLINIC	1,404	1,404	0	0	0	15.00
200.00			2,369,338	2,227,252	142,086		2,158	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00		8.00	9.00	12.00	13.00	14.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	136,763	6,838	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	23,742	1,187	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	45,499	2,275	0	0	0	13.00
14.00	14.00	AGGREGATE-CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	15.00
200.00			206,004	10,300	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00		15.00	16.00	17.00	18.00	
1.00	0.00		0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	388,387	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	136,763	0	5,200	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	23,742	19,833	225,913	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	775,200	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	691,656	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	59,250	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	60,500	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet A-8-2

Date/Time Prepared:  
1/25/2022 1:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	45,499	32,837	68,162		13.00
14.00	14.00	AGGREGATE-CENTRAL SERVICES & SUPPLY	0	0	0	4,250		14.00
15.00	90.00	AGGREGATE-CLINIC	0	0	0	1,404		15.00
200.00			0	206,004	52,670	2,279,922		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,055,238	9,055,238			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,912,171		3,912,171		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,649,747	0	435	17,650,182	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,608,690	856,437	430,640	2,144,121	62,039,888
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	565,990	67,124	0	0	633,114
9.00 00900	HOUSEKEEPING	1,917,482	207,023	55,486	371,527	2,551,518
10.00 01000	DIETARY	835,403	135,672	4,501	126,418	1,101,994
11.00 01100	CAFETERIA	1,064,678	316,644	6,864	192,770	1,580,956
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	MAINTENANCE OF PLANT	487,151	698,483	29,729	0	1,215,363
13.00 01300	NURSING ADMINISTRATION	2,564,205	37,444	106,767	650,026	3,358,442
14.00 01400	CENTRAL SERVICES & SUPPLY	588,558	110,954	73,067	86,817	859,396
15.00 01500	PHARMACY	2,158,352	148,123	5,371	601,467	2,913,313
16.00 01600	MEDICAL RECORDS & LIBRARY	0	21,088	0	0	21,088
17.00 01700	SOCIAL SERVICE	721,739	0	0	186,600	908,339
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,077,970	1,925,732	58,453	3,685,538	20,747,693
31.00 03100	INTENSIVE CARE UNIT	3,199,999	346,738	162,904	777,259	4,486,900
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	391,264	77,829	9,227	105,845	584,165
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,556,252	481,628	558,039	484,826	6,080,745
50.01 05001	AMBULATORY SERVICES	1,491,612	346,094	21,846	358,977	2,218,529
50.02 05002	ENDOSCOPY	1,000,980	30,507	16,459	186,468	1,234,414
51.00 05100	RECOVERY ROOM	731,465	95,012	4,249	193,778	1,024,504
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,772,820	289,124	41,807	479,585	2,583,336
53.00 05300	ANESTHESIOLOGY	251,386	14,840	32,683	0	298,909
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,762,029	805,486	1,279,473	1,562,902	11,409,890
55.00 05500	RADIOLOGY-THERAPEUTIC	20,678,644	601,266	670,836	691,099	22,641,845
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	9,507,013	411,059	147,873	934,327	11,000,272
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,427,365	51,916	40,964	354,045	1,874,290
66.00 06600	PHYSICAL THERAPY	4,050,897	14,702	6,159	1,052,983	5,124,741
67.00 06700	OCCUPATIONAL THERAPY	569,807	0	613	153,059	723,479
68.00 06800	SPEECH PATHOLOGY	292,281	0	711	78,979	371,971
69.00 06900	ELECTROCARDIOLOGY	1,445,631	108,841	73,326	126,688	1,754,486
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,084,656	0	0	0	4,084,656
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,291,382	0	0	0	4,291,382
73.00 07300	DRUGS CHARGED TO PATIENTS	7,926,023	0	0	0	7,926,023
76.00 03950	SLEEP LAB	436,656	0	0	18,336	454,992
76.01 03951	CLINICAL NUTRITION	44,307	0	51	326	44,684
76.97 07697	CARDIAC REHABILITATION	395,797	0	17,508	104,267	517,572
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	388,044	0	110	102,959	491,113
90.01 09001	GENETIC COUNSELING	15,235	0	0	4,299	19,534
91.00 09100	EMERGENCY	6,273,897	781,595	44,672	1,443,281	8,543,445
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04950	OUTPATIENT COUNSELING	1,114,529	0	8,535	302,148	1,425,212
93.01 04951	OUTSIDE SERVICES	377,673	4,273	0	0	381,946
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	199,685,018	8,985,634	3,909,358	17,561,720	199,524,139

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,518	42,957	2,813	26,277	198,565 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	HOME OFFICE COSTS	0	0	0	0	0 194.00
194.01 07951	COMMUNITY WELLNESS	1,361	0	0	0	1,361 194.01
194.02 07953	OTHER NONREIMBURSABLE COST CENTERS	1,773,058	26,647	0	276	1,799,981 194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	1,654,352	0	0	61,909	1,716,261 194.03
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	203,240,307	9,055,238	3,912,171	17,650,182	203,240,307 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part I Date/Time Prepared: 1/25/2022 1:08 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	62,039,888				5.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	278,174	0	911,288		8.00
9.00	00900	HOUSEKEEPING	1,121,073	0	0	3,672,591	9.00
10.00	01000	DIETARY	484,189	0	4,254	62,327	1,652,764
11.00	01100	CAFETERIA	694,633	0	6,495	145,466	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	01201	MAINTENANCE OF PLANT	534,000	0	0	323,858	0
13.00	01300	NURSING ADMINISTRATION	1,475,615	0	0	17,202	0
14.00	01400	CENTRAL SERVICES & SUPPLY	377,597	0	237	50,972	0
15.00	01500	PHARMACY	1,280,037	0	0	68,047	0
16.00	01600	MEDICAL RECORDS & LIBRARY	9,266	0	0	9,688	0
17.00	01700	SOCIAL SERVICE	399,101	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,116,018	0	279,511	884,679	1,440,455
31.00	03100	INTENSIVE CARE UNIT	1,971,432	0	37,344	159,291	212,309
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	256,667	0	8,820	35,754	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,671,727	0	36,194	221,259	0
50.01	05001	AMBULATORY SERVICES	974,766	0	100,852	158,995	0
50.02	05002	ENDOSCOPY	542,371	0	0	14,015	0
51.00	05100	RECOVERY ROOM	450,141	0	21,818	43,648	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,135,053	0	39,948	132,823	0
53.00	05300	ANESTHESIOLOGY	131,333	0	0	6,817	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,013,220	0	154,737	450,856	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,948,215	0	5,429	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	4,833,245	0	0	176,830	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	823,516	0	0	31,174	0
66.00	06600	PHYSICAL THERAPY	2,251,683	0	1,937	6,754	0
67.00	06700	OCCUPATIONAL THERAPY	317,879	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	163,435	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	770,877	0	0	50,001	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,794,696	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,885,526	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,482,496	0	0	0	0
76.00	03950	SLEEP LAB	199,912	0	0	31,048	0
76.01	03951	CLINICAL NUTRITION	19,633	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	227,408	0	465	140,696	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	215,783	0	0	33,222	0
90.01	09001	GENETIC COUNSELING	8,583	0	0	0	0
91.00	09100	EMERGENCY	3,753,776	0	213,247	321,198	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
93.00	04950	OUTPATIENT COUNSELING	626,203	0	0	0	0
93.01	04951	OUTSIDE SERVICES	167,818	0	0	4,369	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,407,097	0	911,288	3,580,989	1,652,764
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	87,244	0	0	27,544	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0
194.01	07951	COMMUNITY WELLNESS	598	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	790,867	0	0	64,058	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	754,082	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)	62,039,888	0	911,288	3,672,591	1,652,764	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,427,550					11.00
12.00	01200		0				12.00
12.01	01201		0	2,073,221			12.01
13.00	01300	109,112	0	12,962	4,973,333		13.00
14.00	01400	21,690	0	38,408	0	1,348,300	14.00
15.00	01500	78,902	0	51,274	0	2,836	15.00
16.00	01600		0	7,300	0	0	16.00
17.00	01700	31,391	0	0	6,510	1	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	544,457	0	666,609	1,995,226	108,526	30.00
31.00	03100	102,178	0	120,026	458,633	28,342	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	17,042	0	26,941	69,331	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	88,234	0	166,720	240,366	191,561	50.00
50.01	05001	59,204	0	119,803	216,390	11,102	50.01
50.02	05002	27,629	0	10,560	97,482	23,480	50.02
51.00	05100	21,653	0	32,889	110,128	1,843	51.00
52.00	05200	77,168	0	100,083	314,133	0	52.00
53.00	05300	0	0	5,137	0	17,560	53.00
54.00	05400	259,207	0	252,934	202,595	70,340	54.00
55.00	05500	117,670	0	0	195,384	19,027	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	195,502	0	133,242	27,562	116,164	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	64,073	0	17,971	1,326	6,591	65.00
