

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: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/3/2021 5:15 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/3/2021	Time: 5:15 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER (14-0064) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-68,006	-55,814	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-68,006	-55,814	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: 14-0064		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/3/2021 5:15 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 3333 N SEMINARY			PO Box:				1.00	
2.00	City: GALESBURG			State: IL		Zip Code: 61401		County: KNOX	
		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			ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019	09/30/2020	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							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		
22.01	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		
22.02	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		
22.03	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	
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.					3	N		
				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.			606	449	0	0	1,576	111

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		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.					10/01/2019	09/30/2020	38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
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To 09/30/2020Worksheet S-2
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Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/3/2021 5:15 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	56,777	0	136,045118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0064		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/3/2021 5:15 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101		141.00		
142.00	Street: 800 NE GLEN OAK AVE		PO Box:				142.00		
143.00	City: PEORIA		State: IL		Zip Code: 61603		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
								1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		155.00
156.00	Subprovider - IPF			N	N	N	N		156.00
157.00	Subprovider - IRF			N	N	N	N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF			N	N	N	N		159.00
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00
161.00	CMHC				N	N	N		161.00
								1.00	
Multicampus									
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
						1.00	2.00		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 3/3/2021 5:15 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	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	01/29/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	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	
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	12/14/2020	Y	12/14/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/3/2021 5:15 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA.C.ROBINSON@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/3/2021 5:15 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVERNMENT REPORTING SENIOR 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: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	75	27,450	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)		75	27,450	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	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)		81	29,646	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		81			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,949	311	9,482			1.00
2.00	HMO and other (see instructions)	2,794	2,025				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,949	311	9,482			7.00
8.00	INTENSIVE CARE UNIT	572	14	1,343			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		281	1,287			13.00
14.00	Total (see instructions)	4,521	606	12,112	0.00	395.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	395.66	27.00
28.00	Observation Bed Days		204	1,417			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	111	181			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,149	95	3,198	1.00
2.00 HMO and other (see instructions)			616	544		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,149	95	3,198	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/3/2021 5:15 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	25,598,964	535,718	26,134,682	849,545.00	30.76	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,405,914	0	1,405,914	12,525.00	112.25	3.00
4.00	Physician-Part A - Administrative		115,712	0	115,712	675.00	171.43	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		82,509	0	82,509	267.00	309.02	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		51,127	154,512	205,639	7,733.00	26.59	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		247,474	0	247,474	6,167.00	40.13	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		6,548	0	6,548	50.00	130.96	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		6,392,307	0	6,392,307	180,164.00	35.48	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,231,489	0	7,231,489			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		64,747	0	64,747			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		194,226	0	194,226			21.00
22.00	Physician Part A - Administrative		11,347	0	11,347			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		4,553	0	4,553			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		2,169,478	0	2,169,478			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/3/2021 5:15 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	18,200	0	18,200	256.00	71.09	26.00
27.00	Administrative & General	5.00	1,938,023	-155,069	1,782,954	45,992.00	38.77	27.00
28.00	Administrative & General under contract (see inst.)		595,924	0	595,924	4,143.00	143.84	28.00
29.00	Maintenance & Repairs	6.00	487,028	-5,235	481,793	20,437.00	23.57	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	705,570	-2,859	702,711	48,540.00	14.48	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	534,783	-285,488	249,295	15,997.00	15.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	279,533	279,533	17,518.00	15.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	807,945	-2,608	805,337	17,941.00	44.89	38.00
39.00	Central Services and Supply	14.00	0	140,642	140,642	7,554.00	18.62	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	294,257	-950	293,307	13,717.00	21.38	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/3/2021 5:15 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	24,706,465	535,718	25,242,183	840,896.00	30.02	1.00
2.00	Excluded area salaries (see instructions)	51,127	154,512	205,639	7,733.00	26.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,655,338	381,206	25,036,544	833,163.00	30.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,646,329	0	6,646,329	186,381.00	35.66	4.00
5.00	Subtotal wage-related costs (see inst.)	9,412,314	0	9,412,314	0.00	37.59	5.00
6.00	Total (sum of lines 3 thru 5)	40,713,981	381,206	41,095,187	1,019,544.00	40.31	6.00
7.00	Total overhead cost (see instructions)	5,381,730	-32,034	5,349,696	192,095.00	27.85	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/3/2021 5:15 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,019,437	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)	268,996	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
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
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,105,662	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	42,967	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	139,391	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,834,047	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	2,885	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	92,977	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,506,362	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	247,474	7,506,362	1.00
2.00	Hospital	247,474	7,506,362	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-10

Date/Time Prepared:
3/3/2021 5:15 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.170370		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,876,079		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?		Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		69,736,340		6.00
7.00	Medicaid cost (line 1 times line 6)		11,880,980		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)		6,004,901		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,004,901		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,450,987	1,684,509	9,135,496	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,269,425	1,684,509	2,953,934	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)	1,269,425	1,684,509	2,953,934	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)		4,545,793		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		234,025		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		360,039		27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,185,754		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		839,141		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,793,075		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,797,976		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,431,638	1,431,638	62,075	1,493,713	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,414,307	2,414,307	33,492	2,447,799	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,200	1,509,886	1,528,086	6,422,688	7,950,774	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,938,023	18,126,717	20,064,740	-2,109,640	17,955,100	5.00
6.00	00600	MAINTENANCE & REPAIRS	487,028	2,097,289	2,584,317	-878,025	1,706,292	6.00
7.00	00700	OPERATION OF PLANT	0	807,972	807,972	0	807,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	234,430	234,430	0	234,430	8.00
9.00	00900	HOUSEKEEPING	705,570	393,376	1,098,946	-155,675	943,271	9.00
10.00	01000	DIETARY	534,783	485,461	1,020,244	-605,344	414,900	10.00
11.00	01100	CAFETERIA	0	0	0	454,466	454,466	11.00
13.00	01300	NURSING ADMINISTRATION	807,945	165,216	973,161	-155,680	817,481	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-162,917	-162,917	140,642	-22,275	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	294,257	94,763	389,020	-83,227	305,793	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	676,727	676,727	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,405,914	0	1,405,914	0	1,405,914	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,100,648	4,115,306	8,215,954	-290,926	7,925,028	30.00
31.00	03100	INTENSIVE CARE UNIT	1,141,384	542,674	1,684,058	-235,314	1,448,744	31.00
43.00	04300	NURSERY	0	0	0	489,632	489,632	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,722,271	4,089,958	5,812,229	-3,686,383	2,125,846	50.00
51.00	05100	RECOVERY ROOM	995,349	289,278	1,284,627	-231,413	1,053,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,084,822	830,107	2,914,929	-1,794,771	1,120,158	52.00
53.00	05300	ANESTHESIOLOGY	0	1,813,390	1,813,390	-187,270	1,626,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,323,123	443,346	1,766,469	475,470	2,241,939	54.00
56.00	05600	RADIOISOTOPE	148,592	254,533	403,125	-45,430	357,695	56.00
57.00	05700	CT SCAN	323,129	475,924	799,053	-111,477	687,576	57.00
58.00	05800	MRI	250,617	99,946	350,563	-56,084	294,479	58.00
60.00	06000	LABORATORY	1,434,762	1,600,637	3,035,399	-245,483	2,789,916	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	362,668	362,668	0	362,668	63.00
65.00	06500	RESPIRATORY THERAPY	575,083	228,357	803,440	-195,006	608,434	65.00
65.10	06501	CARDIAC STRESS LAB	290,574	54,277	344,851	-38,349	306,502	65.10
65.20	06502	CARDIAC REHAB	202,543	53,326	255,869	-237,487	18,382	65.20
66.00	06600	PHYSICAL THERAPY	792,001	181,829	973,830	-125,025	848,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	128,910	28,146	157,056	2,547	159,603	67.00
68.00	06800	SPEECH PATHOLOGY	124,990	23,157	148,147	7,148	155,295	68.00
69.00	06900	ELECTROCARDIOLOGY	1,478	387	1,865	76,640	78,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,407	1,326	7,733	-1,347	6,386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,884,427	1,884,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,385,182	1,385,182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	864,075	3,474,700	4,338,775	26,311	4,365,086	73.00
76.00	03610	SLEEP LAB	89,235	39,396	128,631	-22,207	106,424	76.00
76.01	03020	PAIN CLINIC	39,591	299,717	339,308	-58,861	280,447	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,716,533	4,473,022	7,189,555	-772,290	6,417,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,547,837	51,373,545	76,921,382	-185,267	76,736,115	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,127	96,530	147,657	-10,471	137,186	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,209	1,209	0	1,209	192.00
193.00	19300	NONPAID WORKERS	0	5,444	5,444	0	5,444	193.00
194.00	07950	FOUNDATION AND OTHER	0	278,582	278,582	0	278,582	194.00
194.01	07951	FITNESS CENTER	0	0	0	195,738	195,738	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	25,598,964	51,755,310	77,354,274	0	77,354,274	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	968,630	2,462,343	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	372,743	2,820,542	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-115,765	7,835,009	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,210,005	11,745,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	12,504	1,718,796	6.00
7.00	00700	OPERATION OF PLANT	0	807,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	234,430	8.00
9.00	00900	HOUSEKEEPING	0	943,271	9.00
10.00	01000	DIETARY	0	414,900	10.00
11.00	01100	CAFETERIA	-132,092	322,374	11.00
13.00	01300	NURSING ADMINISTRATION	571,695	1,389,176	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-22,275	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-34,685	271,108	16.00
17.00	01700	SOCIAL SERVICE	147,942	824,669	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,405,914	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,459,020	6,466,008	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,700	1,446,044	31.00
43.00	04300	NURSERY	0	489,632	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,125,846	50.00
51.00	05100	RECOVERY ROOM	-1,900	1,051,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,120,158	52.00
53.00	05300	ANESTHESIOLOGY	-1,189,192	436,928	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,144	2,233,795	54.00
56.00	05600	RADIOISOTOPE	0	357,695	56.00
57.00	05700	CT SCAN	0	687,576	57.00
58.00	05800	MRI	0	294,479	58.00
60.00	06000	LABORATORY	-1,754	2,788,162	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	362,668	63.00
65.00	06500	RESPIRATORY THERAPY	0	608,434	65.00
65.10	06501	CARDIAC STRESS LAB	0	306,502	65.10
65.20	06502	CARDIAC REHAB	-4,517	13,865	65.20
66.00	06600	PHYSICAL THERAPY	2,249	851,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	159,603	67.00
68.00	06800	SPEECH PATHOLOGY	0	155,295	68.00
69.00	06900	ELECTROCARDIOLOGY	0	78,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,884,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,385,182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-140,036	4,225,050	73.00
76.00	03610	SLEEP LAB	0	106,424	76.00
76.01	03020	PAIN CLINIC	-240,000	40,447	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-2,901,320	3,515,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,771,281	64,964,834	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	137,186	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,209	192.00
193.00	19300	NONPAID WORKERS	0	5,444	193.00
194.00	07950	FOUNDATION AND OTHER	0	278,582	194.00
194.01	07951	FITNESS CENTER	0	195,738	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,771,281	65,582,993	200.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INS AND TAX					
1.00	OTHER CAP REL COSTS	3.00	0	85,738		1.00
2.00	OTHER CAP REL COSTS	3.00	0	6,480		2.00
	0		0	92,218		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	279,533	174,933		1.00
	0		279,533	174,933		
	C - SFMC SHARED PHYS EMP BENEFIT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	80,781		1.00
	0		0	80,781		
	D - REHAB ADMIN RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	15,093	884		1.00
2.00	SPEECH PATHOLOGY	68.00	14,237	834		2.00
	0		29,330	1,718		
	E - EKG SALARY RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	77,032	0		1.00
	0		77,032	0		
	F - IMPLANTABLE MEDICAL DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,385,182		1.00
	0		0	1,385,182		
	G - MED/SURG SUP RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,884,427		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,884,427		
	H - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	114,844		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
	0		0	114,844		
	I - DISABILITY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,728		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	3,663		2.00
3.00	HOUSEKEEPING	9.00	0	582		3.00
4.00	DIETARY	10.00	0	4,229		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	6,636		5.00
6.00	OPERATING ROOM	50.00	0	7,112		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,955		7.00
8.00	ANESTHESIOLOGY	53.00	0	142		8.00
9.00	LABORATORY	60.00	0	1,805		9.00
10.00	RESPIRATORY THERAPY	65.00	0	130		10.00
11.00	SLEEP LAB	76.00	0	766		11.00
12.00	EMERGENCY	91.00	0	869		12.00
	0		0	39,617		
	J - CARDIO PULMONARY REHAB					
1.00	FITNESS CENTER	194.01	154,677	41,061		1.00
	0		154,677	41,061		
	K - ALTERNATIVE BIRTHING CENTER					
1.00	ADULTS & PEDIATRICS	30.00	756,366	63,546		1.00
2.00	NURSERY	43.00	451,684	37,948		2.00
	0		1,208,050	101,494		
	L - VACATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	82,568		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

