

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: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/29/2021 2:07 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 4/29/2021	Time: 2:07 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 SAINT FRANCIS MEDICAL CENTER (14-0067) 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	1,588,294	79,738	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-23,527	-850		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,564,767	78,888	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: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 2:07 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 530 NE GLEN OAK AVENUE			PO Box:				1.00			
2.00	City: PEORIA			State: IL		Zip Code: 61637		County: PEORIA			
		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			SAINT FRANCIS MEDICAL CENTER	140067	37900	1	07/01/1966	0	P	0
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			SAINT FRANCIS REHABILITATION UNIT	14T067	37900	5	10/01/1983	0	P	0
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		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			11,313	11,033	0	222	26,243	372		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
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		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.	513	189	0	0	459		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				20.00	1		60.01

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.03		
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.04		
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.05		
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.06		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						
61.02	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)						
61.03	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)						
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						
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)						
61.06	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)						
		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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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)	Y				63.00	

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			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 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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
65.01				0.00	0.00	0.000000	65.01
65.02				0.00	0.00	0.000000	65.02
			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	138.50	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.01	35.02	0.000285	67.00
67.01		MEDICINE-PEDIATRICS	1450	0.01	332.81	0.000030	67.01
67.02		PEDIATRICS	2000	0.01	228.93	0.000044	67.02
67.03		OB GYN	1750	0.00	11.74	0.000000	67.03