66.00	06600	184,916	0	5,089	0	5,978	66.00
67.00	06700	23,534	0	0	4,521	365	67.00
68.00	06800	9,738	0	0	8,425	231	68.00
69.00	06900	18,554	0	37,676	41,003	701	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	323,417	71.00
72.00	07200	0	0	0	0	350,166	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	3,762	0	0	0	256	76.00
76.01	03951	553	0	0	2,008	0	76.01
76.97	07697	17,079	0	0	56,545	379	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,919	0	0	60,990	480	90.00
90.01	09001	738	0	0	0	0	90.01
91.00	09100	254,928	0	242,024	838,716	68,239	91.00
92.00	09200						92.00
93.00	04950	44,006	0	0	26,059	540	93.00
93.01	04951	0	0	1,479	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		2,392,839	0	2,049,127	4,973,333	1,348,125	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	9,664	0	14,870	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
194.01	07951 COMMUNITY WELLNESS	0	0	0	0	104	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	406	0	9,224	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	24,641	0	0	0	71	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)	2,427,550	0	2,073,221	4,973,333	1,348,300	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
12.01	01201						12.01
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	4,394,409					15.00
16.00	01600	0	47,342				16.00
17.00	01700	0	0	1,345,342			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	2,893	1,096,289	36,882,356	0	30.00
31.00	03100	0	517	161,583	7,738,555	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	102	87,470	1,086,292	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	4,071	0	9,700,877	0	50.00
50.01	05001	0	196	0	3,859,837	0	50.01
50.02	05002	0	599	0	1,950,550	0	50.02
51.00	05100	0	248	0	1,706,872	0	51.00
52.00	05200	0	464	0	4,383,008	0	52.00
53.00	05300	0	1,025	0	460,781	0	53.00
54.00	05400	0	9,405	0	17,823,184	0	54.00
55.00	05500	0	6,879	0	32,934,449	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,368	0	16,487,185	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	478	0	2,819,419	0	65.00
66.00	06600	0	1,414	0	7,582,512	0	66.00
67.00	06700	0	290	0	1,070,068	0	67.00
68.00	06800	0	107	0	553,907	0	68.00
69.00	06900	0	1,563	0	2,674,861	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	1,963	0	6,204,732	0	71.00
72.00	07200	0	1,339	0	6,528,413	0	72.00
73.00	07300	4,394,409	6,309	0	15,809,237	0	73.00
76.00	03950	0	191	0	690,161	0	76.00
76.01	03951	0	1	0	66,879	0	76.01
76.97	07697	0	56	0	960,200	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	87	0	821,594	0	90.00
90.01	09001	0	0	0	28,855	0	90.01
91.00	09100	0	2,669	0	14,238,242	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	33	0	2,122,053	0	93.00
93.01	04951	0	75	0	555,687	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		4,394,409	47,342	1,345,342	197,740,766	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	337,887	0	190.00
191.00	19100	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
			15.00	16.00	17.00	24.00	25.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	2,063	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,664,536	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,495,055	0	0	194.03
200.00		Cross Foot Adjustments				0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,394,409	47,342	1,345,342	203,240,307			202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part I Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
12.01	01201	MAINTENANCE OF PLANT	12.01
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SERVICES	50.01
50.02	05002	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SLEEP LAB	76.00
76.01	03951	CLINICAL NUTRITION	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	GENETIC COUNSELING	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04950	OUTPATIENT COUNSELING	93.00
93.01	04951	OUTSIDE SERVICES	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE COSTS	194.00
194.01	07951	COMMUNITY WELLNESS	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		Total	
		26.00	
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	2,495,055	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	203,240,307	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	435	435	435	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	6,780,046	856,437	430,640	8,067,123	53	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	67,124	0	67,124	0	8.00
9.00 00900	HOUSEKEEPING	0	207,023	55,486	262,509	9	9.00
10.00 01000	DIETARY	0	135,672	4,501	140,173	3	10.00
11.00 01100	CAFETERIA	0	316,644	6,864	323,508	5	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	0	698,483	29,729	728,212	0	12.01
13.00 01300	NURSING ADMINISTRATION	0	37,444	106,767	144,211	16	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	110,954	73,067	184,021	2	14.00
15.00 01500	PHARMACY	246,109	148,123	5,371	399,603	15	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	21,088	0	21,088	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	5	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	113,794	1,925,732	58,453	2,097,979	87	30.00
31.00 03100	INTENSIVE CARE UNIT	0	346,738	162,904	509,642	19	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	77,829	9,227	87,056	3	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	481,628	558,039	1,039,667	12	50.00
50.01 05001	AMBULATORY SERVICES	0	346,094	21,846	367,940	9	50.01
50.02 05002	ENDOSCOPY	0	30,507	16,459	46,966	5	50.02
51.00 05100	RECOVERY ROOM	0	95,012	4,249	99,261	5	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	289,124	41,807	330,931	12	52.00
53.00 05300	ANESTHESIOLOGY	0	14,840	32,683	47,523	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	805,486	1,279,473	2,084,959	39	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,725	601,266	670,836	1,276,827	17	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	411,059	147,873	558,932	23	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,360	51,916	40,964	94,240	9	65.00
66.00 06600	PHYSICAL THERAPY	38,582	14,702	6,159	59,443	26	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	613	613	4	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	711	711	2	68.00
69.00 06900	ELECTROCARDIOLOGY	0	108,841	73,326	182,167	3	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950	SLEEP LAB	0	0	0	0	0	76.00
76.01 03951	CLINICAL NUTRITION	37,444	0	51	37,495	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	17,508	17,508	3	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	110	110	3	90.00
90.01 09001	GENETIC COUNSELING	0	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	781,595	44,672	826,267	36	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	0	0	8,535	8,535	7	93.00
93.01 04951	OUTSIDE SERVICES	0	4,273	0	4,273	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	7,222,060	8,985,634	3,909,358	20,117,052	432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,957	2,813	45,770	1	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
194.00 07950 HOME OFFICE COSTS	0	0	0	0	0	0 194.00
194.01 07951 COMMUNITY WELLNESS	0	0	0	0	0	0 194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	6,900	26,647	0	33,547	0	0 194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	2 194.03
200.00 Cross Foot Adjustments					0	0 200.00
201.00 Negative Cost Centers			0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	7,228,960	9,055,238	3,912,171	20,196,369	435	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 1/25/2022 1:08 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,067,176			5.00
7.00	00700	OPERATION OF PLANT	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,172	0	103,296	8.00
9.00	00900	HOUSEKEEPING	145,776	0	0	408,294
10.00	01000	DIETARY	62,960	0	482	6,929
11.00	01100	CAFETERIA	90,325	0	736	16,172
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
12.01	01201	MAINTENANCE OF PLANT	69,437	0	0	36,004
13.00	01300	NURSING ADMINISTRATION	191,878	0	0	1,912
14.00	01400	CENTRAL SERVICES & SUPPLY	49,100	0	27	5,667
15.00	01500	PHARMACY	166,446	0	0	7,565
16.00	01600	MEDICAL RECORDS & LIBRARY	1,205	0	0	1,077
17.00	01700	SOCIAL SERVICE	51,896	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	1,185,378	0	31,682	98,351
31.00	03100	INTENSIVE CARE UNIT	256,350	0	4,233	17,709
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	33,375	0	1,000	3,975
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	347,411	0	4,103	24,598
50.01	05001	AMBULATORY SERVICES	126,751	0	11,432	17,676
50.02	05002	ENDOSCOPY	70,526	0	0	1,558
51.00	05100	RECOVERY ROOM	58,533	0	2,473	4,853
52.00	05200	DELIVERY ROOM & LABOR ROOM	147,594	0	4,528	14,766
53.00	05300	ANESTHESIOLOGY	17,078	0	0	758
54.00	05400	RADIOLOGY-DIAGNOSTIC	651,881	0	17,540	50,123
55.00	05500	RADIOLOGY-THERAPEUTIC	1,293,566	0	615	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	628,479	0	0	19,659
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	107,084	0	0	3,466
66.00	06600	PHYSICAL THERAPY	292,792	0	220	751
67.00	06700	OCCUPATIONAL THERAPY	41,335	0	0	0
68.00	06800	SPEECH PATHOLOGY	21,252	0	0	0
69.00	06900	ELECTROCARDIOLOGY	100,239	0	0	5,559
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,369	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	245,180	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	452,837	0	0	0
76.00	03950	SLEEP LAB	25,995	0	0	3,452
76.01	03951	CLINICAL NUTRITION	2,553	0	0	0
76.97	07697	CARDIAC REHABILITATION	29,570	0	53	15,642
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	28,059	0	0	3,693