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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	82,568		
M - MINISTRY ALLOCATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	540,795		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	177,893		2.00
3.00	SOCIAL SERVICE	17.00	0	676,727		3.00
4.00	PHYSICAL THERAPY	66.00	0	60,940		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	9,828		5.00
6.00	SPEECH PATHOLOGY	68.00	0	9,271		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	105,367		7.00
0			0	1,580,821		
O - TO RECLASS BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,521,044		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
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
0			0	5,521,044		
P - TO RECLASS MAINTENANCE COST						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	796,666		1.00
2.00	LABORATORY	60.00	0	93,159		2.00
0			0	889,825		
Q - OSFMG SHARED HOSPITALIST AND PALL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	66,962		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	114,205		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,349		3.00
4.00	ADULTS & PEDIATRICS	30.00	484,127	0		4.00
0			484,127	184,516		
R - TO RECLASS CENTRAL SUPPLY COST						
1.00	CENTRAL SERVICES & SUPPLY	14.00	140,642	0		1.00
0			140,642	0		

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
S - OSFMG SHARED ER					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	130,538		1.00
2.00 EMERGENCY	91.00	173,776	0		2.00
TOTALS		173,776	130,538		
500.00 Grand Total: Increases		2,547,167	12,305,587		500.00

RECLASSIFICATIONS

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Period:
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		Decreases				Wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
A - PROPERTY INS AND TAX							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	85,738	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,480	13		2.00
	0		0	92,218			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	279,533	174,933	0		1.00
	0		279,533	174,933			
C - SFMC SHARED PHYS EMP BENEFIT							
1.00	EMERGENCY	91.00	0	80,781	0		1.00
	0		0	80,781			
D - REHAB ADMIN RECLASS							
1.00	PHYSICAL THERAPY	66.00	29,330	1,718	0		1.00
2.00		0.00	0	0	0		2.00
	0		29,330	1,718			
E - EKG SALARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	77,032	0	0		1.00
	0		77,032	0			
F - IMPLANTABLE MEDICAL DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	1,385,182	0		1.00
	0		0	1,385,182			
G - MED/SURG SUP RECLASS							
1.00	OPERATING ROOM	50.00	0	1,815,159	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,854	0		2.00
3.00	PAIN CLINIC	76.01	0	49,414	0		3.00
	0		0	1,884,427			
H - DRUGS CHARGED TO PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	338	0		1.00
2.00	OPERATING ROOM	50.00	0	91,446	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	990	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	592	0		4.00
5.00	CT SCAN	57.00	0	15,891	0		5.00
6.00	MRI	58.00	0	314	0		6.00
7.00	LABORATORY	60.00	0	5	0		7.00
8.00	PAIN CLINIC	76.01	0	554	0		8.00
9.00	EMERGENCY	91.00	0	4,714	0		9.00
	0		0	114,844			
I - DISABILITY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	8,728	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	3,663	0	0		2.00
3.00	HOUSEKEEPING	9.00	582	0	0		3.00
4.00	DIETARY	10.00	4,229	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	6,636	0	0		5.00
6.00	OPERATING ROOM	50.00	7,112	0	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	4,955	0	0		7.00
8.00	ANESTHESIOLOGY	53.00	142	0	0		8.00
9.00	LABORATORY	60.00	1,805	0	0		9.00
10.00	RESPIRATORY THERAPY	65.00	130	0	0		10.00
11.00	SLEEP LAB	76.00	766	0	0		11.00
12.00	EMERGENCY	91.00	869	0	0		12.00
	0		39,617	0			
J - CARDIO PULMONARY REHAB							
1.00	CARDIAC REHAB	65.20	154,677	41,061	0		1.00
	0		154,677	41,061			
K - ALTERNATIVE BIRTHING CENTER							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,208,050	101,494	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,208,050	101,494			
L - VACATION RECLASS							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	5,699	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	1,572	0	0		3.00
4.00	HOUSEKEEPING	9.00	2,277	0	0		4.00
5.00	DIETARY	10.00	1,726	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	2,608	0	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	950	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	13,792	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	3,684	0	0		9.00
10.00	OPERATING ROOM	50.00	5,559	0	0		10.00
11.00	RECOVERY ROOM	51.00	3,213	0	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	6,729	0	0		12.00
13.00	ANESTHESIOLOGY	53.00	4,538	0	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	4,271	0	0		14.00
15.00	RADIOISOTOPE	56.00	480	0	0		15.00
16.00	CT SCAN	57.00	1,043	0	0		16.00

RECLASSIFICATIONS

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To 09/30/2020

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		Decreases					3/3/2021 5:15 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	MRI	58.00	809	0	0		17.00
18.00	LABORATORY	60.00	4,631	0	0		18.00
19.00	RESPIRATORY THERAPY	65.00	1,856	0	0		19.00
20.00	CARDIAC STRESS LAB	65.10	938	0	0		20.00
21.00	CARDIAC REHAB	65.20	654	0	0		21.00
22.00	PHYSICAL THERAPY	66.00	2,556	0	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	416	0	0		23.00
24.00	SPEECH PATHOLOGY	68.00	403	0	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	5	0	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	21	0	0		26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	2,789	0	0		27.00
28.00	SLEEP LAB	76.00	288	0	0		28.00
29.00	PAIN CLINIC	76.01	128	0	0		29.00
30.00	EMERGENCY	91.00	8,768	0	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	165	0	0		31.00
TOTALS			82,568	0			
M - MINISTRY ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,580,821	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
0			0	1,580,821			
O - TO RECLASS BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	404,465	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	164,521	0		2.00
3.00	HOUSEKEEPING	9.00	0	153,398	0		3.00
4.00	DIETARY	10.00	0	149,152	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	153,072	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	82,277	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	912,192	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	231,630	0		8.00
9.00	OPERATING ROOM	50.00	0	389,037	0		9.00
10.00	RECOVERY ROOM	51.00	0	228,200	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	457,654	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	182,732	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	316,333	0		13.00
14.00	RADIOISOTOPE	56.00	0	44,950	0		14.00
15.00	CT SCAN	57.00	0	94,543	0		15.00
16.00	MRI	58.00	0	54,961	0		16.00
17.00	LABORATORY	60.00	0	334,006	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	116,118	0		18.00
19.00	CARDIAC STRESS LAB	65.10	0	37,411	0		19.00
20.00	CARDIAC REHAB	65.20	0	41,095	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	152,361	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	22,842	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	16,791	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	387	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,326	0		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	191,111	0		26.00
27.00	SLEEP LAB	76.00	0	21,919	0		27.00
28.00	PAIN CLINIC	76.01	0	8,765	0		28.00
29.00	EMERGENCY	91.00	0	547,489	0		29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	10,306	0		30.00
0			0	5,521,044			
P - TO RECLASS MAINTENANCE COST							
1.00	MAINTENANCE & REPAIRS	6.00	0	889,825	0		1.00
2.00		0.00	0	0	0		2.00
0			0	889,825			
Q - OSFMG SHARED HOSPITALIST AND PALL							
1.00	ADULTS & PEDIATRICS	30.00	0	668,643	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	0		4.00
0			0	668,643			
R - TO RECLASS CENTRAL SUPPLY COST							
1.00	ADMINISTRATIVE & GENERAL	5.00	140,642	0	0		1.00
0			140,642	0			