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			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.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
			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	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 2:07 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	3,862,520	14,000,000	25,834,964		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				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.	01/01/1980				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.	01/01/1980				130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 2:07 pm	
		1.00		2.00			
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		149006		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 06101		141.00	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:				142.00	
143.00	City: CITY: PEORIA	State: IL		Zip Code: 61603		143.00	
		1.00		2.00			
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		2.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
		Title XIX		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	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		2.00			
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	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		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		2.00			
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 2:07 pm
			Beginning 1.00	Ending 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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 2:07 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/29/2020 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 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/13/2019	Y 12/13/2019 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 2:07 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
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		Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	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.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS	RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-624-9230	LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 2:07 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.	GOVT REPT 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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 2:07 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	30.00	548	200,664	0.00	0	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)						
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)		548	200,664	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,522	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	28	10,248	0.00	0	8.01
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)		643	235,434	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,516		0	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)		669				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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 2:07 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)	45,473	7,384	135,424			1.00
2.00	HMO and other (see instructions)	24,223	37,498				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	986	648				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)	45,473	7,384	135,424			7.00
8.00	INTENSIVE CARE UNIT	6,836	1,374	17,201			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	2,039	8,088			8.01
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		516	3,963			13.00
14.00	Total (see instructions)	52,309	11,313	164,676	235.13	4,845.87	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,102	513	7,116	0.12	44.63	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)				235.25	4,890.50	27.00
28.00	Observation Bed Days		5,147	15,640			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	372	946			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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 2:07 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	9,672	1,407	28,366	1.00
2.00 HMO and other (see instructions)			3,973	5,296		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				27		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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	9,672	1,407	28,366	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	222	31	258	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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/29/2021 2:07 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	308,893,989	-3,847,197	305,046,792	10,135,617.87	30.10
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,354,117	0	1,354,117	7,431.31	182.22
4.01	Physicians - Part A - Teaching		5,429,800	0	5,429,800	39,357.70	137.96
5.00	Physician and Non Physician-Part B		6,341,476	0	6,341,476	24,295.78	261.01
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	15,772,584	-89,256	15,683,328	530,831.25	29.54
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		13,407,797	-289,620	13,118,177	394,866.20	33.22
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		14,648,657	0	14,648,657	201,542.74	72.68
12.00	Contract labor: Top level management and other management and administrative services		8,000	0	8,000	48.25	165.80
13.00	Contract labor: Physician-Part A - Administrative		3,367,970	0	3,367,970	19,139.78	175.97
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		79,306,414	0	79,306,414	2,235,216.44	35.48
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		80,755,543	0	80,755,543		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,727,537	0	3,727,537		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		125,489	0	125,489		
22.01	Physician Part A - Teaching		661,495	0	661,495		
23.00	Physician Part B		413,703	0	413,703		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		4,558,947	0	4,558,947		
25.50	Home office wage-related (core)		26,915,720	0	26,915,720		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/29/2021 2:07 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	2,178,230	0	2,178,230	60,009.50	36.30	26.00
27.00	Administrative & General	5.00	17,435,935	-302,730	17,133,205	587,786.29	29.15	27.00
28.00	Administrative & General under contract (see inst.)		7,355,083	0	7,355,083	52,204.82	140.89	28.00
29.00	Maintenance & Repairs	6.00	4,021,259	-56,942	3,964,317	123,739.89	32.04	29.00
30.00	Operation of Plant	7.00	2,067,452	-16,730	2,050,722	78,829.03	26.01	30.00
31.00	Laundry & Linen Service	8.00	266,085	-1,506	264,579	16,413.44	16.12	31.00
32.00	Housekeeping	9.00	6,167,716	-110,313	6,057,403	418,173.19	14.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,611,202	-1,375,176	5,236,026	314,559.67	16.65	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,174,443	1,174,443	69,447.17	16.91	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,874,131	89,309	5,963,440	180,324.61	33.07	38.00
39.00	Central Services and Supply	14.00	2,450,094	-22,172	2,427,922	131,801.05	18.42	39.00
40.00	Pharmacy	15.00	9,292,853	-52,588	9,240,265	206,245.12	44.80	40.00
41.00	Medical Records & Medical Records Library	16.00	1,432,505	-8,106	1,424,399	67,067.80	21.24	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	618	-3	615	24.00	25.63	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/29/2021 2:07 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)	288,705,212	-3,757,941	284,947,271	9,593,337.96	29.70	1.00
2.00	Excluded area salaries (see instructions)	13,407,797	-289,620	13,118,177	394,866.20	33.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	275,297,415	-3,468,321	271,829,094	9,198,471.76	29.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	97,331,041	0	97,331,041	2,455,947.21	39.63	4.00
5.00	Subtotal wage-related costs (see inst.)	107,796,752	0	107,796,752	0.00	39.66	5.00
6.00	Total (sum of lines 3 thru 5)	480,425,208	-3,468,321	476,956,887	11,654,418.97	40.92	6.00
7.00	Total overhead cost (see instructions)	65,153,163	-682,514	64,470,649	2,306,625.58	27.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 4/29/2021 2:07 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		11,830,756	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)		2,287,608	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)		48,847,852	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	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)		105	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)		546,578	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,715,435	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		21,842,623	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		84,005	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		1,087,751	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		90,242,713	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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
4/29/2021 2:07 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	14,648,657	90,242,713	1.00
2.00	Hospital	14,648,657	90,242,713	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/29/2021 2:07 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)			0.171057 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	135,584,132		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	971,201,984		6.00
7.00	Medicaid cost (line 1 times line 6)	166,130,898		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)	30,546,766		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)	30,546,766		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)	71,587,997	14,483,526	86,071,523 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,245,628	14,483,526	26,729,154 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)	12,245,628	14,483,526	26,729,154 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)	27,605,878		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,551,443		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,386,834		27.01
28.00	Non-Medicare bad debt expense (see instructions)	25,219,044		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,149,285		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	31,878,439		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	62,425,205		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		17,161,530	17,161,530	1,162,088	18,323,618	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		21,611,025	21,611,025	438,806	22,049,831	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,178,230	20,174,640	22,352,870	72,806,731	95,159,601	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,490,452	1,156,043	2,646,495	-419,937	2,226,558	5.01
5.02	00570	ADMITTING	0	0	0	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	267,066	1,760,668	2,027,734	-71,454	1,956,280	5.03
5.04	00550	BUSINESS OFFICE	0	0	0	32,316,900	32,316,900	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	15,678,417	212,645,932	228,324,349	-56,627,326	171,697,023	5.05
6.00	00600	MAINTENANCE & REPAIRS	4,021,259	26,871,119	30,892,378	-11,975,512	18,916,866	6.00
7.00	00700	OPERATION OF PLANT	2,067,452	6,375,288	8,442,740	-551,316	7,891,424	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	266,085	2,342,516	2,608,601	-65,063	2,543,538	8.00
9.00	00900	HOUSEKEEPING	6,167,716	3,931,630	10,099,346	-1,671,892	8,427,454	9.00
10.00	01000	DIETARY	6,611,202	3,334,435	9,945,637	-3,309,321	6,636,316	10.00
11.00	01100	CAFETERIA	0	0	0	1,487,458	1,487,458	11.00
13.00	01300	NURSING ADMINISTRATION	5,874,131	1,906,299	7,780,430	-1,017,633	6,762,797	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,450,094	454,246	2,904,340	-697,248	2,207,092	14.00
15.00	01500	PHARMACY	9,292,853	6,668,113	15,960,966	-741,815	15,219,151	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,432,505	924,009	2,356,514	-303,331	2,053,183	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,836,293	8,836,293	17.00
18.00	01850	PARKING	618	795,041	795,659	-178	795,481	18.00
20.00	02000	NURSING SCHOOL	4,776,497	2,112,133	6,888,630	-1,241,934	5,646,696	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,772,584	4,901,688	20,674,272	-3,327,733	17,346,539	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,823,294	28,680,178	36,503,472	-650,193	35,853,279	22.00
23.00	02300	PARAMEDICALEDUC - CLS	73,039	19,940	92,979	-7,183	85,796	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	122,064	40,761	162,825	-35,754	127,071	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	71,339	14,272	85,611	-13,779	71,832	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	400,875	76,495	477,370	-70,910	406,460	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	206,310	49,870	256,180	-45,508	210,672	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,106,085	47,994,957	111,101,042	-15,658,314	95,442,728	30.00
31.00	03100	INTENSIVE CARE UNIT	15,775,564	9,068,208	24,843,772	-3,285,483	21,558,289	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,581,416	3,044,176	11,625,592	-1,761,368	9,864,224	31.01
41.00	04100	SUBPROVIDER - IRF	2,647,294	1,304,423	3,951,717	-599,154	3,352,563	41.00
43.00	04300	NURSERY	371	100,462	100,833	3,045,289	3,146,122	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,493,421	57,796,821	75,290,242	-49,544,632	25,745,610	50.00
51.00	05100	RECOVERY ROOM	3,113,660	871,122	3,984,782	-744,193	3,240,589	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,285,158	2,671,261	6,956,419	-2,692,821	4,263,598	52.00
53.00	05300	ANESTHESIOLOGY	933,234	2,040,634	2,973,868	604,137	3,578,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,695,235	18,677,688	37,372,923	183,907	37,556,830	54.00
57.00	05700	CT SCAN	2,684,377	2,612,721	5,297,098	-1,494,448	3,802,650	57.00
58.00	05800	MRI	2,796,518	2,199,622	4,996,140	-1,225,314	3,770,826	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,657,771	11,985,031	13,642,802	-12,679,246	963,556	59.00
60.00	06000	LABORATORY	12,037,546	13,809,684	25,847,230	-1,446,621	24,400,609	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,358,620	4,598,599	5,957,219	-304,892	5,652,327	63.00
64.00	06400	INTRAVENOUS THERAPY	1,397,233	844,521	2,241,754	-357,546	1,884,208	64.00
65.00	06500	RESPIRATORY THERAPY	6,248,540	5,292,208	11,540,748	-1,728,748	9,812,000	65.00
66.00	06600	PHYSICAL THERAPY	7,395,355	2,541,191	9,936,546	-906,871	9,029,675	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,089,572	665,471	2,755,043	-306,957	2,448,086	67.00
68.00	06800	SPEECH PATHOLOGY	1,259,164	316,543	1,575,707	-176,517	1,399,190	68.00
69.00	06900	ELECTROCARDIOLOGY	4,060,211	10,501,684	14,561,895	-10,426,332	4,135,563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	591,428	548,452	1,139,880	-163,622	976,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-626,528	-626,528	33,555,484	32,928,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,813,706	46,813,706	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,833,867	46,833,867	506,885	47,340,752	73.00
76.00	03950	DIGESTIVE DISEASES	2,847,562	5,109,094	7,956,656	-4,544,565	3,412,091	76.00
76.01	03951	ENTEROSTOMAL	475,360	105,834	581,194	-96,976	484,218	76.01
76.02	03952	DIABETIC SERVICE	1,589,777	463,480	2,053,257	-363,588	1,689,669	76.02
76.03	03953	WOUND CARE	942,542	636,994	1,579,536	-301,766	1,277,770	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,653,506	795,486	3,448,992	-663,443	2,785,549	76.04
76.08	03956	SLEEP DISORDERS	1,535,846	684,784	2,220,630	-416,706	1,803,924	76.08
76.09	03957	PAIN PROGRAM	1,304,744	696,968	2,001,712	-282,935	1,718,777	76.09
76.97	07697	CARDIAC REHABILITATION	2,071,169	705,445	2,776,614	-427,360	2,349,254	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,662,084	1,367,361	5,029,445	-864,383	4,165,062	90.00
91.00	09100	EMERGENCY	19,088,128	18,251,724	37,339,852	-3,763,222	33,576,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,361,037	1,185,745	3,546,782	-492,622	3,054,160	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
4/29/2021 2:07 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	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	905,879	2,883,862	3,789,741	-557,084	3,232,657	105.00
109.00	10900	PANCREAS ACQUISITION	110,036	74,884	184,920	-81,746	103,174	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	304,799,525	642,662,350	947,461,875	553,189	948,015,064	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	89,503	89,503	194.00
194.01	07951	BRADLEY HEALTH SVC	728,437	151,833	880,270	-101,178	779,092	194.01
194.02	07952	COMMUNITY CLINIC	70,067	481,562	551,629	-14,344	537,285	194.02
194.03	07953	FUND RAISING	0	5,774,508	5,774,508	0	5,774,508	194.03
194.04	07954	OUTREACH PHYSICIAN	217,862	160,427	378,289	-57,901	320,388	194.04
194.05	07955	ASC LLC	104,404	-250,607	-146,203	-28,643	-174,846	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,355,823	1,655,647	4,011,470	-304,614	3,706,856	194.07
194.08	07958	INDUSTRIAL REHAB	158,623	40,898	199,521	-40,288	159,233	194.08
194.10	07960	IN-SCHOOL CLINIC	459,248	115,756	575,004	-95,724	479,280	194.10
200.00		TOTAL (SUM OF LINES 118 through 199)	308,893,989	650,792,374	959,686,363	0	959,686,363	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
4/29/2021 2:07 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	7,615,210	25,938,828	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,923,276	26,973,107	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,053,018	97,212,619	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	2,226,558	5.01
5.02	00570	ADMITTING	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	0	1,956,280	5.03
5.04	00550	BUSINESS OFFICE	-18,640,264	13,676,636	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-68,053,272	103,643,751	5.05
6.00	00600	MAINTENANCE & REPAIRS	135,713	19,052,579	6.00
7.00	00700	OPERATION OF PLANT	0	7,891,424	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,543,538	8.00
9.00	00900	HOUSEKEEPING	-6,000	8,421,454	9.00
10.00	01000	DIETARY	-53,274	6,583,042	10.00
11.00	01100	CAFETERIA	-171,026	1,316,432	11.00
13.00	01300	NURSING ADMINISTRATION	7,220,763	13,983,560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,207,092	14.00
15.00	01500	PHARMACY	-4,657	15,214,494	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-302,771	1,750,412	16.00
17.00	01700	SOCIAL SERVICE	-848,295	7,987,998	17.00
18.00	01850	PARKING	-5,148	790,333	18.00
20.00	02000	NURSING SCHOOL	-6,867,828	-1,221,132	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	17,346,539	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-245,123	35,608,156	22.00
23.00	02300	PARAMEDICALEDUC - CLS	-35,925	49,871	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	-31,205	95,866	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	71,832	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	-2,370	404,090	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	-936	209,736	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-13,355,745	82,086,983	30.00
31.00	03100	INTENSIVE CARE UNIT	-273,685	21,284,604	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-49,586	9,814,638	31.01
41.00	04100	SUBPROVIDER - IRF	0	3,352,563	41.00
43.00	04300	NURSERY	0	3,146,122	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-152,189	25,593,421	50.00
51.00	05100	RECOVERY ROOM	0	3,240,589	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-620,084	3,643,514	52.00
53.00	05300	ANESTHESIOLOGY	-8,750	3,569,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,253,156	34,303,674	54.00
57.00	05700	CT SCAN	0	3,802,650	57.00
58.00	05800	MRI	-39,418	3,731,408	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	963,556	59.00
60.00	06000	LABORATORY	-1,461,595	22,939,014	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,652,327	63.00
64.00	06400	INTRAVENOUS THERAPY	-47,173	1,837,035	64.00
65.00	06500	RESPIRATORY THERAPY	-4,644	9,807,356	65.00
66.00	06600	PHYSICAL THERAPY	-1,588	9,028,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,448,086	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,399,190	68.00
69.00	06900	ELECTROCARDIOLOGY	-882,604	3,252,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	976,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,928,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	46,813,706	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,282,816	45,057,936	73.00
76.00	03950	DIGESTIVE DISEASES	0	3,412,091	76.00
76.01	03951	ENTEROSTOMAL	0	484,218	76.01
76.02	03952	DIABETIC SERVICE	-64,720	1,624,949	76.02
76.03	03953	WOUND CARE	-46,544	1,231,226	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-143,337	2,642,212	76.04
76.08	03956	SLEEP DISORDERS	0	1,803,924	76.08
76.09	03957	PAIN PROGRAM	-471,394	1,247,383	76.09
76.97	07697	CARDIAC REHABILITATION	-130,201	2,219,053	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,393,588	2,771,474	90.00
91.00	09100	EMERGENCY	-16,078,698	17,497,932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,054,160	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,054,160	92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-140	3,232,517	105.00
109.00	10900	PANCREAS ACQUISITION	0	103,174	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-114,081,769	833,933,295	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	SISTERS CONVENT	0	89,503	194.00
194.01	07951	BRADLEY HEALTH SVC	0	779,092	194.01
194.02	07952	COMMUNITY CLINIC	0	537,285	194.02
194.03	07953	FUND RAISING	0	5,774,508	194.03
194.04	07954	OUTREACH PHYSICIAN	-104,412	215,976	194.04
194.05	07955	ASC LLC	0	-174,846	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	3,706,856	194.07
194.08	07958	INDUSTRIAL REHAB	0	159,233	194.08
194.10	07960	IN-SCHOOL CLINIC	0	479,280	194.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-114,186,181	845,500,182	200.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
4/29/2021 2:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CONVENT NON-ALLOW COST					
1.00	SISTERS CONVENT	194.00	89,503	0		1.00
2.00		0.00	0	0		2.00
	0		89,503	0		
	B - PATHOLOGIST XVIII CLINICA					
1.00	I&R SERVICES-OTHER PRGM	22.00	42,572	0		1.00
	COSTS APPRV					
	0		42,572	0		
	C - COST OF MEDICAL SUPP SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,555,484		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
	0		0	33,555,484		
	D - COST OF IMPLANT DEVICE SOLD					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	46,813,706		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
	0		0	46,813,706		
	E - COST OF DRUGS CHARGED PTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	506,885		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
	0		0	506,885		
	F - SHORT TERM DISABILITY					
1.00	PURCHASING RECEIVING AND STORES	5.01	0	6,532		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	19,486		2.00
3.00	OPERATION OF PLANT	7.00	0	5,030		3.00
4.00	HOUSEKEEPING	9.00	0	23,152		4.00
5.00	DIETARY	10.00	0	4,545		5.00
6.00	NURSING ADMINISTRATION	13.00	0	8,447		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,072		7.00
8.00	NURSING SCHOOL	20.00	0	14,497		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	130,421		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	24,444		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	7,495		11.00
12.00	SUBPROVIDER - IRF	41.00	0	2,377		12.00
13.00	OPERATING ROOM	50.00	0	43,543		13.00
14.00	RECOVERY ROOM	51.00	0	1,788		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,803		15.00
16.00	ANESTHESIOLOGY	53.00	0	916		16.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
4/29/2021 2:07 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,965	17.00
18.00	MRI	58.00	0	2,343	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,804	19.00
20.00	LABORATORY	60.00	0	33,287	20.00
21.00	RESPIRATORY THERAPY	65.00	0	6,887	21.00
22.00	PHYSICAL THERAPY	66.00	0	2,872	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	205	23.00
24.00	DIGESTIVE DISEASES	76.00	0	5,170	24.00
25.00	ENTEROSTOMAL	76.01	0	1,497	25.00
26.00	DIABETIC SERVICE	76.02	0	2,374	26.00
27.00	WOUND CARE	76.03	0	503	27.00
28.00	SLEEP DISORDERS	76.08	0	1,032	28.00
29.00	PAIN PROGRAM	76.09	0	4,642	29.00
30.00	CARDIAC REHABILITATION	76.97	0	494	30.00
31.00	CLINIC	90.00	0	1,911	31.00
32.00	EMERGENCY	91.00	0	22,962	32.00
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,483	33.00
34.00	RESEARCH, WELLNESS, WC	194.07	0	1,254	34.00
			0	428,233	
H - CON - TRAVEL AND MEETINGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	31,878	1.00
2.00	PARAMED ED PRGM- PASTORAL	23.05	0	375	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
			0	32,253	
I - CAFETERIA & CATERING EXPENSE					
1.00	CAFETERIA	11.00	1,180,983	313,015	1.00
2.00	RESEARCH, WELLNESS, WC	194.07	160,467	42,531	2.00
			1,341,450	355,546	
J - CENTER FOR HEALTH					
1.00	HOUSEKEEPING	9.00	0	2,326	1.00
			0	2,326	
K - POST TRANSPLANT EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	105,537	28,768	1.00
2.00	ADULTS & PEDIATRICS	30.00	218,414	51,107	2.00
			323,951	79,875	
L - CON EDUCATIONAL ACTIVITIES					
1.00	NURSING ADMINISTRATION	13.00	125,519	55,503	1.00
			125,519	55,503	
N - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	63,656,965	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