90.01	09001	GENETIC COUNSELING	1,116	0	0	0
91.00	09100	EMERGENCY	488,113	0	24,172	35,709
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
93.00	04950	OUTPATIENT COUNSELING	81,427	0	0	0
93.01	04951	OUTSIDE SERVICES	21,822	0	0	486
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,854,860	0	103,296	398,110
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	11,345	0	0	3,062
191.00	19100	RESEARCH	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
194.00	07950	HOME OFFICE COSTS	0	0	0	0
194.01	07951	COMMUNITY WELLNESS	78	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	102,838	0	0	7,122	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	98,055	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,067,176	0	103,296	408,294	210,547	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 1/25/2022 1:08 pm			
Cost Center	Description	CAFETERIA 11.00	MAINTENANCE OF PERSONNEL 12.00	MAINTENANCE OF PLANT 12.01	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	430,746					11.00
12.00	01200		0				12.00
12.01	01201		0	833,653			12.01
13.00	01300	19,361	0	5,212	362,590		13.00
14.00	01400	3,849	0	15,444	0	258,110	14.00
15.00	01500	14,000	0	20,617	0	543	15.00
16.00	01600		0	2,935	0	0	16.00
17.00	01700	5,570	0	0	475	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	96,610	0	268,048	145,467	20,775	30.00
31.00	03100	18,130	0	48,263	33,437	5,425	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,024	0	10,833	5,055	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	15,656	0	67,039	17,524	36,670	50.00
50.01	05001	10,505	0	48,174	15,776	2,125	50.01
50.02	05002	4,902	0	4,246	7,107	4,495	50.02
51.00	05100	3,842	0	13,225	8,029	353	51.00
52.00	05200	13,693	0	40,244	22,902	0	52.00
53.00	05300	0	0	2,066	0	3,361	53.00
54.00	05400	45,994	0	101,706	14,771	13,465	54.00
55.00	05500	20,879	0	0	14,245	3,642	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	34,690	0	53,577	2,009	22,237	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	11,369	0	7,226	97	1,262	65.00
66.00	06600	32,812	0	2,046	0	1,144	66.00
67.00	06700	4,176	0	0	330	70	67.00
68.00	06800	1,728	0	0	614	44	68.00
69.00	06900	3,292	0	15,150	2,989	134	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	61,911	71.00
72.00	07200	0	0	0	0	67,040	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	668	0	0	0	49	76.00
76.01	03951	98	0	0	146	0	76.01
76.97	07697	3,030	0	0	4,122	73	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	3,534	0	0	4,447	92	90.00
90.01	09001	131	0	0	0	0	90.01
91.00	09100	45,235	0	97,319	61,148	13,063	91.00
92.00	09200						92.00
93.00	04950	7,809	0	0	1,900	103	93.00
93.01	04951	0	0	595	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		424,587	0	823,965	362,590	258,076	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	1,715	0	5,979	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286			Period: From 09/01/2020 To 08/31/2021		Worksheet B Part II Date/Time Prepared: 1/25/2022 1:08 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		11.00	12.00	12.01	13.00	14.00		
194.01	07951 COMMUNITY WELLNESS	0	0	0	0	20	194.01	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	72	0	3,709	0	0	194.02	
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	4,372	0	0	0	14	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)	430,746	0	833,653	362,590	258,110	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 1/25/2022 1:08 pm		
Cost Center	Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		15.00	16.00	17.00	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
12.01	01201					12.01
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	608,789				15.00
16.00	01600	0	26,305			16.00
17.00	01700	0	0	57,946		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	1,635	47,219	4,176,732	0
31.00	03100	0	292	6,960	927,506	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	0	58	3,767	148,146	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	2,301	0	1,554,981	0
50.01	05001	0	111	0	600,499	0
50.02	05002	0	338	0	140,143	0
51.00	05100	0	140	0	190,714	0
52.00	05200	0	262	0	574,932	0
53.00	05300	0	579	0	71,365	0
54.00	05400	0	4,864	0	2,985,342	0
55.00	05500	0	3,888	0	2,613,679	0
57.00	05700	0	0	0	0	0
58.00	05800	0	0	0	0	0
59.00	05900	0	0	0	0	0
60.00	06000	0	2,469	0	1,322,075	0
60.01	06001	0	0	0	0	0
65.00	06500	0	270	0	225,023	0
66.00	06600	0	799	0	390,033	0
67.00	06700	0	164	0	46,692	0
68.00	06800	0	60	0	24,411	0
69.00	06900	0	884	0	310,417	0
70.00	07000	0	0	0	0	0
71.00	07100	0	1,109	0	296,389	0
72.00	07200	0	757	0	312,977	0
73.00	07300	608,789	3,566	0	1,065,192	0
76.00	03950	0	108	0	30,272	0
76.01	03951	0	0	0	40,292	0
76.97	07697	0	32	0	70,033	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	0	49	0	39,987	0
90.01	09001	0	0	0	1,247	0
91.00	09100	0	1,509	0	1,592,571	0
92.00	09200	0	0	0	0	0
93.00	04950	0	19	0	99,800	0
93.01	04951	0	42	0	27,218	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	0	0	0	0	0
101.00	10100	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	0	0	0	0	0
110.00	11000	0	0	0	0	0
111.00	11100	0	0	0	0	0
113.00	11300	0	0	0	0	0
118.00		608,789	26,305	57,946	19,878,668	0
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	67,872	0
191.00	19100	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0
194.01	07951	COMMUNITY WELLNESS	0	0	0	98	0
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	147,288	0
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	102,443	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	608,789	26,305	57,946	20,196,369	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
12.01	01201	MAINTENANCE OF PLANT	12.01
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SERVICES	50.01
50.02	05002	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SLEEP LAB	76.00
76.01	03951	CLINICAL NUTRITION	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	GENETIC COUNSELING	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04950	OUTPATIENT COUNSELING	93.00
93.01	04951	OUTSIDE SERVICES	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE COSTS	194.00
194.01	07951	COMMUNITY WELLNESS	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet B Part II Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description		Total	
		26.00	
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	102,443	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	20,196,369	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	197,094				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,836,154			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	427	62,551,309		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,641	422,272	7,598,657	-62,039,888	141,200,419
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,461	0	0	0	633,114
9.00 00900	HOUSEKEEPING	4,506	54,408	1,316,672	0	2,551,518
10.00 01000	DIETARY	2,953	4,414	448,020	0	1,101,994
11.00 01100	CAFETERIA	6,892	6,731	683,168	0	1,580,956
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	MAINTENANCE OF PLANT	15,203	29,151	0	0	1,215,363
13.00 01300	NURSING ADMINISTRATION	815	104,692	2,303,659	0	3,358,442
14.00 01400	CENTRAL SERVICES & SUPPLY	2,415	71,647	307,674	0	859,396
15.00 01500	PHARMACY	3,224	5,267	2,131,570	0	2,913,313
16.00 01600	MEDICAL RECORDS & LIBRARY	459	0	0	0	21,088
17.00 01700	SOCIAL SERVICE	0	0	661,302	0	908,339
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	41,915	57,317	13,061,305	0	20,747,693
31.00 03100	INTENSIVE CARE UNIT	7,547	159,739	2,754,566	0	4,486,900
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,694	9,048	375,110	0	584,165
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,483	547,196	1,718,198	0	6,080,745
50.01 05001	AMBULATORY SERVICES	7,533	21,422	1,272,195	0	2,218,529
50.02 05002	ENDOSCOPY	664	16,139	660,832	0	1,234,414
51.00 05100	RECOVERY ROOM	2,068	4,166	686,740	0	1,024,504
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,293	40,995	1,699,626	0	2,583,336
53.00 05300	ANESTHESIOLOGY	323	32,048	0	0	298,909
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,532	1,254,611	5,538,846	0	11,409,890
55.00 05500	RADIOLOGY-THERAPEUTIC	13,087	657,801	2,449,220	0	22,641,845
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	8,947	145,000	3,311,210	0	11,000,272
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,130	40,168	1,254,717	0	1,874,290
66.00 06600	PHYSICAL THERAPY	320	6,039	3,731,721	0	5,124,741
67.00 06700	OCCUPATIONAL THERAPY	0	601	542,435	0	723,479
68.00 06800	SPEECH PATHOLOGY	0	697	279,898	0	371,971
69.00 06900	ELECTROCARDIOLOGY	2,369	71,901	448,976	0	1,754,486
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,084,656
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,291,382
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,926,023
76.00 03950	SLEEP LAB	0	0	64,981	0	454,992
76.01 03951	CLINICAL NUTRITION	0	50	1,157	0	44,684
76.97 07697	CARDIAC REHABILITATION	0	17,168	369,518	0	517,572
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	108	364,881	0	491,113
90.01 09001	GENETIC COUNSELING	0	0	15,235	0	19,534
91.00 09100	EMERGENCY	17,012	43,804	5,114,915	0	8,543,445
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04950	OUTPATIENT COUNSELING	0	8,369	1,070,799	0	1,425,212
93.01 04951	OUTSIDE SERVICES	93	0	0	0	381,946
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	195,579	3,833,396	62,237,803	-62,039,888	137,484,251