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
3/3/2021 5:15 pm

	Decreases						07/07/2021 0:10 pm
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	S - OSFMG SHARED ER						
1.00	EMERGENCY	91.00	0	304,314	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	304,314			
500.00	Grand Total: Decreases		2,011,449	12,841,305			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	314,848	0	0	0	0	1.00	
2.00	Land Improvements	956,280	0	0	0	0	2.00	
3.00	Buildings and Fixtures	41,871,188	20,699,960	0	20,699,960	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	23,587,110	6,710,832	0	6,710,832	42,659	5.00	
6.00	Movable Equipment	129,130	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	66,858,556	27,410,792	0	27,410,792	42,659	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	66,858,556	27,410,792	0	27,410,792	42,659	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	314,848	0				1.00	
2.00	Land Improvements	956,280	0				2.00	
3.00	Buildings and Fixtures	62,571,148	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	30,255,283	0				5.00	
6.00	Movable Equipment	129,130	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	94,226,689	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	94,226,689	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/3/2021 5:15 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	1,431,638	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,414,307	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,845,945	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,431,638				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,414,307				2.00
3.00	Total (sum of lines 1-2)	0	3,845,945				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/3/2021 5:15 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	62,571,148	0	62,571,148	0.673130	57,713	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	30,384,412	0	30,384,412	0.326870	28,025	2.00
3.00	Total (sum of lines 1-2)	92,955,560	0	92,955,560	1.000000	85,738	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,362	0	62,075	2,400,268	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,118	0	30,143	2,790,399	0	2.00
3.00	Total (sum of lines 1-2)	6,480	0	92,218	5,190,667	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	57,713	4,362	0	2,462,343	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	28,025	2,118	0	2,820,542	2.00
3.00	Total (sum of lines 1-2)	0	85,738	6,480	0	5,282,885	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,809,415			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,264,824			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-126,233	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-68,125	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-14,997	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
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
20.00	Vending machines	B	-5,859	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-37,577	ADMINISTRATIVE & GENERAL	5.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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	A	754,173	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	310,094	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	-1,405,914	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PHARMACY 340B	A	-71,911	DRUGS CHARGED TO PATIENTS	73.00	0	33.00
37.06	RADIOLOGY	B	-40	RADIOLOGY-DIAGNOSTIC	54.00	0	37.06
37.07	DPA PROVIDER TAX	A	-3,870,942	ADMINISTRATIVE & GENERAL	5.00	0	37.07
37.09	PHYS OFFICE AND RENT	B	-3,752	ADMINISTRATIVE & GENERAL	5.00	0	37.09
37.10	COMMUNITY HEALTH EDUCATION	B	-3,092	ADMINISTRATIVE & GENERAL	5.00	0	37.10
37.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.11
37.13	PENSION COST	A	308,112	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.13
37.14	PART B EMPLOYEE BENEFITS - CRNA	A	-227,074	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.14
37.15	PART B EMPLOYEE BENEFITS - SFMC SHD	A	-80,781	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.15
37.16	UNEMPLOYMENT CLAIMS	A	2,885	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.16
37.17	IHA, AHA, CHA DUES	A	-21,906	ADMINISTRATIVE & GENERAL	5.00	0	37.17
37.18	CLINICAL LABORATORY SVCS	B	-20	LABORATORY	60.00	0	37.18
37.20	PHYSICAL THERAPY	B	-7	PHYSICAL THERAPY	66.00	0	37.20
37.21	OTHER REVENUE - ADMIN AND GENERAL	B	-1,933	ADMINISTRATIVE & GENERAL	5.00	0	37.21
37.22	VENDING MACHINE REVENUES	B	-355	EMERGENCY	91.00	0	37.22
37.23	CARDIAC REHAB	B	-4,517	CARDIAC REHAB	65.20	0	37.23
38.00	RECRUITING EXPENSES - ADMIN	A	-64	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	RECRUITING EXPENSES - A&P	A	-1,900	ADULTS & PEDIATRICS	30.00	0	39.00
40.00	RECRUITING EXPENSES - ER	A	-1,800	EMERGENCY	91.00	0	40.00
45.00	RECRUITING EXPENSES - RECOVERY	A	-1,900	RECOVERY ROOM	51.00	0	45.00
46.00	RECRUITING EXPENSES - INTENSIVE CARE	A	-2,700	INTENSIVE CARE UNIT	31.00	0	46.00
47.01	OCCUPATINAL MEDICINE	A	-15,835	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
47.02	PART B EMPLOYEE BENEFIT - OSFMG ED	A	-93,762	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.02
47.03	PART B EMPLOYEE BENEFIT - PHYS SAL	A	-9,310	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,771,281				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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
3/3/2021 5:15 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	214,457	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - EQUIPMENT	830,093	767,444	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY POOLED EB	540,795	540,795	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY POOLED A&G	6,232,003	8,402,856	3.01
3.04	7.00	OPERATION OF PLANT	MINISTRY POOLED ENGINEERIN	177,893	177,893	3.04
3.05	31.00	INTENSIVE CARE UNIT	MINISTRY POOLED EICU	160,168	160,168	3.05
3.06	6.00	MAINTENANCE & REPAIRS	MINISTRY POOLED ENGINEERIN	245,820	245,820	3.06
3.07	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY POOLED IMAGING	536,761	536,761	3.07
3.08	60.00	LABORATORY	MINISTRY POOLED LAB	62,767	62,767	3.08
3.09	66.00	PHYSICAL THERAPY	MINISTRY POOLED REHAB PT	60,940	60,940	3.09
3.10	67.00	OCCUPATIONAL THERAPY	MINISTRY POOLED REHAB OT	9,828	9,828	3.10
4.00	68.00	SPEECH PATHOLOGY	MINISTRY POOLED REHAB ST	9,271	9,271	4.00
4.03	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY POOLED PHARMACY	482,842	482,842	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL A&G	2,287,321	2,478,643	4.04
4.05	13.00	NURSING ADMINISTRATION	MINISTRY FUNCTIONAL NURSING	571,695	0	4.05
4.06	17.00	SOCIAL SERVICE	MINISTRY FUNCTIONAL CARE MGM	824,669	676,727	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL CARE & S	92,710	0	4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI - ENGINEERING	46,237	37,401	4.08
4.09	6.00	MAINTENANCE & REPAIRS	SFI / PCI - IMAGING	100,960	81,668	4.09
4.10	66.00	PHYSICAL THERAPY	SFI / PCI - LAB	11,806	9,550	4.10
4.11	60.00	LABORATORY	SYSTEMS LAB	1,216,875	1,216,875	4.11
4.12	6.00	MAINTENANCE & REPAIRS	PCI HTS - ENGINEERING	161,361	168,149	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTS - IMAGING	352,341	367,162	4.13
4.14	60.00	LABORATORY	PCI HTS - LABORATORY	41,201	42,935	4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI - EQUIPMENT RENTAL	3,706	5,825	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	PCI / SFI - CREDENTIALING	96,824	93,848	4.16
4.17	0.00			0	0	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,371,344	16,636,168	5.00