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
			0	63,656,965		
	0 - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	782,437		1.00
2.00		0.00	0	0		2.00
			0	782,437		
	P - PHYS ED SHARED COST					
1.00	EMERGENCY	91.00	0	2,237,302		1.00
2.00		0.00	0	0		2.00
			0	2,237,302		
	R - ANESTHESIA PHYS MED DIR					
1.00	ANESTHESIOLOGY	53.00	0	891,374		1.00
			0	891,374		
	S - NURSERY COST					
1.00	NURSERY	43.00	2,971,142	90,471		1.00
2.00		0.00	0	0		2.00
			2,971,142	90,471		
	T - PROPERTY TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	795,010		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	795,010		
	U - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,897,910		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	2,315,785		2.00
3.00	PHARMACY	15.00	0	1,363,737		3.00
4.00	SOCIAL SERVICE	17.00	0	8,836,293		4.00
5.00	PHYSICAL THERAPY	66.00	0	720,924		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	199,886		6.00
7.00	SPEECH PATHOLOGY	68.00	0	114,322		7.00
8.00	BUSINESS OFFICE	5.04	0	32,316,900		8.00
			0	52,765,757		
	V - PHYSICIAN EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	220,220		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	97,629		2.00
3.00	OPERATING ROOM	50.00	287,523	0		3.00
4.00	RESPIRATORY THERAPY	65.00	13,846	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	713,369		5.00
6.00	I&R SERVICES-OTHER PRGM	22.00	0	19,365		6.00
	COSTS APPRV					
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	946,399		7.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2019
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	EMERGENCY	91.00	493,051	0	8.00
			794,420	1,996,982	
W - HOSP AND PALLIATIVE CARE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,447	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68,447	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	815,099	3.00
4.00	ADULTS & PEDIATRICS	30.00	275,666	0	4.00
5.00		0.00	0	0	5.00
			275,666	906,993	
X - SFI/PCI REL PARTY COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,828,193	1.00
2.00	LABORATORY	60.00	0	1,383,146	2.00
			0	13,211,339	
Y - OTHER BENEFITS (VAC/REW/RET)					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,692,421	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
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
60.00	0.00	0	0			60.00
61.00	0.00	0	0			61.00
62.00	0.00	0	0			62.00
63.00	0.00	0	0			63.00
64.00	0.00	0	0			64.00
TOTALS		0	1,692,421			
500.00	Grand Total: Increases	5,964,223	220,856,862			500.00