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	935	2,758	93,126	0	198,565	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	1,361	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	580	0	978	0	1,799,981	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	219,402	0	1,716,261	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)	9,055,238	3,912,171	17,650,182		62,039,888	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	45.943753	1.019816	0.282171		0.439375	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			435		8,067,176	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000007		0.057133	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	107,762			8.00
9.00	00900	HOUSEKEEPING	0	0	174,003		9.00
10.00	01000	DIETARY	0	503	2,953	20,248	10.00
11.00	01100	CAFETERIA	0	768	6,892	0	65,810
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,344	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	815	0	2,958
14.00	01400	CENTRAL SERVICES & SUPPLY	0	28	2,415	0	588
15.00	01500	PHARMACY	0	0	3,224	0	2,139
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	459	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	851
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	33,053	41,915	17,647	14,760
31.00	03100	INTENSIVE CARE UNIT	0	4,416	7,547	2,601	2,770
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	1,043	1,694	0	462
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	4,280	10,483	0	2,392
50.01	05001	AMBULATORY SERVICES	0	11,926	7,533	0	1,605
50.02	05002	ENDOSCOPY	0	0	664	0	749
51.00	05100	RECOVERY ROOM	0	2,580	2,068	0	587
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,724	6,293	0	2,092
53.00	05300	ANESTHESIOLOGY	0	0	323	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,298	21,361	0	7,027
55.00	05500	RADIOLOGY-THERAPEUTIC	0	642	0	0	3,190
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	8,378	0	5,300
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	1,477	0	1,737
66.00	06600	PHYSICAL THERAPY	0	229	320	0	5,013
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	638
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	264
69.00	06900	ELECTROCARDIOLOGY	0	0	2,369	0	503
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	SLEEP LAB	0	0	1,471	0	102
76.01	03951	CLINICAL NUTRITION	0	0	0	0	15
76.97	07697	CARDIAC REHABILITATION	0	55	6,666	0	463
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,574	0	540
90.01	09001	GENETIC COUNSELING	0	0	0	0	20
91.00	09100	EMERGENCY	0	25,217	15,218	0	6,911
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	1,193
93.01	04951	OUTSIDE SERVICES	0	0	207	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	107,762	169,663	20,248	64,869
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,305	0	262
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
194.00	07950 HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951 COMMUNITY WELLNESS	0	0	0	0	0	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	3,035	0	11	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	668	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	911,288	3,672,591	1,652,764	2,427,550	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	8.456487	21.106481	81.626037	36.887251	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	103,296	408,294	210,547	430,746	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.958557	2.346477	10.398410	6.545297	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
12.01	01201	0	130,360				12.01
13.00	01300	0	815	532,475			13.00
14.00	01400	0	2,415	0	16,523,859		14.00
15.00	01500	0	3,224	0	34,752	7,926,024	15.00
16.00	01600	0	459	0	0	0	16.00
17.00	01700	0	0	697	11	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	41,915	213,621	1,330,025	0	30.00
31.00	03100	0	7,547	49,104	347,336	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,694	7,423	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	10,483	25,735	2,347,653	0	50.00
50.01	05001	0	7,533	23,168	136,059	0	50.01
50.02	05002	0	664	10,437	287,756	0	50.02
51.00	05100	0	2,068	11,791	22,584	0	51.00
52.00	05200	0	6,293	33,633	0	0	52.00
53.00	05300	0	323	0	215,202	0	53.00
54.00	05400	0	15,904	21,691	862,046	0	54.00
55.00	05500	0	0	20,919	233,183	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	8,378	2,951	1,423,626	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1,130	142	80,771	0	65.00
66.00	06600	0	320	0	73,263	0	66.00
67.00	06700	0	0	484	4,478	0	67.00
68.00	06800	0	0	902	2,831	0	68.00
69.00	06900	0	2,369	4,390	8,585	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	3,963,584	0	71.00
72.00	07200	0	0	0	4,291,382	0	72.00
73.00	07300	0	0	0	0	7,926,024	73.00
76.00	03950	0	0	0	3,141	0	76.00
76.01	03951	0	0	215	0	0	76.01
76.97	07697	0	0	6,054	4,644	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	6,530	5,884	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	15,218	89,798	836,292	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	2,790	6,624	0	93.00
93.01	04951	0	93	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	128,845	532,475	16,521,712	7,926,024	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	935	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1

Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRS I NG)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		12.00	12.01	13.00	14.00	15.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	194.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	0	194.01	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	580	0	1,271	194.02	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	876	194.03	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,073,221	4,973,333	1,348,300	4,394,409	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	15.903813	9.340031	0.081597	0.554428	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	833,653	362,590	258,110	608,789	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.395006	0.680952	0.015620	0.076809	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DATES)	
		16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
12.01	01201	MAINTENANCE OF PLANT		12.01
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,028,533,220	16.00
17.00	01700	SOCIAL SERVICE	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	62,891,360	30.00
31.00	03100	INTENSIVE CARE UNIT	11,229,518	31.00
40.00	04000	SUBPROVIDER - I/PF	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	2,227,460	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	88,491,415	50.00
50.01	05001	AMBULATORY SERVICES	4,256,156	50.01
50.02	05002	ENDOSCOPY	13,013,517	50.02
51.00	05100	RECOVERY ROOM	5,386,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,092,617	52.00
53.00	05300	ANESTHESIOLOGY	22,287,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	203,813,574	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	149,533,459	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	94,948,712	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	10,399,204	65.00
66.00	06600	PHYSICAL THERAPY	30,735,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,307,065	67.00
68.00	06800	SPEECH PATHOLOGY	2,323,273	68.00
69.00	06900	ELECTROCARDIOLOGY	33,988,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,670,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,111,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,160,057	73.00
76.00	03950	SLEEP LAB	4,159,036	76.00
76.01	03951	CLINICAL NUTRITION	15,640	76.01
76.97	07697	CARDIAC REHABILITATION	1,220,665	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,881,824	90.00
90.01	09001	GENETIC COUNSELING	0	90.01
91.00	09100	EMERGENCY	58,032,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.00	04950	OUTPATIENT COUNSELING	724,866	93.00
93.01	04951	OUTSIDE SERVICES	1,630,984	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,028,533,220	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet B-1  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)		
		16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	47,342	1,345,342	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000046	62.123291	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,305	57,946	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000026	2.675748	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: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		36,882,356	19,833	36,902,189	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,738,555	0	7,738,555	31.00	
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		1,086,292	0	1,086,292	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		9,700,877	0	9,700,877	50.00	
50.01	05001 AMBULATORY SERVICES		3,859,837	0	3,859,837	50.01	
50.02	05002 ENDOSCOPY		1,950,550	0	1,950,550	50.02	
51.00	05100 RECOVERY ROOM		1,706,872	0	1,706,872	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,383,008	0	4,383,008	52.00	
53.00	05300 ANESTHESIOLOGY		460,781	0	460,781	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,823,184	0	17,823,184	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		32,934,449	0	32,934,449	55.00	
57.00	05700 CT SCAN		0	0	0	57.00	
58.00	05800 MRI		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		16,487,185	0	16,487,185	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	2,819,419	0	2,819,419	65.00	
66.00	06600 PHYSICAL THERAPY	0	7,582,512	0	7,582,512	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,070,068	0	1,070,068	67.00	