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

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

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

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

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

6.00	B	OSF HEALTHCARE SYSTEMS	100.00	OSF HEALTHCARE	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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
3/3/2021 5:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	214,457	9		1.00
2.00	62,649	9		2.00
3.00	0	0		3.00
3.01	-2,170,853	0		3.01
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
4.00	0	0		4.00
4.03	0	0		4.03
4.04	-191,322	0		4.04
4.05	571,695	0		4.05
4.06	147,942	0		4.06
4.07	92,710	0		4.07
4.08	8,836	0		4.08
4.09	19,292	0		4.09
4.10	2,256	0		4.10
4.11	0	0		4.11
4.12	-6,788	0		4.12
4.13	-14,821	0		4.13
4.14	-1,734	0		4.14
4.15	-2,119	0		4.15
4.16	2,976	0		4.16
4.17	0	0		4.17
5.00	-1,264,824			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	CATHOLIC SYSTEM		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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
3/3/2021 5:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,250	4,250	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	19,688	19,688	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,457,120	1,457,120	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,194,947	1,188,399	6,548	239,400	50	4.00
5.00	76.01	PAIN CLINIC	240,000	240,000	0	0	0	5.00
6.00	91.00	EMERGENCY	2,899,165	2,899,165	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,815,170	5,808,622	6,548		50	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	5,755	288	0	0	0	4.00
5.00	76.01	PAIN CLINIC	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,755	288	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	4,250		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	19,688		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,457,120		3.00
4.00	53.00	ANESTHESIOLOGY	0	5,755	793	1,189,192		4.00
5.00	76.01	PAIN CLINIC	0	0	0	240,000		5.00
6.00	91.00	EMERGENCY	0	0	0	2,899,165		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	5,755	793	5,809,415		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/3/2021 5:15 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,462,343	2,462,343				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,820,542		2,820,542			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,835,009	0	0	7,835,009		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,745,095	455,624	1,822,044	565,758	14,588,521	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,718,796	375,586	1,567	153,245	2,249,194	6.00
7.00	00700	OPERATION OF PLANT	807,972	143,485	10,592	0	962,049	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	234,430	11,880	0	0	246,310	8.00
9.00	00900	HOUSEKEEPING	943,271	13,017	673	223,513	1,180,474	9.00
10.00	01000	DIETARY	414,900	46,808	3,783	79,294	544,785	10.00
11.00	01100	CAFETERIA	322,374	33,434	4,143	88,912	448,863	11.00
13.00	01300	NURSING ADMINISTRATION	1,389,176	7,607	20,199	256,156	1,673,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-22,275	11,112	0	44,734	33,571	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	271,108	10,571	0	87,031	368,710	16.00
17.00	01700	SOCIAL SERVICE	824,669	0	0	0	824,669	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,466,008	283,713	24,494	1,692,376	8,466,591	30.00
31.00	03100	INTENSIVE CARE UNIT	1,446,044	64,185	0	361,872	1,872,101	31.00
43.00	04300	NURSERY	489,632	17,139	10,126	143,668	660,565	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,125,846	225,111	420,724	543,778	3,315,459	50.00
51.00	05100	RECOVERY ROOM	1,051,314	88,605	0	315,572	1,455,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,120,158	47,056	19,656	275,161	1,462,031	52.00
53.00	05300	ANESTHESIOLOGY	436,928	3,311	16,827	0	457,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,233,795	85,370	60,223	419,491	2,798,879	54.00
56.00	05600	RADIOISOTOPE	357,695	5,962	0	47,110	410,767	56.00
57.00	05700	CT SCAN	687,576	11,047	189,899	102,447	990,969	57.00
58.00	05800	MRI	294,479	11,577	131,402	79,457	516,915	58.00
60.00	06000	LABORATORY	2,788,162	81,367	23,007	454,312	3,346,848	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	362,668	0	0	0	362,668	63.00
65.00	06500	RESPIRATORY THERAPY	608,434	13,449	27,180	157,785	806,848	65.00
65.10	06501	CARDIAC STRESS LAB	306,502	18,881	946	92,125	418,454	65.10
65.20	06502	CARDIAC REHAB	13,865	2,499	61	15,017	31,442	65.20
66.00	06600	PHYSICAL THERAPY	851,054	101,005	5,692	241,772	1,199,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	159,603	29,084	64	45,671	234,422	67.00
68.00	06800	SPEECH PATHOLOGY	155,295	27,158	61	44,156	226,670	68.00
69.00	06900	ELECTROCARDIOLOGY	78,505	1,212	0	24,970	104,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,386	0	4,425	2,031	12,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,884,427	0	0	0	1,884,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,385,182	0	0	0	1,385,182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,225,050	18,156	10,476	273,952	4,527,634	73.00
76.00	03610	SLEEP LAB	106,424	10,160	1,019	28,048	145,651	76.00
76.01	03020	PAIN CLINIC	40,447	2,976	0	12,552	55,975	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,515,945	96,991	11,181	897,634	4,521,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,964,834	2,355,138	2,820,464	7,769,600	64,792,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137,186	7,909	0	16,210	161,305	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,209	0	0	0	1,209	192.00
193.00	19300	NONPAID WORKERS	5,444	47,013	0	0	52,457	193.00
194.00	07950	FOUNDATION AND OTHER	278,582	32,904	78	0	311,564	194.00
194.01	07951	FITNESS CENTER	195,738	19,379	0	49,199	264,316	194.01
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)	65,582,993	2,462,343	2,820,542	7,835,009	65,582,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	14,588,521					5.00
6.00	00600	MAINTENANCE & REPAIRS	643,449	2,892,643				6.00
7.00	00700	OPERATION OF PLANT	275,223	254,455	1,491,727			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,464	21,069	11,913	349,756		8.00
9.00	00900	HOUSEKEEPING	337,710	23,083	13,052	0	1,554,319	9.00
10.00	01000	DIETARY	155,852	83,008	46,936	0	49,738	10.00
11.00	01100	CAFETERIA	128,411	59,292	33,526	0	35,527	11.00
13.00	01300	NURSING ADMINISTRATION	478,651	13,489	7,627	0	8,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,604	19,706	11,143	0	11,808	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105,481	18,747	10,600	0	11,233	16.00
17.00	01700	SOCIAL SERVICE	235,921	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,422,145	503,135	284,491	52,172	301,472	30.00
31.00	03100	INTENSIVE CARE UNIT	535,571	113,825	64,360	17,487	68,202	31.00
43.00	04300	NURSERY	188,974	30,394	17,186	3,789	18,212	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	948,487	399,211	225,728	75,550	239,203	50.00
51.00	05100	RECOVERY ROOM	416,387	157,132	88,848	30,429	94,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	418,258	83,450	47,185	0	50,002	52.00
53.00	05300	ANESTHESIOLOGY	130,757	5,872	3,320	0	3,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	800,703	151,395	85,604	58,759	90,714	54.00
56.00	05600	RADIOISOTOPE	117,512	10,573	5,978	0	6,335	56.00
57.00	05700	CT SCAN	283,496	19,591	11,078	11,402	11,739	57.00
58.00	05800	MRI	147,879	20,531	11,609	12,241	12,302	58.00
60.00	06000	LABORATORY	957,466	144,295	81,590	0	86,460	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	103,752	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	230,823	23,851	13,486	0	14,291	65.00
65.10	06501	CARDIAC STRESS LAB	119,711	33,483	18,933	0	20,063	65.10
65.20	06502	CARDIAC REHAB	8,995	4,432	2,506	0	2,656	65.20
66.00	06600	PHYSICAL THERAPY	343,160	179,122	101,282	17,487	107,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,063	51,578	29,164	0	30,905	67.00
68.00	06800	SPEECH PATHOLOGY	64,846	48,162	27,233	0	28,858	68.00
69.00	06900	ELECTROCARDIOLOGY	29,949	2,149	1,215	0	1,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,674	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	539,097	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	396,273	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,295,266	32,198	18,206	0	19,293	73.00
76.00	03610	SLEEP LAB	41,668	18,018	10,188	1,748	10,796	76.00
76.01	03020	PAIN CLINIC	16,013	5,277	2,984	68,692	3,162	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,293,583	172,003	97,257	0	103,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,362,274	2,702,526	1,384,228	349,756	1,440,402	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,146	14,027	7,931	0	8,405	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	346	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	15,007	83,373	47,142	0	49,956	193.00
194.00	07950	FOUNDATION AND OTHER	89,132	58,351	32,994	0	34,964	194.00
194.01	07951	FITNESS CENTER	75,616	34,366	19,432	0	20,592	194.01
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)	14,588,521	2,892,643	1,491,727	349,756	1,554,319	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	880,319					10.00
11.00	01100	CAFETERIA	0	705,619				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,103	2,199,091			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,629	46,180	139,641		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,846	0	0	528,617	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	703,354	188,803	1,139,747	10,391	37,411	30.00
31.00	03100	INTENSIVE CARE UNIT	109,512	34,456	208,001	1,962	6,565	31.00
43.00	04300	NURSERY	22,940	14,288	86,254	1,574	3,772	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	61,283	369,823	0	59,462	50.00
51.00	05100	RECOVERY ROOM	0	30,051	181,413	1,347	15,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,513	27,775	167,673	2,463	7,321	52.00
53.00	05300	ANESTHESIOLOGY	0	12,644	0	2,676	18,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,265	0	1,974	31,562	54.00
56.00	05600	RADIOISOTOPE	0	3,519	0	92	7,339	56.00
57.00	05700	CT SCAN	0	10,094	0	3,058	55,126	57.00
58.00	05800	MRI	0	6,322	0	1,088	15,843	58.00
60.00	06000	LABORATORY	0	56,900	0	3,000	91,419	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,758	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,100	0	3,029	15,253	65.00
65.10	06501	CARDIAC STRESS LAB	0	8,156	0	248	14,188	65.10
65.20	06502	CARDIAC REHAB	0	1,033	0	47	1,255	65.20
66.00	06600	PHYSICAL THERAPY	0	17,786	0	420	10,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,309	0	19	1,686	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,561	0	21	989	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,529	0	0	4,437	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	169	0	0	83	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	56,252	15,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,348	12,378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,727	0	1,244	59,174	73.00
76.00	03610	SLEEP LAB	0	2,887	0	265	1,632	76.00
76.01	03020	PAIN CLINIC	0	1,201	0	0	5,184	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	90,386	0	7,123	34,114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	880,319	697,822	2,199,091	139,641	528,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,791	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	0	0	0	0	194.00
194.01	07951	FITNESS CENTER	0	6,006	0	0	0	194.01
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)	880,319	705,619	2,199,091	139,641	528,617	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	1,060,590					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	830,294	0	14,940,006	0	14,940,006	30.00
31.00	03100	INTENSIVE CARE UNIT	117,600	0	3,149,642	0	3,149,642	31.00
43.00	04300	NURSERY	112,696	0	1,160,644	0	1,160,644	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,694,206	0	5,694,206	50.00
51.00	05100	RECOVERY ROOM	0	0	2,470,884	0	2,470,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,310,671	0	2,310,671	52.00
53.00	05300	ANESTHESIOLOGY	0	0	634,166	0	634,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,062,855	0	4,062,855	54.00
56.00	05600	RADIOISOTOPE	0	0	562,115	0	562,115	56.00
57.00	05700	CT SCAN	0	0	1,396,553	0	1,396,553	57.00
58.00	05800	MRI	0	0	744,730	0	744,730	58.00
60.00	06000	LABORATORY	0	0	4,767,978	0	4,767,978	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	469,178	0	469,178	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,123,681	0	1,123,681	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	633,236	0	633,236	65.10
65.20	06502	CARDIAC REHAB	0	0	52,366	0	52,366	65.20
66.00	06600	PHYSICAL THERAPY	0	0	1,976,776	0	1,976,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	418,146	0	418,146	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	400,340	0	400,340	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	146,254	0	146,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	16,768	0	16,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,494,827	0	2,494,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,835,181	0	1,835,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,974,742	0	5,974,742	73.00
76.00	03610	SLEEP LAB	0	0	232,853	0	232,853	76.00
76.01	03020	PAIN CLINIC	0	0	158,488	0	158,488	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	6,319,279	0	6,319,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,060,590	0	64,146,565	0	64,146,565	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	239,605	0	239,605	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,555	0	1,555	192.00
193.00	19300	NONPAID WORKERS	0	0	247,935	0	247,935	193.00
194.00	07950	FOUNDATION AND OTHER	0	0	527,005	0	527,005	194.00
194.01	07951	FITNESS CENTER	0	0	420,328	0	420,328	194.01
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,060,590	0	65,582,993	0	65,582,993	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,091	455,624	1,822,044	2,287,759	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	7,420	375,586	1,567	384,573	0 6.00
7.00	00700	OPERATION OF PLANT	0	143,485	10,592	154,077	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,880	0	11,880	0 8.00
9.00	00900	HOUSEKEEPING	0	13,017	673	13,690	0 9.00
10.00	01000	DIETARY	0	46,808	3,783	50,591	0 10.00
11.00	01100	CAFETERIA	0	33,434	4,143	37,577	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	7,607	20,199	27,806	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,112	0	11,112	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,571	0	10,571	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,384	283,713	24,494	315,591	0 30.00
31.00	03100	INTENSIVE CARE UNIT	3,048	64,185	0	67,233	0 31.00
43.00	04300	NURSEY	0	17,139	10,126	27,265	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,422	225,111	420,724	783,257	0 50.00
51.00	05100	RECOVERY ROOM	0	88,605	0	88,605	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	47,056	19,656	66,712	0 52.00
53.00	05300	ANESTHESIOLOGY	35,129	3,311	16,827	55,267	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,370	60,223	145,593	0 54.00
56.00	05600	RADIOISOTOPE	0	5,962	0	5,962	0 56.00
57.00	05700	CT SCAN	0	11,047	189,899	200,946	0 57.00
58.00	05800	MRI	0	11,577	131,402	142,979	0 58.00
60.00	06000	LABORATORY	0	81,367	23,007	104,374	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	4,383	13,449	27,180	45,012	0 65.00
65.10	06501	CARDIAC STRESS LAB	0	18,881	946	19,827	0 65.10
65.20	06502	CARDIAC REHAB	0	2,499	61	2,560	0 65.20
66.00	06600	PHYSICAL THERAPY	1,440	101,005	5,692	108,137	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,084	64	29,148	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	27,158	61	27,219	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,212	0	1,212	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,425	4,425	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	75,606	18,156	10,476	104,238	0 73.00
76.00	03610	SLEEP LAB	1,716	10,160	1,019	12,895	0 76.00
76.01	03020	PAIN CLINIC	0	2,976	0	2,976	0 76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	96,991	11,181	108,172	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	283,639	2,355,138	2,820,464	5,459,241	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,909	0	7,909	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	47,013	0	47,013	0 193.00
194.00	07950	FOUNDATION AND OTHER	0	32,904	78	32,982	0 194.00
194.01	07951	FITNESS CENTER	0	19,379	0	19,379	0 194.01
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)	283,639	2,462,343	2,820,542	5,566,524	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	2,287,759					5.00
6.00	00600	MAINTENANCE & REPAIRS	100,906	485,479				6.00
7.00	00700	OPERATION OF PLANT	43,160	42,706	239,943			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,050	3,536	1,916	28,382		8.00
9.00	00900	HOUSEKEEPING	52,960	3,874	2,099	0	72,623	9.00
10.00	01000	DIETARY	24,441	13,931	7,550	0	2,324	10.00
11.00	01100	CAFETERIA	20,137	9,951	5,393	0	1,660	11.00
13.00	01300	NURSING ADMINISTRATION	75,062	2,264	1,227	0	378	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,506	3,307	1,792	0	552	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,541	3,146	1,705	0	525	16.00
17.00	01700	SOCIAL SERVICE	36,997	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	379,833	84,444	45,761	4,234	14,087	30.00
31.00	03100	INTENSIVE CARE UNIT	83,988	19,103	10,352	1,419	3,187	31.00
43.00	04300	NURSERY	29,635	5,101	2,764	307	851	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	148,741	67,000	36,308	6,132	11,176	50.00
51.00	05100	RECOVERY ROOM	65,298	26,372	14,291	2,469	4,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,591	14,006	7,590	0	2,336	52.00
53.00	05300	ANESTHESIOLOGY	20,505	985	534	0	164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,566	25,409	13,769	4,768	4,238	54.00
56.00	05600	RADIOISOTOPE	18,428	1,774	962	0	296	56.00
57.00	05700	CT SCAN	44,458	3,288	1,782	925	548	57.00
58.00	05800	MRI	23,190	3,446	1,867	993	575	58.00
60.00	06000	LABORATORY	150,150	24,217	13,124	0	4,040	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,270	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	36,198	4,003	2,169	0	668	65.00
65.10	06501	CARDIAC STRESS LAB	18,773	5,620	3,045	0	937	65.10
65.20	06502	CARDIAC REHAB	1,411	744	403	0	124	65.20
66.00	06600	PHYSICAL THERAPY	53,814	30,062	16,291	1,419	5,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,517	8,656	4,691	0	1,444	67.00
68.00	06800	SPEECH PATHOLOGY	10,169	8,083	4,380	0	1,348	68.00
69.00	06900	ELECTROCARDIOLOGY	4,697	361	195	0	60	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	576	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,541	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,143	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,123	5,404	2,928	0	901	73.00