RECLASSIFICATIONS

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

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CONVENT NON-ALLOW COST						
1.00	MAINTENANCE & REPAIRS	6.00	34,951	0	0		1.00
2.00	HOUSEKEEPING	9.00	54,552	0	0		2.00
	0		89,503	0			
	B - PATHOLOGIST XVIII CLINICA						
1.00	LABORATORY	60.00	42,572	0	0		1.00
	0		42,572	0			
	C - COST OF MEDICAL SUPP SOLD						
1.00	PHARMACY	15.00	0	409,885	0		1.00
2.00	OPERATING ROOM	50.00	0	16,442,324	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	52,959	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,270,047	0		4.00
5.00	CT SCAN	57.00	0	822,912	0		5.00
6.00	MRI	58.00	0	537,988	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	3,770,126	0		7.00
8.00	LABORATORY	60.00	0	28,125	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	8,818	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	3,413,327	0		10.00
11.00	DIGESTIVE DISEASES	76.00	0	2,798,973	0		11.00
	0		0	33,555,484			
	D - COST OF IMPLANT DEVICE SOLD						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	5,392	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,430	0		2.00
3.00	OPERATING ROOM	50.00	0	28,224,156	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,625,914	0		4.00
5.00	CT SCAN	57.00	0	1,564	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	8,549,628	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	213,250	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	6,060,123	0		8.00
9.00	DIGESTIVE DISEASES	76.00	0	1,048,966	0		9.00
10.00	WOUND CARE	76.03	0	81,056	0		10.00
11.00	COMMUNITY CLINIC	194.02	0	1,227	0		11.00
	0		0	46,813,706			
	E - COST OF DRUGS CHARGED PTS						
1.00	ADULTS & PEDIATRICS	30.00	0	197,702	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,516	0		2.00
3.00	OPERATING ROOM	50.00	0	54,363	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,074	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	64	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	39,883	0		6.00
7.00	CT SCAN	57.00	0	39,682	0		7.00
8.00	MRI	58.00	0	27,963	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	44,172	0		9.00
10.00	LABORATORY	60.00	0	649	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	5,384	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	170	0		12.00
13.00	DIGESTIVE DISEASES	76.00	0	2,201	0		13.00
14.00	WOUND CARE	76.03	0	1,267	0		14.00
15.00	CLINIC	90.00	0	3,552	0		15.00
16.00	EMERGENCY	91.00	0	60,529	0		16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	8,714	0		17.00
	0		0	506,885			
	F - SHORT TERM DISABILITY						
1.00	PURCHASING RECEIVING AND STORES	5.01	6,532	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	19,486	0	0		2.00
3.00	OPERATION OF PLANT	7.00	5,030	0	0		3.00
4.00	HOUSEKEEPING	9.00	23,152	0	0		4.00
5.00	DIETARY	10.00	4,545	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	8,447	0	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	9,072	0	0		7.00
8.00	NURSING SCHOOL	20.00	14,497	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	130,421	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	24,444	0	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	31.01	7,495	0	0		11.00
12.00	SUBPROVIDER - IRF	41.00	2,377	0	0		12.00
13.00	OPERATING ROOM	50.00	43,543	0	0		13.00
14.00	RECOVERY ROOM	51.00	1,788	0	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	15,803	0	0		15.00
16.00	ANESTHESIOLOGY	53.00	916	0	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	13,965	0	0		17.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
18.00	MRI	58.00	2,343	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	2,804	0	0	19.00
20.00	LABORATORY	60.00	33,287	0	0	20.00
21.00	RESPIRATORY THERAPY	65.00	6,887	0	0	21.00
22.00	PHYSICAL THERAPY	66.00	2,872	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	205	0	0	23.00
24.00	DIGESTIVE DISEASES	76.00	5,170	0	0	24.00
25.00	ENTEROSTOMAL	76.01	1,497	0	0	25.00
26.00	DIABETIC SERVICE	76.02	2,374	0	0	26.00
27.00	WOUND CARE	76.03	503	0	0	27.00
28.00	SLEEP DISORDERS	76.08	1,032	0	0	28.00
29.00	PAIN PROGRAM	76.09	4,642	0	0	29.00
30.00	CARDIAC REHABILITATION	76.97	494	0	0	30.00
31.00	CLINIC	90.00	1,911	0	0	31.00
32.00	EMERGENCY	91.00	22,962	0	0	32.00
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	6,483	0	0	33.00
34.00	RESEARCH, WELLNESS, WC	194.07	1,254	0	0	34.00
			428,233	0		
H - CON - TRAVEL AND MEETINGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	375	0	1.00
2.00	NURSING SCHOOL	20.00	0	26,412	0	2.00
3.00	PARAMEDICALEDUC - CLS	23.00	0	465	0	3.00
4.00	PARAMEDICAL EDUC DIETARY	23.02	0	614	0	4.00
5.00	PARAMED ED PRGM- PGY 1	23.04	0	4,387	0	5.00
			0	32,253		
I - CAFETERIA & CATERING EXPENSE						
1.00	DIETARY	10.00	1,341,450	355,546	0	1.00
2.00		0.00	0	0	0	2.00
			1,341,450	355,546		
J - CENTER FOR HEALTH						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,326	0	1.00
			0	2,326		
K - POST TRANSPLANT EXPENSE						
1.00	KIDNEY ACQUISITION	105.00	261,347	79,747	0	1.00
2.00	PANCREAS ACQUISITION	109.00	62,604	128	0	2.00
			323,951	79,875		
L - CON EDUCATIONAL ACTIVITIES						
1.00	NURSING SCHOOL	20.00	125,519	55,503	0	1.00
			125,519	55,503		
N - EMPLOYEE BENEFITS						
1.00		0.00	0	0	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	411,503	0	2.00
3.00	OUTPATIENT REVENUES	5.03	0	70,707	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,104,463	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	1,023,016	0	5.00
6.00	OPERATION OF PLANT	7.00	0	539,616	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	63,557	0	7.00
8.00	HOUSEKEEPING	9.00	0	1,587,057	0	8.00
9.00	DIETARY	10.00	0	1,583,144	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	1,170,892	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	681,718	0	11.00
12.00	PHARMACY	15.00	0	1,643,079	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	295,225	0	13.00
14.00	PARKING	18.00	0	175	0	14.00
15.00	NURSING SCHOOL	20.00	0	1,009,396	0	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,238,477	0	16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	667,859	0	17.00
18.00	PARAMEDICALEDUC - CLS	23.00	0	6,305	0	18.00
19.00	PARAMEDICAL EDUC X-RAY	23.01	0	35,754	0	19.00
20.00	PARAMEDICAL EDUC DIETARY	23.02	0	12,761	0	20.00
21.00	PARAMED ED PRGM- PGY 1	23.04	0	64,254	0	21.00
22.00	PARAMED ED PRGM- PASTORAL	23.05	0	44,716	0	22.00
23.00	ADULTS & PEDIATRICS	30.00	0	12,819,934	0	23.00
24.00	INTENSIVE CARE UNIT	31.00	0	3,276,222	0	24.00
25.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,713,806	0	25.00
26.00	SUBPROVIDER - IRF	41.00	0	584,699	0	26.00
27.00	NURSERY	43.00	0	19	0	27.00