68.00	06800 SPEECH PATHOLOGY	0	553,907	0	553,907	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,674,861	0	2,674,861	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,204,732	0	6,204,732	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,528,413	0	6,528,413	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		15,809,237	0	15,809,237	73.00	
76.00	03950 SLEEP LAB		690,161	0	690,161	76.00	
76.01	03951 CLINICAL NUTRITION		66,879	0	66,879	76.01	
76.97	07697 CARDIAC REHABILITATION		960,200	0	960,200	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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		821,594	0	821,594	90.00	
90.01	09001 GENETIC COUNSELING		28,855	0	28,855	90.01	
91.00	09100 EMERGENCY		14,238,242	0	14,238,242	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		7,123,092	0	7,123,092	92.00	
93.00	04950 OUTPATIENT COUNSELING		2,122,053	32,837	2,154,890	93.00	
93.01	04951 OUTSIDE SERVICES		555,687	0	555,687	93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	
200.00	Subtotal (see instructions)		204,863,858	52,670	204,916,528	200.00	
201.00	Less Observation Beds		7,123,092	0	7,123,092	201.00	
202.00	Total (see instructions)		197,740,766	52,670	197,793,436	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	54,041,673		54,041,673		30.00
31.00	03100	INTENSIVE CARE UNIT	10,993,627		10,993,627		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,227,460		2,227,460		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,034,719	70,456,696	88,491,415	0.109625	50.00
50.01	05001	AMBULATORY SERVICES	15,658	4,240,498	4,256,156	0.906883	50.01
50.02	05002	ENDOSCOPY	1,170,459	11,843,058	13,013,517	0.149886	50.02
51.00	05100	RECOVERY ROOM	1,154,562	4,231,790	5,386,352	0.316888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,753,421	339,196	10,092,617	0.434279	52.00
53.00	05300	ANESTHESIOLOGY	5,405,721	16,882,220	22,287,941	0.020674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,863,885	157,949,688	203,813,573	0.087448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,075,143	148,458,317	149,533,460	0.220248	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	33,759,207	61,189,505	94,948,712	0.173643	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	8,527,644	1,871,560	10,399,204	0.271119	65.00
66.00	06600	PHYSICAL THERAPY	2,651,359	28,083,825	30,735,184	0.246705	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,305,162	5,001,903	6,307,065	0.169662	67.00
68.00	06800	SPEECH PATHOLOGY	1,097,512	1,225,761	2,323,273	0.238417	68.00
69.00	06900	ELECTROCARDIOLOGY	10,713,248	23,275,506	33,988,754	0.078698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,369,222	25,301,204	42,670,426	0.145411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,566,050	22,545,938	29,111,988	0.224252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,350,180	52,809,877	137,160,057	0.115261	73.00
76.00	03950	SLEEP LAB	275,211	3,883,825	4,159,036	0.165943	76.00
76.01	03951	CLINICAL NUTRITION	1,508	14,132	15,640	4.276151	76.01
76.97	07697	CARDIAC REHABILITATION	7,970	1,212,695	1,220,665	0.786620	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	6,987	1,874,837	1,881,824	0.436594	90.00
90.01	09001	GENETIC COUNSELING	319	49,770	50,089	0.576075	90.01
91.00	09100	EMERGENCY	10,421,910	47,610,262	58,032,172	0.245351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,153,172	5,932,407	9,085,579	0.784000	92.00
93.00	04950	OUTPATIENT COUNSELING	0	724,866	724,866	2.927511	93.00
93.01	04951	OUTSIDE SERVICES	1,505,010	125,975	1,630,985	0.340706	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	331,447,999	697,135,311	1,028,583,310		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	331,447,999	697,135,311	1,028,583,310		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 1/25/2022 1:08 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.109625		50.00
50.01	05001 AMBULATORY SERVICES	0.906883		50.01
50.02	05002 ENDOSCOPY	0.149886		50.02
51.00	05100 RECOVERY ROOM	0.316888		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.434279		52.00
53.00	05300 ANESTHESIOLOGY	0.020674		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087448		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.220248		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.173643		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.271119		65.00
66.00	06600 PHYSICAL THERAPY	0.246705		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.169662		67.00
68.00	06800 SPEECH PATHOLOGY	0.238417		68.00
69.00	06900 ELECTROCARDIOLOGY	0.078698		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.145411		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.224252		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.115261		73.00
76.00	03950 SLEEP LAB	0.165943		76.00
76.01	03951 CLINICAL NUTRITION	4.276151		76.01
76.97	07697 CARDIAC REHABILITATION	0.786620		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.436594		90.00
90.01	09001 GENETIC COUNSELING	0.576075		90.01
91.00	09100 EMERGENCY	0.245351		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.784000		92.00
93.00	04950 OUTPATIENT COUNSELING	2.972812		93.00
93.01	04951 OUTSIDE SERVICES	0.340706		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

		Title XIX		Hospital		Cost	
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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	36,882,356		36,882,356	19,833	36,902,189	30.00
31.00	03100 INTENSIVE CARE UNIT	7,738,555		7,738,555	0	7,738,555	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,086,292		1,086,292	0	1,086,292	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,700,877		9,700,877	0	9,700,877	50.00
50.01	05001 AMBULATORY SERVICES	3,859,837		3,859,837	0	3,859,837	50.01
50.02	05002 ENDOSCOPY	1,950,550		1,950,550	0	1,950,550	50.02
51.00	05100 RECOVERY ROOM	1,706,872		1,706,872	0	1,706,872	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,383,008		4,383,008	0	4,383,008	52.00
53.00	05300 ANESTHESIOLOGY	460,781		460,781	0	460,781	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,823,184		17,823,184	0	17,823,184	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	32,934,449		32,934,449	0	32,934,449	55.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	16,487,185		16,487,185	0	16,487,185	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,819,419	0	2,819,419	0	2,819,419	65.00
66.00	06600 PHYSICAL THERAPY	7,582,512	0	7,582,512	0	7,582,512	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,070,068	0	1,070,068	0	1,070,068	67.00
68.00	06800 SPEECH PATHOLOGY	553,907	0	553,907	0	553,907	68.00
69.00	06900 ELECTROCARDIOLOGY	2,674,861		2,674,861	0	2,674,861	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,204,732		6,204,732	0	6,204,732	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,528,413		6,528,413	0	6,528,413	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,809,237		15,809,237	0	15,809,237	73.00
76.00	03950 SLEEP LAB	690,161		690,161	0	690,161	76.00
76.01	03951 CLINICAL NUTRITION	66,879		66,879	0	66,879	76.01
76.97	07697 CARDIAC REHABILITATION	960,200		960,200	0	960,200	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	821,594		821,594	0	821,594	90.00
90.01	09001 GENETIC COUNSELING	28,855		28,855	0	28,855	90.01
91.00	09100 EMERGENCY	14,238,242		14,238,242	0	14,238,242	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	7,123,092		7,123,092	0	7,123,092	92.00
93.00	04950 OUTPATIENT COUNSELING	2,122,053		2,122,053	32,837	2,154,890	93.00
93.01	04951 OUTSIDE SERVICES	555,687		555,687	0	555,687	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
200.00	Subtotal (see instructions)	204,863,858	0	204,863,858	52,670	204,916,528	200.00
201.00	Less Observation Beds	7,123,092		7,123,092		7,123,092	201.00
202.00	Total (see instructions)	197,740,766	0	197,740,766	52,670	197,793,436	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet C  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	54,041,673		54,041,673		30.00
31.00	03100	INTENSIVE CARE UNIT	10,993,627		10,993,627		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,227,460		2,227,460		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,034,719	70,456,696	88,491,415	0.109625	50.00
50.01	05001	AMBULATORY SERVICES	15,658	4,240,498	4,256,156	0.906883	50.01
50.02	05002	ENDOSCOPY	1,170,459	11,843,058	13,013,517	0.149886	50.02
51.00	05100	RECOVERY ROOM	1,154,562	4,231,790	5,386,352	0.316888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,753,421	339,196	10,092,617	0.434279	52.00
53.00	05300	ANESTHESIOLOGY	5,405,721	16,882,220	22,287,941	0.020674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,863,885	157,949,688	203,813,573	0.087448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,075,143	148,458,317	149,533,460	0.220248	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	33,759,207	61,189,505	94,948,712	0.173643	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	8,527,644	1,871,560	10,399,204	0.271119	65.00
66.00	06600	PHYSICAL THERAPY	2,651,359	28,083,825	30,735,184	0.246705	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,305,162	5,001,903	6,307,065	0.169662	67.00
68.00	06800	SPEECH PATHOLOGY	1,097,512	1,225,761	2,323,273	0.238417	68.00
69.00	06900	ELECTROCARDIOLOGY	10,713,248	23,275,506	33,988,754	0.078698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,369,222	25,301,204	42,670,426	0.145411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,566,050	22,545,938	29,111,988	0.224252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,350,180	52,809,877	137,160,057	0.115261	73.00