76.00	03610	SLEEP LAB	6,534	3,024	1,639	142	504	76.00
76.01	03020	PAIN CLINIC	2,511	886	480	5,574	148	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	202,859	28,868	15,644	0	4,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,252,279	453,571	222,651	28,382	67,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,237	2,354	1,276	0	393	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	2,353	13,993	7,583	0	2,334	193.00
194.00	07950	FOUNDATION AND OTHER	13,978	9,793	5,307	0	1,634	194.00
194.01	07951	FITNESS CENTER	11,858	5,768	3,126	0	962	194.01
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)	2,287,759	485,479	239,943	28,382	72,623	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	98,837					10.00
11.00	01100	CAFETERIA	0	74,718				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,917	108,654			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	808	2,282	18,421		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,466	0	0	33,954	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,968	19,992	56,313	1,371	2,398	30.00
31.00	03100	INTENSIVE CARE UNIT	12,295	3,649	10,277	259	421	31.00
43.00	04300	NURSERY	2,576	1,513	4,262	208	242	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,489	18,272	0	3,812	50.00
51.00	05100	RECOVERY ROOM	0	3,182	8,963	178	1,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,998	2,941	8,285	325	469	52.00
53.00	05300	ANESTHESIOLOGY	0	1,339	0	353	1,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,581	0	260	2,023	54.00
56.00	05600	RADIOISOTOPE	0	373	0	12	470	56.00
57.00	05700	CT SCAN	0	1,069	0	403	3,534	57.00
58.00	05800	MRI	0	669	0	144	1,016	58.00
60.00	06000	LABORATORY	0	6,025	0	396	5,929	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	177	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,705	0	400	978	65.00
65.10	06501	CARDIAC STRESS LAB	0	864	0	33	910	65.10
65.20	06502	CARDIAC REHAB	0	109	0	6	80	65.20
66.00	06600	PHYSICAL THERAPY	0	1,883	0	55	684	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	350	0	3	108	67.00
68.00	06800	SPEECH PATHOLOGY	0	377	0	3	63	68.00
69.00	06900	ELECTROCARDIOLOGY	0	268	0	0	284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18	0	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,418	965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,455	793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,301	0	164	3,793	73.00
76.00	03610	SLEEP LAB	0	306	0	35	105	76.00
76.01	03020	PAIN CLINIC	0	127	0	0	332	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	9,571	0	940	2,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,837	73,892	108,654	18,421	33,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	0	0	0	0	194.00
194.01	07951	FITNESS CENTER	0	636	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	2,938	0	201.00
202.00		TOTAL (sum lines 118 through 201)	98,837	74,718	108,654	21,359	33,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
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To 09/30/2020Worksheet B
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	36,997					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,964		1,031,956	0	1,031,956	30.00
31.00	03100	INTENSIVE CARE UNIT	4,102		216,285	0	216,285	31.00
43.00	04300	NURSERY	3,931		78,655	0	78,655	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		1,081,187	0	1,081,187	50.00
51.00	05100	RECOVERY ROOM	0		214,759	0	214,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		173,253	0	173,253	52.00
53.00	05300	ANESTHESIOLOGY	0		80,321	0	80,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		326,207	0	326,207	54.00
56.00	05600	RADIOISOTOPE	0		28,277	0	28,277	56.00
57.00	05700	CT SCAN	0		256,953	0	256,953	57.00
58.00	05800	MRI	0		174,879	0	174,879	58.00
60.00	06000	LABORATORY	0		308,255	0	308,255	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		16,447	0	16,447	63.00
65.00	06500	RESPIRATORY THERAPY	0		91,133	0	91,133	65.00
65.10	06501	CARDIAC STRESS LAB	0		50,009	0	50,009	65.10
65.20	06502	CARDIAC REHAB	0		5,437	0	5,437	65.20
66.00	06600	PHYSICAL THERAPY	0		217,360	0	217,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		54,917	0	54,917	67.00
68.00	06800	SPEECH PATHOLOGY	0		51,642	0	51,642	68.00
69.00	06900	ELECTROCARDIOLOGY	0		7,077	0	7,077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		5,024	0	5,024	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		92,924	0	92,924	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		68,391	0	68,391	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		322,852	0	322,852	73.00
76.00	03610	SLEEP LAB	0		25,184	0	25,184	76.00
76.01	03020	PAIN CLINIC	0		13,034	0	13,034	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0		373,056	0	373,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,997	0	5,365,474	0	5,365,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		19,359	0	19,359	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		54	0	54	192.00
193.00	19300	NONPAID WORKERS	0		73,276	0	73,276	193.00
194.00	07950	FOUNDATION AND OTHER	0		63,694	0	63,694	194.00
194.01	07951	FITNESS CENTER	0		41,729	0	41,729	194.01
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0		2,938	0	2,938	201.00
202.00		TOTAL (sum lines 118 through 201)	36,997	0	5,566,524	0	5,566,524	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:15 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	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	227,572					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,790,459				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	24,632,741			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,109	1,802,610	1,778,705	-14,588,521	50,994,472	5.00
6.00	00600	MAINTENANCE & REPAIRS	34,712	1,550	481,793	0	2,249,194	6.00
7.00	00700	OPERATION OF PLANT	13,261	10,479	0	0	962,049	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,098	0	0	0	246,310	8.00
9.00	00900	HOUSEKEEPING	1,203	666	702,711	0	1,180,474	9.00
10.00	01000	DIETARY	4,326	3,743	249,295	0	544,785	10.00
11.00	01100	CAFETERIA	3,090	4,099	279,533	0	448,863	11.00
13.00	01300	NURSING ADMINISTRATION	703	19,984	805,337	0	1,673,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,027	0	140,642	0	33,571	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	977	0	273,620	0	368,710	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	824,669	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,221	24,233	5,320,713	0	8,466,591	30.00
31.00	03100	INTENSIVE CARE UNIT	5,932	0	1,137,700	0	1,872,101	31.00
43.00	04300	NURSERY	1,584	10,018	451,684	0	660,565	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,805	416,237	1,709,600	0	3,315,459	50.00
51.00	05100	RECOVERY ROOM	8,189	0	992,136	0	1,455,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,349	19,446	865,088	0	1,462,031	52.00
53.00	05300	ANESTHESIOLOGY	306	16,648	0	0	457,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,890	59,581	1,318,852	0	2,798,879	54.00
56.00	05600	RADIOISOTOPE	551	0	148,112	0	410,767	56.00
57.00	05700	CT SCAN	1,021	187,874	322,086	0	990,969	57.00
58.00	05800	MRI	1,070	130,000	249,808	0	516,915	58.00
60.00	06000	LABORATORY	7,520	22,762	1,428,326	0	3,346,848	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	362,668	63.00
65.00	06500	RESPIRATORY THERAPY	1,243	26,890	496,065	0	806,848	65.00
65.10	06501	CARDIAC STRESS LAB	1,745	936	289,636	0	418,454	65.10
65.20	06502	CARDIAC REHAB	231	60	47,212	0	31,442	65.20
66.00	06600	PHYSICAL THERAPY	9,335	5,631	760,115	0	1,199,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	63	143,587	0	234,422	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	60	138,824	0	226,670	68.00
69.00	06900	ELECTROCARDIOLOGY	112	0	78,505	0	104,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,378	6,386	0	12,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,884,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,385,182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,678	10,364	861,286	0	4,527,634	73.00
76.00	03610	SLEEP LAB	939	1,008	88,181	0	145,651	76.00
76.01	03020	PAIN CLINIC	275	0	39,463	0	55,975	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,964	11,062	2,822,101	0	4,521,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,664	2,790,382	24,427,102	-14,588,521	50,203,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	731	0	50,962	0	161,305	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,209	192.00
193.00	19300	NONPAID WORKERS	4,345	0	0	0	52,457	193.00
194.00	07950	FOUNDATION AND OTHER	3,041	77	0	0	311,564	194.00
194.01	07951	FITNESS CENTER	1,791	0	154,677	0	264,316	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,462,343	2,820,542	7,835,009		14,588,521	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.820061	1.010781	0.318073		0.286080	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		2,287,759	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.044863	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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	150,751					6.00
7.00	00700	OPERATION OF PLANT	13,261	137,490				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,098	1,098	381,887			8.00
9.00	00900	HOUSEKEEPING	1,203	1,203	0	135,189		9.00
10.00	01000	DIETARY	4,326	4,326	0	4,326	50,233	10.00
11.00	01100	CAFETERIA	3,090	3,090	0	3,090	0	11.00
13.00	01300	NURSING ADMINISTRATION	703	703	0	703	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,027	1,027	0	1,027	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	977	977	0	977	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,221	26,221	56,965	26,221	40,135	30.00
31.00	03100	INTENSIVE CARE UNIT	5,932	5,932	19,094	5,932	6,249	31.00
43.00	04300	NURSERY	1,584	1,584	4,137	1,584	1,309	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,805	20,805	82,488	20,805	0	50.00
51.00	05100	RECOVERY ROOM	8,189	8,189	33,224	8,189	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,349	4,349	0	4,349	2,540	52.00
53.00	05300	ANESTHESIOLOGY	306	306	0	306	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,890	7,890	64,157	7,890	0	54.00
56.00	05600	RADIOISOTOPE	551	551	0	551	0	56.00
57.00	05700	CT SCAN	1,021	1,021	12,450	1,021	0	57.00
58.00	05800	MRI	1,070	1,070	13,366	1,070	0	58.00
60.00	06000	LABORATORY	7,520	7,520	0	7,520	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,243	1,243	0	1,243	0	65.00
65.10	06501	CARDIAC STRESS LAB	1,745	1,745	0	1,745	0	65.10
65.20	06502	CARDIAC REHAB	231	231	0	231	0	65.20
66.00	06600	PHYSICAL THERAPY	9,335	9,335	19,094	9,335	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	2,688	0	2,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	2,510	0	2,510	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112	112	0	112	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	1,678	1,678	0	1,678	0	73.00
76.00	03610	SLEEP LAB	939	939	1,909	939	0	76.00
76.01	03020	PAIN CLINIC	275	275	75,003	275	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,964	8,964	0	8,964	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,843	127,582	381,887	125,281	50,233	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	731	731	0	731	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	4,345	4,345	0	4,345	0	193.00
194.00	07950	FOUNDATION AND OTHER	3,041	3,041	0	3,041	0	194.00
194.01	07951	FITNESS CENTER	1,791	1,791	0	1,791	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,892,643	1,491,727	349,756	1,554,319	880,319	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.188218	10.849713	0.915863	11.497378	17.524715	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	485,479	239,943	28,382	72,623	98,837	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.220403	1.745167	0.074320	0.537196	1.967571	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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	33,483					11.00
13.00	01300	NURSING ADMINISTRATION	859	17,286				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	362	363	4,678,062			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	657	0	0	376,514,064		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	12,112	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,959	8,959	348,097	26,646,044	9,482	30.00
31.00	03100	INTENSIVE CARE UNIT	1,635	1,635	65,730	4,675,788	1,343	31.00
43.00	04300	NURSERY	678	678	52,730	2,686,273	1,287	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,908	2,907	0	42,351,854	0	50.00
51.00	05100	RECOVERY ROOM	1,426	1,426	45,139	11,135,274	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,318	1,318	82,501	5,214,382	0	52.00
53.00	05300	ANESTHESIOLOGY	600	0	89,664	13,043,192	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,053	0	66,140	22,480,163	0	54.00
56.00	05600	RADIOISOTOPE	167	0	3,069	5,227,379	0	56.00
57.00	05700	CT SCAN	479	0	102,453	39,263,608	0	57.00
58.00	05800	MRI	300	0	36,445	11,284,112	0	58.00
60.00	06000	LABORATORY	2,700	0	100,493	65,120,331	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,964,373	0	63.00
65.00	06500	RESPIRATORY THERAPY	764	0	101,476	10,863,889	0	65.00
65.10	06501	CARDIAC STRESS LAB	387	0	8,315	10,105,672	0	65.10
65.20	06502	CARDIAC REHAB	49	0	1,589	893,571	0	65.20
66.00	06600	PHYSICAL THERAPY	844	0	14,084	7,598,038	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	157	0	646	1,200,799	0	67.00
68.00	06800	SPEECH PATHOLOGY	169	0	713	704,468	0	68.00
69.00	06900	ELECTROCARDIOLOGY	120	0	0	3,160,333	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	0	0	58,905	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,884,427	10,720,129	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,385,182	8,815,997	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,031	0	41,661	42,146,898	0	73.00
76.00	03610	SLEEP LAB	137	0	8,870	1,162,470	0	76.00
76.01	03020	PAIN CLINIC	57	0	0	3,692,276	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,289	0	238,638	24,297,846	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,113	17,286	4,678,062	376,514,064	12,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	0	0	0	0	194.00
194.01	07951	FITNESS CENTER	285	0	0	0	0	194.01
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)	705,619	2,199,091	139,641	528,617	1,060,590	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.073948	127.218038	0.029850	0.001404	87.565225	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	74,718	108,654	21,359	33,954	36,997	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.231520	6.285665	0.003938	0.000090	3.054574	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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.10	06501	CARDIAC STRESS LAB	65.10
65.20	06502	CARDIAC REHAB	65.20
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	03610	SLEEP LAB	76.00
76.01	03020	PAIN CLINIC	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	FOUNDATION AND OTHER	194.00
194.01	07951	FITNESS CENTER	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	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: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:15 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	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,940,006		14,940,006	0	14,940,006	30.00
31.00	03100	INTENSIVE CARE UNIT	3,149,642		3,149,642	0	3,149,642	31.00
43.00	04300	NURSERY	1,160,644		1,160,644	0	1,160,644	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,694,206		5,694,206	0	5,694,206	50.00
51.00	05100	RECOVERY ROOM	2,470,884		2,470,884	0	2,470,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,310,671		2,310,671	0	2,310,671	52.00
53.00	05300	ANESTHESIOLOGY	634,166		634,166	793	634,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,062,855		4,062,855	0	4,062,855	54.00
56.00	05600	RADIOISOTOPE	562,115		562,115	0	562,115	56.00
57.00	05700	CT SCAN	1,396,553		1,396,553	0	1,396,553	57.00
58.00	05800	MRI	744,730		744,730	0	744,730	58.00
60.00	06000	LABORATORY	4,767,978		4,767,978	0	4,767,978	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	469,178		469,178	0	469,178	63.00
65.00	06500	RESPIRATORY THERAPY	1,123,681	0	1,123,681	0	1,123,681	65.00
65.10	06501	CARDIAC STRESS LAB	633,236	0	633,236	0	633,236	65.10
65.20	06502	CARDIAC REHAB	52,366	0	52,366	0	52,366	65.20
66.00	06600	PHYSICAL THERAPY	1,976,776	0	1,976,776	0	1,976,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	418,146	0	418,146	0	418,146	67.00
68.00	06800	SPEECH PATHOLOGY	400,340	0	400,340	0	400,340	68.00
69.00	06900	ELECTROCARDIOLOGY	146,254		146,254	0	146,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,768		16,768	0	16,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,494,827		2,494,827	0	2,494,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,835,181		1,835,181	0	1,835,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,974,742		5,974,742	0	5,974,742	73.00
76.00	03610	SLEEP LAB	232,853		232,853	0	232,853	76.00
76.01	03020	PAIN CLINIC	158,488		158,488	0	158,488	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,319,279		6,319,279	0	6,319,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,942,381		1,942,381		1,942,381	92.00
200.00		Subtotal (see instructions)	66,088,946	0	66,088,946	793	66,089,739	200.00
201.00		Less Observation Beds	1,942,381		1,942,381		1,942,381	201.00
202.00		Total (see instructions)	64,146,565	0	64,146,565	793	64,147,358	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,555,462		23,555,462		30.00
31.00	03100	INTENSIVE CARE UNIT	4,675,788		4,675,788		31.00
43.00	04300	NURSERY	2,686,273		2,686,273		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,491,521	30,860,333	42,351,854	0.134450	50.00
51.00	05100	RECOVERY ROOM	1,750,491	9,384,783	11,135,274	0.221897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,428,664	785,718	5,214,382	0.443134	52.00
53.00	05300	ANESTHESIOLOGY	4,482,582	8,560,610	13,043,192	0.048620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,675,265	19,804,898	22,480,163	0.180731	54.00
56.00	05600	RADIOISOTOPE	401,798	4,825,581	5,227,379	0.107533	56.00
57.00	05700	CT SCAN	5,834,515	33,429,093	39,263,608	0.035569	57.00
58.00	05800	MRI	1,117,168	10,166,944	11,284,112	0.065998	58.00
60.00	06000	LABORATORY	17,433,781	47,686,550	65,120,331	0.073218	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	956,066	1,008,307	1,964,373	0.238844	63.00
65.00	06500	RESPIRATORY THERAPY	9,118,035	1,745,854	10,863,889	0.103433	65.00
65.10	06501	CARDIAC STRESS LAB	2,701,827	7,403,845	10,105,672	0.062661	65.10
65.20	06502	CARDIAC REHAB	1,122	892,449	893,571	0.058603	65.20
66.00	06600	PHYSICAL THERAPY	1,184,676	6,413,362	7,598,038	0.260169	66.00
67.00	06700	OCCUPATIONAL THERAPY	501,442	699,357	1,200,799	0.348223	67.00