RECLASSIFICATIONS

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Date/Time Prepared:
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		Decreases					4/29/2021 2:07 PM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
28.00	OPERATING ROOM	50.00	0	4,124,780	0		28.00	
29.00	RECOVERY ROOM	51.00	0	728,876	0		29.00	
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	940,883	0		30.00	
31.00	ANESTHESIOLOGY	53.00	0	228,933	0		31.00	
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,668,296	0		32.00	
33.00	CT SCAN	57.00	0	615,099	0		33.00	
34.00	MRI	58.00	0	643,538	0		34.00	
35.00	CARDIAC CATHETERIZATION	59.00	0	305,939	0		35.00	
36.00	LABORATORY	60.00	0	2,694,324	0		36.00	
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	297,204	0		37.00	
38.00	INTRAVENOUS THERAPY	64.00	0	344,255	0		38.00	
39.00	RESPIRATORY THERAPY	65.00	0	1,485,166	0		39.00	
40.00	PHYSICAL THERAPY	66.00	0	1,586,017	0		40.00	
41.00	OCCUPATIONAL THERAPY	67.00	0	495,018	0		41.00	
42.00	SPEECH PATHOLOGY	68.00	0	283,713	0		42.00	
43.00	ELECTROCARDIOLOGY	69.00	0	931,265	0		43.00	
44.00	ELECTROENCEPHALOGRAPHY	70.00	0	161,047	0		44.00	
45.00	DIGESTIVE DISEASES	76.00	0	678,311	0		45.00	
46.00	ENTEROSTOMAL	76.01	0	94,286	0		46.00	
47.00	DIABETIC SERVICE	76.02	0	354,592	0		47.00	
48.00	WOUND CARE	76.03	0	214,109	0		48.00	
49.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	649,191	0		49.00	
50.00	SLEEP DISORDERS	76.08	0	408,015	0		50.00	
51.00	PAIN PROGRAM	76.09	0	275,692	0		51.00	
52.00	CARDIAC REHABILITATION	76.97	0	415,639	0		52.00	
53.00	CLINIC	90.00	0	840,108	0		53.00	
54.00	EMERGENCY	91.00	0	3,022,481	0		54.00	
55.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	470,547	0		55.00	
56.00	KIDNEY ACQUISITION	105.00	0	211,628	0		56.00	
57.00	PANCREAS ACQUISITION	109.00	0	18,391	0		57.00	
58.00	BRADLEY HEALTH SVC	194.01	0	97,056	0		58.00	
59.00	COMMUNITY CLINIC	194.02	0	12,720	0		59.00	
60.00	OUTREACH PHYSICIAN	194.04	0	56,668	0		60.00	
61.00	ASC LLC	194.05	0	28,052	0		61.00	
62.00	RESEARCH, WELLNESS, WC	194.07	0	494,257	0		62.00	
63.00	INDUSTRIAL REHAB	194.08	0	39,390	0		63.00	
64.00	IN-SCHOOL CLINIC	194.10	0	93,125	0		64.00	
			0	63,656,965				
O - PROPERTY INSURANCE								
1.00		0.00	0	0	12		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	782,437	0		2.00	
			0	782,437				
P - PHYS ED SHARED COST								
1.00	EMERGENCY	91.00	1,843,732	0	0		1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	393,570	0		2.00	
			1,843,732	393,570				
R - ANESTHESIA PHYS MED DIR								
1.00	OPERATING ROOM	50.00	0	891,374	0		1.00	
			0	891,374				
S - NURSERY COST								
1.00	ADULTS & PEDIATRICS	30.00	1,303,944	45,236	0		1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,667,198	45,235	0		2.00	
			2,971,142	90,471				
T - PROPERTY TAXES								
1.00		0.00	0	0	13		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	795,010	0		2.00	
	TOTALS		0	795,010				
U - MINISTRY ALLOCATION								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	52,765,757	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
			0	52,765,757				

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
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To 09/30/2020Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	V - PHYSICIAN EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	287,523	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	317,849	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	13,846	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	651,528	0	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	61,841	0		5.00
6.00	EMERGENCY	91.00	0	19,365	0		6.00
7.00	EMERGENCY	91.00	0	1,439,450	0		7.00
8.00		0.00	0	0	0		8.00
	0		952,897	1,838,505			
	W - HOSP AND PALLIATIVE CARE						
1.00		0.00	0	0	9		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	ADULTS & PEDIATRICS	30.00	0	1,182,659	0		5.00
	0		0	1,182,659			
	X - SFI/PCI REL PARTY COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	13,211,339	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	13,211,339			
	Y - OTHER BENEFITS (VAC/REW/RET)						
1.00		0.00	0	0	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	8,434	0	0		2.00
3.00	OUTPATIENT REVENUES	5.03	747	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	85,545	0	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	21,991	0	0		5.00
6.00	OPERATION OF PLANT	7.00	11,700	0	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	1,506	0	0		7.00
8.00	HOUSEKEEPING	9.00	32,609	0	0		8.00
9.00	DIETARY	10.00	29,181	0	0		9.00
10.00	CAFETERIA	11.00	6,540	0	0		10.00
11.00	NURSING ADMINISTRATION	13.00	27,763	0	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	13,100	0	0		12.00
13.00	PHARMACY	15.00	52,588	0	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	8,106	0	0		14.00
15.00	PARKING	18.00	3	0	0		15.00
16.00	NURSING SCHOOL	20.00	25,104	0	0		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	89,256	0	0		17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	44,271	0	0		18.00
19.00	PARAMEDICALEDUC - CLS	23.00	413	0	0		19.00
20.00	PARAMEDICAL EDUC DIETARY	23.02	404	0	0		20.00
21.00	PARAMED ED PRGM- PGY 1	23.04	2,269	0	0		21.00
22.00	PARAMED ED PRGM- PASTORAL	23.05	1,167	0	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	336,177	0	0		23.00
24.00	INTENSIVE CARE UNIT	31.00	88,528	0	0		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	31.01	47,562	0	0		25.00
26.00	SUBPROVIDER - IRF	41.00	14,455	0	0		26.00
27.00	NURSERY	43.00	16,305	0	0		27.00
28.00	OPERATING ROOM	50.00	95,158	0	0		28.00
29.00	RECOVERY ROOM	51.00	15,317	0	0		29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	23,431	0	0		30.00
31.00	ANESTHESIOLOGY	53.00	5,281	0	0		31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	101,987	0	0		32.00
33.00	CT SCAN	57.00	15,191	0	0		33.00
34.00	MRI	58.00	15,825	0	0		34.00
35.00	CARDIAC CATHETERIZATION	59.00	9,381	0	0		35.00
36.00	LABORATORY	60.00	64,097	0	0		36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,688	0	0		37.00
38.00	INTRAVENOUS THERAPY	64.00	7,907	0	0		38.00
39.00	RESPIRATORY THERAPY	65.00	35,360	0	0		39.00
40.00	PHYSICAL THERAPY	66.00	41,778	0	0		40.00
41.00	OCCUPATIONAL THERAPY	67.00	11,825	0	0		41.00
42.00	SPEECH PATHOLOGY	68.00	7,126	0	0		42.00
43.00	ELECTROCARDIOLOGY	69.00	21,447	0	0		43.00
44.00	ELECTROENCEPHALOGRAPHY	70.00	2,575	0	0		44.00
45.00	DIGESTIVE DISEASES	76.00	16,114	0	0		45.00
46.00	ENTEROSTOMAL	76.01	2,690	0	0		46.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