76.00	03950	SLEEP LAB	275,211	3,883,825	4,159,036	0.165943	76.00
76.01	03951	CLINICAL NUTRITION	1,508	14,132	15,640	4.276151	76.01
76.97	07697	CARDIAC REHABILITATION	7,970	1,212,695	1,220,665	0.786620	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	6,987	1,874,837	1,881,824	0.436594	90.00
90.01	09001	GENETIC COUNSELING	319	49,770	50,089	0.576075	90.01
91.00	09100	EMERGENCY	10,421,910	47,610,262	58,032,172	0.245351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,153,172	5,932,407	9,085,579	0.784000	92.00
93.00	04950	OUTPATIENT COUNSELING	0	724,866	724,866	2.927511	93.00
93.01	04951	OUTSIDE SERVICES	1,505,010	125,975	1,630,985	0.340706	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	331,447,999	697,135,311	1,028,583,310		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	331,447,999	697,135,311	1,028,583,310		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 1/25/2022 1:08 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SERVICES	0.000000		50.01
50.02	05002	ENDOSCOPY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	SLEEP LAB	0.000000		76.00
76.01	03951	CLINICAL NUTRITION	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	GENETIC COUNSELING	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000		93.00
93.01	04951	OUTSIDE SERVICES	0.000000		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part I Date/Time Prepared: 1/25/2022 1:08 pm
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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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,176,732	0	4,176,732	23,432	178.25	30.00
31.00	INTENSIVE CARE UNIT	927,506		927,506	2,601	356.60	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	148,146		148,146	1,408	105.22	43.00
200.00	Total (lines 30 through 199)	5,252,384		5,252,384	27,441		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	8,257	1,471,810				
31.00	INTENSIVE CARE UNIT	1,341	478,201				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	9,598	1,950,011				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part II Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,554,981	88,491,415	0.017572	7,385,409	129,776	50.00
50.01	05001 AMBULATORY SERVICES	600,499	4,256,156	0.141090	9,842	1,389	50.01
50.02	05002 ENDOSCOPY	140,143	13,013,517	0.010769	534,537	5,756	50.02
51.00	05100 RECOVERY ROOM	190,714	5,386,352	0.035407	447,017	15,828	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	574,932	10,092,617	0.056966	109,617	6,244	52.00
53.00	05300 ANESTHESIOLOGY	71,365	22,287,941	0.003202	1,872,504	5,996	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,985,342	203,813,573	0.014647	21,560,243	315,793	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,613,679	149,533,460	0.017479	305,730	5,344	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,322,075	94,948,712	0.013924	14,710,568	204,830	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	225,023	10,399,204	0.021638	4,045,121	87,528	65.00
66.00	06600 PHYSICAL THERAPY	390,033	30,735,184	0.012690	1,502,426	19,066	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,692	6,307,065	0.007403	726,677	5,380	67.00
68.00	06800 SPEECH PATHOLOGY	24,411	2,323,273	0.010507	711,274	7,473	68.00
69.00	06900 ELECTROCARDIOLOGY	310,417	33,988,754	0.009133	4,877,928	44,550	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	296,389	42,670,426	0.006946	8,925,031	61,993	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	312,977	29,111,988	0.010751	3,389,350	36,439	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,065,192	137,160,057	0.007766	35,527,634	275,908	73.00
76.00	03950 SLEEP LAB	30,272	4,159,036	0.007279	111,555	812	76.00
76.01	03951 CLINICAL NUTRITION	40,292	15,640	2.576215	1,508	3,885	76.01
76.97	07697 CARDIAC REHABILITATION	70,033	1,220,665	0.057373	4,269	245	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	39,987	1,881,824	0.021249	789	17	90.00
90.01	09001 GENETIC COUNSELING	1,247	50,089	0.024896	0	0	90.01
91.00	09100 EMERGENCY	1,592,571	58,032,172	0.027443	4,647,657	127,546	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	806,220	9,085,579	0.088736	1,614,119	143,230	92.00
93.00	04950 OUTPATIENT COUNSELING	99,800	724,866	0.137681	0	0	93.00
93.01	04951 OUTSIDE SERVICES	27,218	1,630,985	0.016688	853,094	14,236	93.01
200.00	Total (lines 50 through 199)	15,432,504	961,320,550		113,873,899	1,519,264	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part III Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	23,432	0.00	8,257	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,601	0.00	1,341	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	1,408	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	27,441	0.00	9,598	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet D  
Part IV  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description			Title XVIII				Hospital		
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
			1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	50.01	
50.02	05002	ENDOSCOPY	0	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00	
76.01	03951	CLINICAL NUTRITION	0	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	GENETIC COUNSELING	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	93.00	
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description	Title XVIII		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)				
	4.00	5.00	6.00	7.00			8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	88,491,415	0.000000	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	4,256,156	0.000000	50.01
50.02	05002	ENDOSCOPY	0	0	0	13,013,517	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	5,386,352	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,092,617	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,287,941	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	203,813,573	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	149,533,460	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	94,948,712	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,399,204	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,735,184	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,307,065	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,323,273	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,988,754	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,670,426	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,111,988	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	137,160,057	0.000000	73.00
76.00	03950	SLEEP LAB	0	0	0	4,159,036	0.000000	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	15,640	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,220,665	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,881,824	0.000000	90.00
90.01	09001	GENETIC COUNSELING	0	0	0	50,089	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	58,032,172	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,085,579	0.000000	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	724,866	0.000000	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	1,630,985	0.000000	93.01
200.00		Total (lines 50 through 199)	0	0	0	961,320,550		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:08 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	7,385,409	0	15,422,362	0	50.00	
50.01	05001 AMBULATORY SERVICES	0.000000	9,842	0	1,589,884	0	50.01	
50.02	05002 ENDOSCOPY	0.000000	534,537	0	3,330,788	0	50.02	
51.00	05100 RECOVERY ROOM	0.000000	447,017	0	805,169	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	109,617	0	693	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	1,872,504	0	3,665,941	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	21,560,243	0	42,195,725	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	305,730	0	57,112,147	0	55.00	
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	14,710,568	0	9,813,638	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,045,121	0	628,440	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,502,426	0	89,051	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	726,677	0	23,488	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	711,274	0	67,456	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,877,928	0	6,540,428	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,925,031	0	7,313,114	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,389,350	0	6,414,365	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	35,527,634	0	12,642,733	0	73.00	
76.00	03950 SLEEP LAB	0.000000	111,555	0	1,125,933	0	76.00	
76.01	03951 CLINICAL NUTRITION	0.000000	1,508	0	2,173	0	76.01	
76.97	07697 CARDIAC REHABILITATION	0.000000	4,269	0	436,567	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	789	0	899,259	0	90.00	
90.01	09001 GENETIC COUNSELING	0.000000	0	0	0	0	90.01	
91.00	09100 EMERGENCY	0.000000	4,647,657	0	7,231,379	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,614,119	0	3,685,817	0	92.00	
93.00	04950 OUTPATIENT COUNSELING	0.000000	0	0	4,293	0	93.00	
93.01	04951 OUTSIDE SERVICES	0.000000	853,094	0	95,900	0	93.01	
200.00	Total (lines 50 through 199)		113,873,899	0	181,136,743	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 1/25/2022 1:08 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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.109625	15,422,362	0	0	1,690,676 50.00