68.00	06800	SPEECH PATHOLOGY	438,847	265,621	704,468	0.568287	68.00
69.00	06900	ELECTROCARDIOLOGY	876,293	2,284,040	3,160,333	0.046278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,480	51,425	58,905	0.284662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,513,247	7,206,882	10,720,129	0.232724	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,619,151	4,196,846	8,815,997	0.208165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,907,794	25,239,104	42,146,898	0.141760	73.00
76.00	03610	SLEEP LAB	8,917	1,153,553	1,162,470	0.200309	76.00
76.01	03020	PAIN CLINIC	6,415	3,685,861	3,692,276	0.042924	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,809,221	20,488,625	24,297,846	0.260076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,084,435	2,006,147	3,090,582	0.628484	92.00
200.00		Subtotal (see instructions)	126,268,276	250,245,788	376,514,064		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	126,268,276	250,245,788	376,514,064		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/3/2021 5:15 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.134450		50.00
51.00	05100	RECOVERY ROOM	0.221897		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443134		52.00
53.00	05300	ANESTHESIOLOGY	0.048681		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180731		54.00
56.00	05600	RADIOISOTOPE	0.107533		56.00
57.00	05700	CT SCAN	0.035569		57.00
58.00	05800	MRI	0.065998		58.00
60.00	06000	LABORATORY	0.073218		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238844		63.00
65.00	06500	RESPIRATORY THERAPY	0.103433		65.00
65.10	06501	CARDIAC STRESS LAB	0.062661		65.10
65.20	06502	CARDIAC REHAB	0.058603		65.20
66.00	06600	PHYSICAL THERAPY	0.260169		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.348223		67.00
68.00	06800	SPEECH PATHOLOGY	0.568287		68.00
69.00	06900	ELECTROCARDIOLOGY	0.046278		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.284662		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.232724		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208165		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141760		73.00
76.00	03610	SLEEP LAB	0.200309		76.00
76.01	03020	PAIN CLINIC	0.042924		76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.260076		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.628484		92.00
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: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:15 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	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,940,006		14,940,006	0	14,940,006	30.00
31.00	03100	INTENSIVE CARE UNIT	3,149,642		3,149,642	0	3,149,642	31.00
43.00	04300	NURSERY	1,160,644		1,160,644	0	1,160,644	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,694,206		5,694,206	0	5,694,206	50.00
51.00	05100	RECOVERY ROOM	2,470,884		2,470,884	0	2,470,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,310,671		2,310,671	0	2,310,671	52.00
53.00	05300	ANESTHESIOLOGY	634,166		634,166	793	634,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,062,855		4,062,855	0	4,062,855	54.00
56.00	05600	RADIOISOTOPE	562,115		562,115	0	562,115	56.00
57.00	05700	CT SCAN	1,396,553		1,396,553	0	1,396,553	57.00
58.00	05800	MRI	744,730		744,730	0	744,730	58.00
60.00	06000	LABORATORY	4,767,978		4,767,978	0	4,767,978	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	469,178		469,178	0	469,178	63.00
65.00	06500	RESPIRATORY THERAPY	1,123,681	0	1,123,681	0	1,123,681	65.00
65.10	06501	CARDIAC STRESS LAB	633,236	0	633,236	0	633,236	65.10
65.20	06502	CARDIAC REHAB	52,366	0	52,366	0	52,366	65.20
66.00	06600	PHYSICAL THERAPY	1,976,776	0	1,976,776	0	1,976,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	418,146	0	418,146	0	418,146	67.00
68.00	06800	SPEECH PATHOLOGY	400,340	0	400,340	0	400,340	68.00
69.00	06900	ELECTROCARDIOLOGY	146,254		146,254	0	146,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,768		16,768	0	16,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,494,827		2,494,827	0	2,494,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,835,181		1,835,181	0	1,835,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,974,742		5,974,742	0	5,974,742	73.00
76.00	03610	SLEEP LAB	232,853		232,853	0	232,853	76.00
76.01	03020	PAIN CLINIC	158,488		158,488	0	158,488	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,319,279		6,319,279	0	6,319,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,942,381		1,942,381		1,942,381	92.00
200.00		Subtotal (see instructions)	66,088,946	0	66,088,946	793	66,089,739	200.00
201.00		Less Observation Beds	1,942,381		1,942,381		1,942,381	201.00
202.00		Total (see instructions)	64,146,565	0	64,146,565	793	64,147,358	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,555,462		23,555,462			30.00
31.00	03100	INTENSIVE CARE UNIT	4,675,788		4,675,788			31.00
43.00	04300	NURSERY	2,686,273		2,686,273			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,491,521	30,860,333	42,351,854	0.134450	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,750,491	9,384,783	11,135,274	0.221897	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,428,664	785,718	5,214,382	0.443134	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,482,582	8,560,610	13,043,192	0.048620	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,675,265	19,804,898	22,480,163	0.180731	0.000000	54.00
56.00	05600	RADIOISOTOPE	401,798	4,825,581	5,227,379	0.107533	0.000000	56.00
57.00	05700	CT SCAN	5,834,515	33,429,093	39,263,608	0.035569	0.000000	57.00
58.00	05800	MRI	1,117,168	10,166,944	11,284,112	0.065998	0.000000	58.00
60.00	06000	LABORATORY	17,433,781	47,686,550	65,120,331	0.073218	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	956,066	1,008,307	1,964,373	0.238844	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,118,035	1,745,854	10,863,889	0.103433	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	2,701,827	7,403,845	10,105,672	0.062661	0.000000	65.10
65.20	06502	CARDIAC REHAB	1,122	892,449	893,571	0.058603	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,184,676	6,413,362	7,598,038	0.260169	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	501,442	699,357	1,200,799	0.348223	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	438,847	265,621	704,468	0.568287	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	876,293	2,284,040	3,160,333	0.046278	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,480	51,425	58,905	0.284662	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,513,247	7,206,882	10,720,129	0.232724	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,619,151	4,196,846	8,815,997	0.208165	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,907,794	25,239,104	42,146,898	0.141760	0.000000	73.00
76.00	03610	SLEEP LAB	8,917	1,153,553	1,162,470	0.200309	0.000000	76.00
76.01	03020	PAIN CLINIC	6,415	3,685,861	3,692,276	0.042924	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,809,221	20,488,625	24,297,846	0.260076	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,084,435	2,006,147	3,090,582	0.628484	0.000000	92.00
200.00		Subtotal (see instructions)	126,268,276	250,245,788	376,514,064			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	126,268,276	250,245,788	376,514,064			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.10	06501	CARDIAC STRESS LAB	0.000000			65.10
65.20	06502	CARDIAC REHAB	0.000000			65.20
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	03610	SLEEP LAB	0.000000			76.00
76.01	03020	PAIN CLINIC	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/3/2021 5:15 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,031,956	0	1,031,956	10,899	94.68	30.00
31.00	INTENSIVE CARE UNIT	216,285		216,285	1,343	161.05	31.00
43.00	NURSERY	78,655		78,655	1,287	61.11	43.00
200.00	Total (lines 30 through 199)	1,326,896		1,326,896	13,529		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	3,949	373,891				30.00
31.00	INTENSIVE CARE UNIT	572	92,121				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	4,521	466,012				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,081,187	42,351,854	0.025529	5,030,712	128,429	50.00
51.00	05100	RECOVERY ROOM	214,759	11,135,274	0.019286	802,485	15,477	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,253	5,214,382	0.033226	84,519	2,808	52.00
53.00	05300	ANESTHESIOLOGY	80,321	13,043,192	0.006158	1,585,728	9,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,207	22,480,163	0.014511	1,243,789	18,049	54.00
56.00	05600	RADIOISOTOPE	28,277	5,227,379	0.005409	221,888	1,200	56.00
57.00	05700	CT SCAN	256,953	39,263,608	0.006544	2,647,834	17,327	57.00
58.00	05800	MRI	174,879	11,284,112	0.015498	483,212	7,489	58.00
60.00	06000	LABORATORY	308,255	65,120,331	0.004734	6,657,041	31,514	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,447	1,964,373	0.008373	396,546	3,320	63.00
65.00	06500	RESPIRATORY THERAPY	91,133	10,863,889	0.008389	4,236,230	35,538	65.00
65.10	06501	CARDIAC STRESS LAB	50,009	10,105,672	0.004949	1,355,308	6,707	65.10
65.20	06502	CARDIAC REHAB	5,437	893,571	0.006085	0	0	65.20
66.00	06600	PHYSICAL THERAPY	217,360	7,598,038	0.028607	596,870	17,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,917	1,200,799	0.045734	222,115	10,158	67.00
68.00	06800	SPEECH PATHOLOGY	51,642	704,468	0.073306	246,824	18,094	68.00
69.00	06900	ELECTROCARDIOLOGY	7,077	3,160,333	0.002239	423,632	949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,024	58,905	0.085290	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	92,924	10,720,129	0.008668	1,552,195	13,454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,391	8,815,997	0.007758	2,131,505	16,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,852	42,146,898	0.007660	6,532,506	50,039	73.00
76.00	03610	SLEEP LAB	25,184	1,162,470	0.021664	7,462	162	76.00
76.01	03020	PAIN CLINIC	13,034	3,692,276	0.003530	3,939	14	76.01
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	373,056	24,297,846	0.015353	1,806,044	27,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	134,166	3,090,582	0.043411	580,772	25,212	92.00
200.00		Total (lines 50 through 199)	4,172,744	345,596,541		38,849,156	457,044	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0064		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/3/2021 5:15 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	10,899	0.00		3,949	30.00
31.00	03100	INTENSIVE CARE UNIT			0	1,343	0.00		572	31.00
43.00	04300	NURSERY			0	1,287	0.00		0	43.00
200.00		Total (lines 30 through 199)			0	13,529			4,521	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
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: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet D
Part IV
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	0	65.20
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	03610	SLEEP LAB	0	0	0	0	0	76.00
76.01	03020	PAIN CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
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
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: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/3/2021 5:15 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	42,351,854	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,135,274	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,214,382	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,043,192	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,480,163	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	5,227,379	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	39,263,608	0.000000	57.00
58.00	05800	MRI	0	0	0	11,284,112	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	65,120,331	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,964,373	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,863,889	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	10,105,672	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	0	0	893,571	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	7,598,038	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,200,799	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	704,468	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,160,333	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	58,905	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,720,129	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,815,997	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	42,146,898	0.000000	73.00
76.00	03610	SLEEP LAB	0	0	0	1,162,470	0.000000	76.00
76.01	03020	PAIN CLINIC	0	0	0	3,692,276	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	24,297,846	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,090,582	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	345,596,541		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,030,712	0	8,522,034	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	802,485	0	2,636,520	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	84,519	0	2,715	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,585,728	0	2,246,312	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,243,789	0	4,588,351	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	221,888	0	1,744,849	0	56.00
57.00	05700	CT SCAN	0.000000	2,647,834	0	10,139,529	0	57.00
58.00	05800	MRI	0.000000	483,212	0	2,942,101	0	58.00
60.00	06000	LABORATORY	0.000000	6,657,041	0	5,583,814	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	396,546	0	439,548	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,236,230	0	516,663	0	65.00
65.10	06501	CARDIAC STRESS LAB	0.000000	1,355,308	0	2,741,677	0	65.10
65.20	06502	CARDIAC REHAB	0.000000	0	0	344,888	0	65.20
66.00	06600	PHYSICAL THERAPY	0.000000	596,870	0	5,330	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	222,115	0	2,104	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	246,824	0	4,814	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	423,632	0	651,717	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	1,552,195	0	1,808,352	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,131,505	0	1,273,543	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,532,506	0	10,635,165	0	73.00
76.00	03610	SLEEP LAB	0.000000	7,462	0	301,353	0	76.00
76.01	03020	PAIN CLINIC	0.000000	3,939	0	1,533,322	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	1,806,044	0	5,025,133	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	580,772	0	337,550	0	92.00
200.00		Total (lines 50 through 199)		38,849,156	0	64,027,384	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0064		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 3/3/2021 5:15 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.134450	8,522,034	0	0	1,145,787	50.00
51.00	05100	RECOVERY ROOM		0.221897	2,636,520	0	0	585,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.443134	2,715	0	0	1,203	52.00
53.00	05300	ANESTHESIOLOGY		0.048620	2,246,312	0	0	109,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.180731	4,588,351	0	0	829,257	54.00
56.00	05600	RADIOISOTOPE		0.107533	1,744,849	0	0	187,629	56.00
57.00	05700	CT SCAN		0.035569	10,139,529	0	0	360,653	57.00
58.00	05800	MRI		0.065998	2,942,101	0	0	194,173	58.00
60.00	06000	LABORATORY		0.073218	5,583,814	0	0	408,836	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.238844	439,548	0	0	104,983	63.00
65.00	06500	RESPIRATORY THERAPY		0.103433	516,663	0	0	53,440	65.00
65.10	06501	CARDIAC STRESS LAB		0.062661	2,741,677	0	0	171,796	65.10
65.20	06502	CARDIAC REHAB		0.058603	344,888	0	0	20,211	65.20
66.00	06600	PHYSICAL THERAPY		0.260169	5,330	0	0	1,387	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.348223	2,104	0	0	733	67.00
68.00	06800	SPEECH PATHOLOGY		0.568287	4,814	0	0	2,736	68.00
69.00	06900	ELECTROCARDIOLOGY		0.046278	651,717	0	0	30,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.284662	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.232724	1,808,352	0	0	420,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.208165	1,273,543	0	0	265,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.141760	10,635,165	0	39,384	1,507,641	73.00
76.00	03610	SLEEP LAB		0.200309	301,353	0	0	60,364	76.00
76.01	03020	PAIN CLINIC		0.042924	1,533,322	0	0	65,816	76.01
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.260076	5,025,133	0	0	1,306,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.628484	337,550	0	0	212,145	92.00
200.00		Subtotal (see instructions)			64,027,384	0	39,384	8,046,072	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			64,027,384	0	39,384	8,046,072	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0064		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 3/3/2021 5:15 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.10	06501	CARDIAC STRESS LAB	0	0		65.10
65.20	06502	CARDIAC REHAB	0	0		65.20
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	5,583		73.00
76.00	03610	SLEEP LAB	0	0		76.00
76.01	03020	PAIN CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	5,583		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	5,583		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/3/2021 5:15 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,899	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,899	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)		9,482	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)		3,949	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00	
15.00	Total nursery days (title V or XIX only)		0	15.00	
16.00	Nursery days (title V or XIX only)		0	16.00	
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)		14,940,006	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00	
26.00	Total swing-bed cost (see instructions)		0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,940,006	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		14,940,006	37.00	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,370.77	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,413,171	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)		5,413,171	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
3/3/2021 5:15 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,149,642	1,343	2,345.23	572	1,341,472
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,408,908
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,163,551
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					466,012
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					457,044
52.00	Total Program excludable cost (sum of lines 50 and 51)					923,056
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,240,495
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,417
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,370.77
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,942,381