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	Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
47.00	DIABETIC SERVICE	76.02	8,996	0	0		47.00
48.00	WOUND CARE	76.03	5,334	0	0		48.00
49.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	14,252	0	0		49.00
50.00	SLEEP DISORDERS	76.08	8,691	0	0		50.00
51.00	PAIN PROGRAM	76.09	7,243	0	0		51.00
52.00	CARDIAC REHABILITATION	76.97	11,721	0	0		52.00
53.00	CLINIC	90.00	20,723	0	0		53.00
54.00	EMERGENCY	91.00	108,018	0	0		54.00
55.00	OBSERVATION BEDS (DISTINCT PART)	92.01	13,361	0	0		55.00
56.00	KIDNEY ACQUISITION	105.00	4,362	0	0		56.00
57.00	PANCREAS ACQUISITION	109.00	623	0	0		57.00
58.00	BRADLEY HEALTH SVC	194.01	4,122	0	0		58.00
59.00	COMMUNITY CLINIC	194.02	397	0	0		59.00
60.00	OUTREACH PHYSICIAN	194.04	1,233	0	0		60.00
61.00	ASC LLC	194.05	591	0	0		61.00
62.00	RESEARCH, WELLNESS, WC	194.07	13,355	0	0		62.00
63.00	INDUSTRIAL REHAB	194.08	898	0	0		63.00
64.00	IN-SCHOOL CLINIC	194.10	2,599	0	0		64.00
	TOTALS		1,692,421	0			
500.00	Grand Total: Decreases		9,811,420	217,009,665			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/29/2021 2:07 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	11,692,483	0	0	0	0	1.00	
2.00	Land Improvements	9,375,580	111,329	0	111,329	0	2.00	
3.00	Buildings and Fixtures	699,986,154	24,510,967	0	24,510,967	0	3.00	
4.00	Building Improvements	1,211,239	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	251,843,169	10,524,253	0	10,524,253	2,981,138	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	974,108,625	35,146,549	0	35,146,549	2,981,138	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	974,108,625	35,146,549	0	35,146,549	2,981,138	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	11,692,483	0					1.00
2.00	Land Improvements	9,486,909	0					
3.00	Buildings and Fixtures	724,497,121	0					
4.00	Building Improvements	1,211,239	0					
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	259,386,284	0					
7.00	HIT designated Assets	0	0					
8.00	Subtotal (sum of lines 1-7)	1,006,274,036	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	1,006,274,036	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
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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	17,161,530	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	21,611,025	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	38,772,555	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	17,161,530				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	21,611,025				2.00
3.00	Total (sum of lines 1-2)	0	38,772,555				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
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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	725,708,360	0	725,708,360	0.736689	576,413	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	259,386,284	0	259,386,284	0.263311	206,024	2.00	
3.00	Total (sum of lines 1-2)	985,094,644	0	985,094,644	1.000000	782,437	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	585,675	0	1,162,088	24,776,740	0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	209,335	0	415,359	26,557,748	0	2.00	
3.00	Total (sum of lines 1-2)	795,010	0	1,577,447	51,334,488	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	576,413	585,675	0	25,938,828	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	206,024	209,335	0	26,973,107	2.00	
3.00	Total (sum of lines 1-2)	0	782,437	795,010	0	52,911,935	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
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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)	A	-5,148	PARKING	18.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-35,457,180			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-34,164,351			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	-409	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-174,897	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-6,818,739	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-92,017	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-861,425	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	4,952,319	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	4,615,869	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
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			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.00
33.08	UNEMPLOYMENT COMPENSATION NET	A		83,966	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.08
34.03	OCCUP MED PORTION OF EE HEALTH SERVI	A		-148,456	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.03
34.05	TUITION CLS LAB TECH SCHOOL	B		-35,925	PARAMEDICALEDUC - CLS	23.00	0	34.05
34.06	TUITION X-RAY TECH SCHOOL	B		-31,205	PARAMEDICAL EDUC X-RAY	23.01	0	34.06
35.00	TUITION REVENUE - PHARMACY PGY 1	B		-2,370	PARAMED ED PRGM- PGY 1	23.04	0	35.00
35.01	TUITION REVENUE - PASTORAL	B		-625	PARAMED ED PRGM- PASTORAL	23.05	0	35.01
35.02	CONTRACT PHARMACY	A		-2,282,407	DRUGS CHARGED TO PATIENTS	73.00	0	35.02
35.03	BRANDING REVENUE	B		-79,009	CAFETERIA	11.00	0	35.03
35.04	LOBBYING COSTS - ASSOC DUES - ADMIN	A		-91,214	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.04
36.00	OTHER REVENUE OFFSET	B		-650	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00	OTHER REVENUE OFFSET	B		-99,293	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	37.00
37.01	OTHER REVENUE OFFSET	B		-54,896	CARDIAC REHABILITATION	76.97	0	37.01
38.00	OTHER REVENUE OFFSET	B		-6,000	HOUSEKEEPING	9.00	0	38.00
38.01	OTHER REVENUE OFFSET	B		-53,274	DIETARY	10.00	0	38.01
38.02	OTHER REVENUE OFFSET	B		-1,728	NURSING ADMINISTRATION	13.00	0	38.02
39.00	OTHER REVENUE OFFSET - ST. JUDE	B		-920,681	CLINIC	90.00	0	39.00
39.01	OTHER REVENUE OFFSET	B		-172	LABORATORY	60.00	0	39.01
39.02	OTHER REVENUE OFFSET	B		-16,134	NURSING SCHOOL	20.00	0	39.02
40.00	OTHER REVENUE OFFSET	B		-245,123	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.00
40.01	OTHER REVENUE OFFSET	B		-8,750	ANESTHESIOLOGY	53.00	0	40.01
40.02	OTHER REVENUE OFFSET	B		-47,529	RADIOLOGY-DIAGNOSTIC	54.00	0	40.02
40.03	OTHER REVENUE OFFSET	B		-1,588	PHYSICAL THERAPY	66.00	0	40.03
40.04	OTHER REVENUE OFFSET	B		-8,140	ADULTS & PEDIATRICS	30.00	0	40.04
40.05	OTHER REVENUE OFFSET	B		-18,970	DIABETIC SERVICE	76.02	0	40.05
40.06	OTHER REVENUE OFFSET	B		-2,065	BUSINESS OFFICE	5.04	0	40.06
40.07	OTHER REVENUE OFFSET	B		-525	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	40.07
40.08	OTHER REVENUE OFFSET	B		-22,556	CLINIC	90.00	0	40.08
40.09	OTHER REVENUE OFFSET	B		-218,627	EMERGENCY	91.00	0	40.09
40.10	CAT EKG STORAGE FEE	B		-882,604	ELECTROCARDIOLOGY	69.00	0	40.10
40.12	MEDICAID ASSESSMENT TAX	A		-40,472,576	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.12
40.13	NON-ALLOWABLE MARKETING	A		-27,998	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.13
40.14	NON-ALLOWABLE MARKETING	A		-25,250	NURSING ADMINISTRATION	13.00	0	40.14
40.15	NON-ALLOWABLE MARKETING	A		-32,955	NURSING SCHOOL	20.00	0	40.15
40.16	NON-ALLOWABLE MARKETING	A		-311	PARAMED ED PRGM- PASTORAL	23.05	0	40.16
40.17	NON-ALLOWABLE MARKETING	A		-138	DIABETIC SERVICE	76.02	0	40.17
40.20	NON-ALLOWABLE MARKETING	A		-495	CARDIAC REHABILITATION	76.97	0	40.20
40.21	NON-ALLOWABLE MARKETING	A		-1,656	CLINIC	90.00	0	40.21
40.23	NON-ALLOWABLE MARKETING	A		-140	KIDNEY ACQUISITION	105.00	0	40.23
40.24	MOONLIGHTING RESIDENTS	A		-137,994	ADULTS & PEDIATRICS	30.00	0	40.24
40.27	MOONLIGHTING RESIDENTS	A		-40,670	MRI	58.00	0	40.27
40.29	MOONLIGHTING RESIDENTS	A		-26,679	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.29
40.30	MOONLIGHTING RESIDENTS	A		-525	EMERGENCY	91.00	0	40.30
40.31	MOONLIGHTING RESIDENTS - EB OFFSET	A		-55,095	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.31
40.35	CLINIC PSYCH SAL PART B OFFSET	A		-108,777	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	40.35
40.37	CLINIC PSYCH SAL PART B OFFSET	A		-32,537	PAIN PROGRAM	76.09	0	40.37
40.38	CLINIC PSYCH SAL PART B OFFSET	A		-448,695	CLINIC	90.00	0	40.38
40.39	CLINIC PSYCH PART B OFFSET BE	A		-150,894	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.39
40.40	DONATIONS	A		-1,828,381	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.40
40.44	PART B PHYSICIAN COMPENSATION	A		-458,387	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.44
40.46	PENSION COST	A		2,866,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.46