50.01 05001 AMBULATORY SERVICES	0.906883	1,589,884	0	0	1,441,839 50.01
50.02 05002 ENDOSCOPY	0.149886	3,330,788	0	0	499,238 50.02
51.00 05100 RECOVERY ROOM	0.316888	805,169	0	0	255,148 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.434279	693	0	0	301 52.00
53.00 05300 ANESTHESIOLOGY	0.020674	3,665,941	0	0	75,790 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.087448	42,195,725	0	0	3,689,932 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.220248	57,112,147	0	0	12,578,836 55.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.173643	9,813,638	18,480	0	1,704,070 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	0.271119	628,440	0	0	170,382 65.00
66.00 06600 PHYSICAL THERAPY	0.246705	89,051	0	0	21,969 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.169662	23,488	0	0	3,985 67.00
68.00 06800 SPEECH PATHOLOGY	0.238417	67,456	0	0	16,083 68.00
69.00 06900 ELECTROCARDIOLOGY	0.078698	6,540,428	0	0	514,719 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.145411	7,313,114	0	0	1,063,407 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.224252	6,414,365	0	0	1,438,434 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.115261	12,642,733	0	60,298	1,457,214 73.00
76.00 03950 SLEEP LAB	0.165943	1,125,933	0	0	186,841 76.00
76.01 03951 CLINICAL NUTRITION	4.276151	2,173	0	0	9,292 76.01
76.97 07697 CARDIAC REHABILITATION	0.786620	436,567	0	0	343,412 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.436594	899,259	0	0	392,611 90.00
90.01 09001 GENETIC COUNSELING	0.576075	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.245351	7,231,379	0	0	1,774,226 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.784000	3,685,817	0	0	2,889,681 92.00
93.00 04950 OUTPATIENT COUNSELING	2.927511	4,293	0	0	12,568 93.00
93.01 04951 OUTSIDE SERVICES	0.340706	95,900	0	0	32,674 93.01
200.00					
201.00					
202.00					
		181,136,743	18,480	60,298	32,263,328 200.00
			0	0	201.00
		181,136,743	18,480	60,298	32,263,328 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 1/25/2022 1:08 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 AMBULATORY SERVICES	0	0		50.01
50.02 05002 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	3,209	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,950		73.00
76.00 03950 SLEEP LAB	0	0		76.00
76.01 03951 CLINICAL NUTRITION	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 GENETIC COUNSELING	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00 04950 OUTPATIENT COUNSELING	0	0		93.00
93.01 04951 OUTSIDE SERVICES	0	0		93.01
200.00 Subtotal (see instructions)	3,209	6,950		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	3,209	6,950		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/25/2022 1:08 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,432	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,432	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)		18,909	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)		8,257	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
<b>SWING BED ADJUSTMENT</b>				
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)		36,902,189	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)		36,902,189	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		36,902,189	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,574.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,003,619	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)		13,003,619	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet D-1

Date/Time Prepared:  
1/25/2022 1:08 pm

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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,738,555	2,601	2,975.22	1,341	3,989,770	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,655,791	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,649,180	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,950,011	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,519,264	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,469,275	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,179,905	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,574.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,123,092	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/25/2022 1:08 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,176,732	36,902,189	0.113184	7,123,092	806,220	90.00
91.00	Nursing Program cost	0	36,902,189	0.000000	7,123,092	0	91.00
92.00	Allied health cost	0	36,902,189	0.000000	7,123,092	0	92.00
93.00	All other Medical Education	0	36,902,189	0.000000	7,123,092	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/25/2022 1:08 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		20,431,442	30.00
31.00	03100	INTENSIVE CARE UNIT		4,424,572	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.109625	7,385,409	50.00
50.01	05001	AMBULATORY SERVICES	0.906883	9,842	50.01
50.02	05002	ENDOSCOPY	0.149886	534,537	50.02
51.00	05100	RECOVERY ROOM	0.316888	447,017	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.434279	109,617	52.00
53.00	05300	ANESTHESIOLOGY	0.020674	1,872,504	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087448	21,560,243	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.220248	305,730	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.173643	14,710,568	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.271119	4,045,121	65.00
66.00	06600	PHYSICAL THERAPY	0.246705	1,502,426	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169662	726,677	67.00
68.00	06800	SPEECH PATHOLOGY	0.238417	711,274	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078698	4,877,928	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.145411	8,925,031	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.224252	3,389,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115261	35,527,634	73.00
76.00	03950	SLEEP LAB	0.165943	111,555	76.00
76.01	03951	CLINICAL NUTRITION	4.276151	1,508	76.01
76.97	07697	CARDIAC REHABILITATION	0.786620	4,269	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.436594	789	90.00
90.01	09001	GENETIC COUNSELING	0.576075	0	90.01
91.00	09100	EMERGENCY	0.245351	4,647,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.784000	1,614,119	92.00
93.00	04950	OUTPATIENT COUNSELING	2.972812	0	93.00
93.01	04951	OUTSIDE SERVICES	0.340706	853,094	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		113,873,899	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		113,873,899	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 1:08 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		1,459,842	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,238,605	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)		26,718	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,442,947	2.04
3.00	Managed Care Simulated Payments		7,191,143	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		85.27	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.74	31.00
32.00	Sum of lines 30 and 31		20.19	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.87	33.00
34.00	Disproportionate share adjustment (see instructions)		303,750	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 1:08 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)	0	0	35.00	
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,430,694	1,032,935	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	117,270	948,036	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,065,306		36.00	
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges (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 (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)	23,537,168		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)		23,537,168	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,787,372	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		654,974	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)		25,979,514	59.00	
60.00	Primary payer payments		-204	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,979,718	61.00	
62.00	Deductibles billed to program beneficiaries		2,102,084	62.00	
63.00	Coinurance billed to program beneficiaries		18,398	63.00	
64.00	Allowable bad debts (see instructions)		511,054	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		332,185	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		357,663	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,191,421	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)		0	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)		173,222	70.93	
70.94	HRR adjustment amount (see instructions)		-186,905	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 1:08 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			19,587	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24,158,151	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			24,120,169	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			37,982	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			915,902	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			1,700,759	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			221,854	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/25/2022 1:08 pm