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,031,956	14,940,006	0.069073	1,942,381	134,166
91.00	Nursing School cost	0	14,940,006	0.000000	1,942,381	0
92.00	Allied health cost	0	14,940,006	0.000000	1,942,381	0
93.00	All other Medical Education	0	14,940,006	0.000000	1,942,381	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/3/2021 5:15 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,960,879		30.00
31.00	03100	INTENSIVE CARE UNIT		1,957,422		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.134450	5,030,712	676,379	50.00
51.00	05100	RECOVERY ROOM	0.221897	802,485	178,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.443134	84,519	37,453	52.00
53.00	05300	ANESTHESIOLOGY	0.048681	1,585,728	77,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180731	1,243,789	224,791	54.00
56.00	05600	RADIOISOTOPE	0.107533	221,888	23,860	56.00
57.00	05700	CT SCAN	0.035569	2,647,834	94,181	57.00
58.00	05800	MRI	0.065998	483,212	31,891	58.00
60.00	06000	LABORATORY	0.073218	6,657,041	487,415	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238844	396,546	94,713	63.00
65.00	06500	RESPIRATORY THERAPY	0.103433	4,236,230	438,166	65.00
65.10	06501	CARDIAC STRESS LAB	0.062661	1,355,308	84,925	65.10
65.20	06502	CARDIAC REHAB	0.058603	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0.260169	596,870	155,287	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.348223	222,115	77,346	67.00
68.00	06800	SPEECH PATHOLOGY	0.568287	246,824	140,267	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046278	423,632	19,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.284662	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.232724	1,552,195	361,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208165	2,131,505	443,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141760	6,532,506	926,048	73.00
76.00	03610	SLEEP LAB	0.200309	7,462	1,495	76.00
76.01	03020	PAIN CLINIC	0.042924	3,939	169	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.260076	1,806,044	469,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.628484	580,772	365,006	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		38,849,156	5,408,908	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)		38,849,156		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
3/3/2021 5:15 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			8,299,297	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			90,532	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			77.13	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)			22.31	31.00
32.00	Sum of lines 30 and 31			25.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.45	33.00
34.00	Disproportionate share adjustment (see instructions)			216,819	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/3/2021 5:15 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	8,350,599,096
35.01	Factor 3 (see instructions)	0.000000000	0.000081070	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	676,987
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	676,987
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		676,987	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)	9,283,635		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	14,512,003		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		13,204,911	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		663,140	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,868,051	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,868,051	61.00
62.00	Deductibles billed to program beneficiaries		1,188,616	62.00
63.00	Coinsurance billed to program beneficiaries		4,928	63.00
64.00	Allowable bad debts (see instructions)		183,071	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		118,996	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		154,727	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,793,503	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		19,315	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		-21,959	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/3/2021 5:15 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,790,859	71.00
71.01	Sequestration adjustment (see instructions)		148,374	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		12,710,491	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-68,006	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		230,746	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		3,921,276	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0049257937	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		19,315	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9944	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-21,959	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/3/2021 5:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,583	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,046,072	2.00
3.00	OPPS payments		7,446,476	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,583	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,384	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)		39,384	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		39,384	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,801	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)		5,583	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)		7,446,476	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,525,864	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)		5,926,195	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)		5,926,195	30.00
31.00	Primary payer payments		71	31.00
32.00	Subtotal (line 30 minus line 31)		5,926,124	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		176,968	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		115,029	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		139,446	36.00
37.00	Subtotal (see instructions)		6,041,153	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,041,153	40.00
40.01	Sequestration adjustment (see instructions)		70,077	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		6,026,890	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)		-55,814	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/3/2021 5:15 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		12,710,491		6,026,890	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,710,491		6,026,890	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		68,006		55,814	6.02
7.00	Total Medicare program liability (see instructions)		12,642,485		5,971,076	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/3/2021 5:15 pm