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
4/29/2021 2:07 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.	Amount
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
40.47	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.47
40.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.48
40.49	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.49
40.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.50
40.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.51
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
41.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.02
41.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.03
41.04	PHYSICIAN RECRUITMENT		0		0.00	0	41.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-114,186,181				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: 14-0067

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

Worksheet A-8-1

Date/Time Prepared:
4/29/2021 2:07 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	2,662,891	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	10,307,197	9,999,790	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	6,897,910	6,897,910	3.00
3.01	5.01	PURCHASING RECEIVING AND STO	MINISTRY CHG - POOLED MAT MG	3,180,082	3,180,082	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED ENGINE	2,315,785	2,315,785	3.02
3.03	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY CHG - A & G	80,117,334	104,650,220	3.03
3.04	66.00	PHYSICAL THERAPY	MINISTRY CHG - REHAB ADMIN -	720,924	720,924	3.04
3.05	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - REHAB ADMIN -	199,886	199,886	3.05
3.06	68.00	SPEECH PATHOLOGY	MINISTRY CHG - REHAB ADMIN -	114,322	114,322	3.06
3.07	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - PHARMACY	4,875,553	4,875,553	3.07
3.08	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - BIO MED MAINT	1,019,876	858,788	3.08
3.09	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHG - BIO MED IMAGI	7,275,198	7,344,066	3.09
3.10	60.00	LABORATORY	MINISTRY CHG - BIO MED LAB	850,735	1,029,530	3.10
3.11	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	7,300,570	0	3.11
3.12	5.04	BUSINESS OFFICE	MINISTRY CHG - FUNCTIONAL RE	13,678,701	32,316,900	3.12
3.13	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	7,987,998	8,836,293	3.13
3.14	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - EICU A&P	622,612	622,612	3.14
3.15	31.00	INTENSIVE CARE UNIT	MINISTRY CHG - EICU ICU	1,534,854	1,534,854	3.15
4.00	6.00	MAINTENANCE & REPAIRS	SFI / PCI - HEALTHCARE TECH	603,234	628,609	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	SFI / PCI - HEALTHCARE TECH	4,303,117	4,484,127	4.01
4.02	60.00	LABORATORY	SFI / PCI - HEALTHCARE TECH	503,191	524,357	4.02
4.03	5.05	OTHER ADMINISTRATIVE AND GEN	SFI / PCI - CREDENTIALING	345,784	344,337	4.03
4.04	58.00	MRI	SFI / PCI - MOBILE MRI	13,252	12,000	4.04
4.05	194.04	OUTREACH PHYSICIAN	SFI / PCI - RENT	114,128	218,540	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			157,545,134	191,709,485	5.00

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

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	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: 14-0067

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

Worksheet A-8-1

Date/Time Prepared:
4/29/2021 2:07 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	2,662,891	9		1.00
2.00	307,407	9		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	-24,532,886	0		3.03
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	161,088	0		3.08
3.09	-68,868	0		3.09
3.10	-178,795	0		3.10
3.11	7,300,570	0		3.11
3.12	-18,638,199	0		3.12
3.13	-848,295	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
4.00	-25,375	0		4.00
4.01	-181,010	0		4.01
4.02	-21,166	0		4.02
4.03	1,447	0		4.03
4.04	1,252	0		4.04
4.05	-104,412	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	-34,164,351			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: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
4/29/2021 2:07 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	5.05	OTHER ADMINISTRATIVE AND GENERAL	198,233	198,233	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	52,829	52,829	0	0	0	2.00
3.00	15.00	PHARMACY	4,657	4,657	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	127,874	127,874	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	13,209,611	13,209,611	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	273,685	273,685	0	0	0	6.00
7.00	31.01	NEONATAL INTENSIVE CARE UNIT	49,586	49,586	0	0	0	7.00
8.00	50.00	OPERATING ROOM	152,189	152,189	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	620,084	620,084	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	2,955,749	2,955,749	0	0	0	10.00
11.00	60.00	LABORATORY	1,398,620	1,218,887	179,733	260,300	1,096	11.00
12.00	64.00	INTRAVENOUS THERAPY	47,173	47,173	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	4,644	4,644	0	0	0	13.00
14.00	76.02	DIABETIC SERVICE	45,612	45,612	0	0	0	14.00
15.00	76.03	WOUND CARE	46,544	46,544	0	0	0	15.00
16.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,035	34,035	0	0	0	16.00
17.00	76.09	PAIN PROGRAM	438,857	438,857	0	0	0	17.00
18.00	76.97	CARDIAC REHABILITATION	74,810	74,810	0	0	0	18.00
19.00	91.00	EMERGENCY	15,859,546	15,859,546	0	0	0	19.00
200.00			35,594,338	35,414,605	179,733		1,096	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
4/29/2021 2:07 pm