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		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 (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	1,459,842	1,459,842		1,459,842	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,238,605		19,238,605	19,238,605	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	26,718	26,718		26,718	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,442,947		1,442,947	1,442,947	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	7,191,143	490,940	6,700,203	7,191,143	4.00	
<b>Indirect Medical Education Adjustment</b>								
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	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
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	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0587	0.0587	0.0587		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	303,750	21,423	282,327	303,750	11.00	
11.01	Uncompensated care payments	36.00	1,065,306	117,270	948,036	1,065,306	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	23,537,168	1,625,253	21,911,915	23,537,168	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	23,537,168	1,625,253	21,911,915	23,537,168	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,787,372	125,299	1,662,073	1,787,372	16.00	
17.00	Special add-on payments for new technologies	54.00	654,974	0	654,974	654,974	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	<b>SUBTOTAL</b>			1,750,552	24,228,962	25,979,514	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
1/25/2022 1:08 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,577,340	120,512	1,456,828	1,577,340	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	210,032	4,787	205,245	210,032	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,787,372	125,299	1,662,073	1,787,372	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	173,222	191,761	-18,539	173,222	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	-186,905	16,401	-203,306	-186,905	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		19,587		0	19,587
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/25/2022 1:08 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		10,159	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,263,328	2.00
3.00	OPPS payments		22,889,932	3.00
4.00	Outlier payment (see instructions)		564,539	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)		10,159	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		78,778	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)		78,778	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		78,778	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		68,619	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)		10,159	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)		23,454,471	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,770,982	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)		19,693,648	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)		19,693,648	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		19,693,648	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		489,932	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		318,456	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		321,888	36.00
37.00	Subtotal (see instructions)		20,012,104	37.00
38.00	MSP-LCC reconciliation amount from PS&R		112	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)		20,011,992	40.00
40.01	Sequestration adjustment (see instructions)		0	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		20,100,323	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)		-88,331	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		487,240	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/25/2022 1:08 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		24,034,422		20,048,087	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	05/04/2021	85,747	05/04/2021	52,236	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		85,747		52,236	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)		24,120,169		20,100,323	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		37,982		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		88,331	6.02	
7.00	Total Medicare program liability (see instructions)		24,158,151		20,011,992	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

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

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G  
Date/Time Prepared:  
1/25/2022 1:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	4,662,790	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	32,380,680	0	0	0	4.00
5.00	Other receivable	289,490	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,741,260	0	0	0	7.00
8.00	Prepaid expenses	650,140	0	0	0	8.00
9.00	Other current assets	8,646,270	0	0	0	9.00
10.00	Due from other funds	12,609,820	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	62,980,450	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	19,111,040	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	195,068,880	0	0	0	15.00
16.00	Accumulated depreciation	-46,561,732	0	0	0	16.00
17.00	Leasehold improvements	7,571,740	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	38,325,400	0	0	0	23.00
24.00	Accumulated depreciation	-20,834,544	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)	192,680,784	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	218,686,110	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	38,478,656	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	257,164,766	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	512,826,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,651,890	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,224,290	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	30,042,820	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,919,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	53,956,170	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	53,956,170	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,875,170	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	416,950,830	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)	416,950,830	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	512,826,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G-1

Date/Time Prepared:  
1/25/2022 1:08 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		369,122,323		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		72,442,783			2.00
3.00	Total (sum of line 1 and line 2)		441,565,106		0	3.00
4.00	OTHER	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		441,565,106		0	11.00
12.00	IC SETTLEMENT	24,614,276		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		24,614,276		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		416,950,830		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	IC SETTLEMENT		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/25/2022 1:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	68,543,409		68,543,409	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	68,543,409		68,543,409	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,671,377		12,671,377	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,671,377		12,671,377	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	81,214,786		81,214,786	17.00
18.00	Ancillary services	229,939,436		229,939,436	18.00
19.00	Outpatient services	12,118,198	705,350,964	717,469,162	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF COMP / EXCLUDED HOSPICE	230,552	1,015,006	1,245,558	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	323,502,972	706,365,970	1,029,868,942	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		228,427,061		29.00
30.00	EXCLUDED CC	0			30.00
31.00	BAD DEBTS	0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	0			37.00
38.00	BAD DEBTS	838,082			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)		838,082		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		227,588,979		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2020  
To 08/31/2021

Worksheet G-3

Date/Time Prepared:  
1/25/2022 1:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,029,868,942	1.00
2.00	Less contractual allowances and discounts on patients' accounts	737,347,283	2.00
3.00	Net patient revenues (line 1 minus line 2)	292,521,659	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	227,588,979	4.00
5.00	Net income from service to patients (line 3 minus line 4)	64,932,680	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	302,443	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	679,851	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,787,235	24.00
24.01	UNRESTRICTED CONTRIBUTIONS	0	24.01
24.02	ROUNDING	0	24.02
24.50	COVID-19 PHE Funding	2,683,897	24.50
25.00	Total other income (sum of lines 6-24)	11,453,426	25.00
26.00	Total (line 5 plus line 25)	76,386,106	26.00
27.00	EXTERNAL GRANTS AND ACADEMIC SUPPORT	3,943,323	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	3,943,323	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	72,442,783	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0286	Period: From 09/01/2020 To 08/31/2021	Worksheet L Parts I-III Date/Time Prepared: 1/25/2022 1:08 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,577,340	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		210,032	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)		59.57	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,787,372	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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