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

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

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet G

Date/Time Prepared:
3/3/2021 5:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	900,119	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	54,792,480	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,724,545	0	0	0	6.00
7.00	Inventory	1,204,823	0	0	0	7.00
8.00	Prepaid expenses	10,839	0	0	0	8.00
9.00	Other current assets	1,537,671	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	15,721,387	0	0	0	11.00
FIXED ASSETS						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	956,280	0	0	0	13.00
14.00	Accumulated depreciation	-797,362	0	0	0	14.00
15.00	Buildings	62,571,148	0	0	0	15.00
16.00	Accumulated depreciation	-27,616,179	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	30,384,412	0	0	0	23.00
24.00	Accumulated depreciation	-17,707,513	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	6,755,943	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	54,861,577	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	168,565,227	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	468,801	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	169,034,028	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	239,616,992	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,182,710	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,990	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	252,438	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	156,256	0	0	0	43.00
44.00	Other current liabilities	15,315,981	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,911,375	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	285,515	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	285,515	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	19,196,890	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	220,420,102	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)	220,420,102	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	239,616,992	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-1

Date/Time Prepared:
3/3/2021 5:15 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		210,529,552		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		25,010,200				2.00
3.00	Total (sum of line 1 and line 2)		235,539,752		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	INC IN TEMPORARY RESTRICTED ASSETS	110,393		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		110,393		0		10.00
11.00	Subtotal (line 3 plus line 10)		235,650,145		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	EQUITY TRANSFER	15,193,642		0		0	13.00
14.00	DECR IN RESTRICTED ASSETS	28,596		0		0	14.00
15.00	OTHER	7,805		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		15,230,043		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		220,420,102		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	INC IN TEMPORARY RESTRICTED ASSETS		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	EQUITY TRANSFER		0				13.00
14.00	DECR IN RESTRICTED ASSETS		0				14.00
15.00	OTHER		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: 14-0064

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/3/2021 5:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	23,555,462		23,555,462	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,555,462		23,555,462	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,362,061		7,362,061	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)	7,362,061		7,362,061	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,917,523		30,917,523	17.00
18.00	Ancillary services	84,745,409	209,740,917	294,486,326	18.00
19.00	Outpatient services	10,605,343	40,504,871	51,110,214	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	9,063,708	21,043,133	30,106,841	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	135,331,983	271,288,921	406,620,904	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		77,354,274		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		77,354,274		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-3

Date/Time Prepared:
3/3/2021 5:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	406,620,904	1.00
2.00	Less contractual allowances and discounts on patients' accounts	320,627,368	2.00
3.00	Net patient revenues (line 1 minus line 2)	85,993,536	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	77,354,274	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,639,262	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	630,726	6.00
7.00	Income from investments	9,224,145	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	126,233	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	14,997	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	3,092	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	6,214	21.00
22.00	Rental of hospital space	3,752	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	340,247	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	355	24.01
24.02	OTHER	1,664,469	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.50	COVID-19 PHE Funding	4,635,979	24.50
25.00	Total other income (sum of lines 6-24)	16,650,209	25.00
26.00	Total (line 5 plus line 25)	25,289,471	26.00
27.00	STATE AND FEDERAL TAXES	-28,841	27.00
27.01	PENSION COST	308,112	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	279,271	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,010,200	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0064	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/3/2021 5:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		653,957	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,183	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)		30.07	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)		663,140	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00