	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	137,158	6,858	0	0	0	11.00
12.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	13.00
14.00	76.02	DIABETIC SERVICE	0	0	0	0	0	14.00
15.00	76.03	WOUND CARE	0	0	0	0	0	15.00
16.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	16.00
17.00	76.09	PAIN PROGRAM	0	0	0	0	0	17.00
18.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
200.00			137,158	6,858	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
4/29/2021 2:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	198,233		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	52,829		2.00
3.00	15.00	PHARMACY	0	0	0	4,657		3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	127,874		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	13,209,611		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	273,685		6.00
7.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	49,586		7.00
8.00	50.00	OPERATING ROOM	0	0	0	152,189		8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	620,084		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,955,749		10.00
11.00	60.00	LABORATORY	0	137,158	42,575	1,261,462		11.00
12.00	64.00	INTRAVENOUS THERAPY	0	0	0	47,173		12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	4,644		13.00
14.00	76.02	DIABETIC SERVICE	0	0	0	45,612		14.00
15.00	76.03	WOUND CARE	0	0	0	46,544		15.00
16.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	34,035		16.00
17.00	76.09	PAIN PROGRAM	0	0	0	438,857		17.00
18.00	76.97	CARDIAC REHABILITATION	0	0	0	74,810		18.00
19.00	91.00	EMERGENCY	0	0	0	15,859,546		19.00
200.00			0	137,158	42,575	35,457,180		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	25,938,828	25,938,828			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	26,973,107	26,973,107			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	97,212,619	96,009	97,308,628		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	2,226,558	57,503	12,466	484,712	2,781,239
5.02	00570	ADMITTING	0	110,505	0	0	0
5.03	00540	OUTPATIENT REVENUES	1,956,280	0	14	87,489	292
5.04	00550	BUSINESS OFFICE	13,676,636	0	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	103,643,751	1,993,947	13,628,966	5,026,303	86,225
6.00	00600	MAINTENANCE & REPAIRS	19,052,579	4,607,983	660,441	1,302,317	484,092
7.00	00700	OPERATION OF PLANT	7,891,424	498,527	500,825	673,683	56,441
8.00	00800	LAUNDRY & LINEN SERVICE	2,543,538	57,744	0	86,917	10,118
9.00	00900	HOUSEKEEPING	8,421,454	190,539	22,162	1,989,917	130,657
10.00	01000	DIETARY	6,583,042	214,405	53,239	1,720,087	8,701
11.00	01100	CAFETERIA	1,316,432	40,290	0	385,816	0
13.00	01300	NURSING ADMINISTRATION	13,983,560	189,045	296,044	1,941,695	2,660
14.00	01400	CENTRAL SERVICES & SUPPLY	2,207,092	61,022	117,842	797,597	12,155
15.00	01500	PHARMACY	15,214,494	1,475,186	157,905	3,033,990	49,730
16.00	01600	MEDICAL RECORDS & LIBRARY	1,750,412	104,543	3,732	446,552	567
17.00	01700	SOCIAL SERVICE	7,987,998	0	0	0	0
18.00	01850	PARKING	790,333	852	507,208	202	24
20.00	02000	NURSING SCHOOL	-1,221,132	993,968	46,252	1,514,883	3,652
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,346,539	1,269,299	0	5,152,130	6,967
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	35,608,156	46,687	5,437	2,569,472	11,270
23.00	02300	PARAMEDICALEDUC - CLS	49,871	9,482	0	23,858	212
23.01	02301	PARAMEDICAL EDUC X-RAY	95,866	18,048	0	40,099	201
23.02	02302	PARAMEDICAL EDUC DIETARY	71,832	16,826	0	23,303	0
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- PGY 1	404,090	7,039	0	130,946	2
23.05	02305	PARAMED ED PRGM- PASTORAL	209,736	28,349	3,535	67,392	3
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,086,983	5,266,142	369,453	20,172,675	378,070
31.00	03100	INTENSIVE CARE UNIT	21,284,604	649,660	194,013	5,050,861	139,141
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,814,638	443,837	154,163	2,784,705	40,667
41.00	04100	SUBPROVIDER - IRF	3,352,563	69,974	36,391	864,133	12,888
43.00	04300	NURSERY	3,146,122	20,025	0	970,815	5,392
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,593,421	2,063,712	1,639,380	5,748,229	274,220
51.00	05100	RECOVERY ROOM	3,240,589	86,559	15,426	1,017,249	539
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,643,514	210,452	104,590	847,137	20,313
53.00	05300	ANESTHESIOLOGY	3,569,255	24,894	284,293	304,541	2,591
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,303,674	1,299,706	2,500,671	5,164,004	445,154
57.00	05700	CT SCAN	3,802,650	61,697	428,589	876,854	103,264
58.00	05800	MRI	3,731,408	246,226	1,582,901	899,355	5,565
59.00	05900	CARDIAC CATHETERIZATION	963,556	135,030	566,298	540,591	13,139
60.00	06000	LABORATORY	22,939,014	607,859	812,376	3,908,477	299,954
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,652,327	121,932	833	443,795	13,149
64.00	06400	INTRAVENOUS THERAPY	1,837,035	35,887	4,862	444,196	2,703
65.00	06500	RESPIRATORY THERAPY	9,807,356	128,698	277,506	2,041,852	853
66.00	06600	PHYSICAL THERAPY	9,028,087	123,234	71,566	2,414,780	6,821
67.00	06700	OCCUPATIONAL THERAPY	2,448,086	46,301	24,314	682,561	1,231
68.00	06800	SPEECH PATHOLOGY	1,399,190	5,850	0	411,307	644
69.00	06900	ELECTROCARDIOLOGY	3,252,959	173,584	693,505	1,326,707	2,835
70.00	07000	ELECTROENCEPHALOGRAPHY	976,258	3,937	75,013	193,444	2,912
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,928,956	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,813,706	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	45,057,936	0	6,542	0	2
76.00	03950	DIGESTIVE DISEASES	3,412,091	141,876	621,948	928,461	22,658
76.01	03951	ENTEROSTOMAL	484,218	0	0	154,785	77
76.02	03952	DIABETIC SERVICE	1,624,949	72,674	0	503,538	360
76.03	03953	WOUND CARE	1,231,226	72,642	10,576	292,427	2,473
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,642,212	215,434	428	824,421	6,447
76.08	03956	SLEEP DISORDERS	1,803,924	0	57,717	501,347	19,041
76.09	03957	PAIN PROGRAM	1,247,383	57,535	0	331,776	3,169
76.97	07697	CARDIAC REHABILITATION	2,219,053	31,532	25,999	651,811	1,674
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,771,474	160,358	96,246	1,195,596	0
91.00	09100	EMERGENCY	17,497,932	587,465	170,105	4,902,895	66,517
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,054,160	238,657	45,402	769,105	12,172	92.01
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,232,517	27,610	1,025	210,302	147	105.00
109.00	10900	PANCREAS ACQUISITION	103,174	0	0	15,377	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	833,933,295	25,518,777	26,888,199	95,889,469	2,770,751	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,746	1,015	0	0	190.00
194.00	07950	SISTERS CONVENT	89,503	0	0	29,403	0	194.00
194.01	07951	BRADLEY HEALTH SVC	779,092	0	0	237,945	707	194.01
194.02	07952	COMMUNITY CLINIC	537,285	0	0	22,887	0	194.02
194.03	07953	FUND RAISING	5,774,508	2,748	2,488	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	215,976	367,692	3,879	71,165	233	194.04
194.05	07955	ASC LLC	-174,846	0	0	34,104	22	194.05
194.07	07957	RESEARCH, WELLNESS, WC	3,706,856	32,560	60,176	821,827	9,409	194.07
194.08	07958	INDUSTRIAL REHAB	159,233	0	12,994	51,814	60	194.08
194.10	07960	IN-SCHOOL CLINIC	479,280	305	4,356	150,014	57	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	845,500,182	25,938,828	26,973,107	97,308,628	2,781,239	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	110,505					5.02
5.03	00540	OUTPATIENT REVENUES	0	2,044,075				5.03
5.04	00550	BUSINESS OFFICE	0	0	13,676,636			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	124,379,192	124,379,192	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	26,107,412	4,502,145	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	9,620,900	1,659,095	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,698,317	465,317	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,754,729	1,854,621	9.00
10.00	01000	DIETARY	0	0	0	8,579,474	1,479,505	10.00
11.00	01100	CAFETERIA	0	0	0	1,742,538	300,495	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	16,413,004	2,830,373	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,195,708	551,090	14.00
15.00	01500	PHARMACY	0	0	0	19,931,305	3,437,094	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,305,806	397,629	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	7,987,998	1,377,506	17.00
18.00	01850	PARKING	0	0	0	1,298,619	223,943	18.00
20.00	02000	NURSING SCHOOL	0	0	0	1,337,623	230,669	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	23,774,935	4,099,916	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	38,241,022	6,594,550	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	83,423	14,386	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	154,214	26,594	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	111,961	19,307	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	542,077	93,480	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	309,015	53,289	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,125	0	1,136,577	109,419,025	18,868,753	30.00
31.00	03100	INTENSIVE CARE UNIT	2,739	0	341,179	27,662,197	4,770,263	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	925	0	115,243	13,354,178	2,302,888	31.01
41.00	04100	SUBPROVIDER - IRF	328	0	40,813	4,377,090	754,816	41.00
43.00	04300	NURSERY	671	0	83,523	4,226,548	728,856	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,375	199,707	1,167,715	36,695,759	6,328,074	50.00
51.00	05100	RECOVERY ROOM	1,562	41,210	194,597	4,597,731	792,865	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	581	3,182	72,404	4,902,173	845,365	52.00
53.00	05300	ANESTHESIOLOGY	5,401	114,907	672,744	4,978,626	858,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,566	322,084	1,316,059	45,361,918	7,822,527	54.00
57.00	05700	CT SCAN	4,299	101,355	535,482	5,914,190	1,019,884	57.00
58.00	05800	MRI	2,029	59,457	252,712	6,779,653	1,169,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,834	50,490	352,950	2,624,888	452,654	59.00
60.00	06000	LABORATORY	12,615	262,231	1,571,344	30,413,870	5,244,781	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	408	3,079	50,865	6,286,388	1,084,069	63.00
64.00	06400	INTRAVENOUS THERAPY	193	8,342	23,987	2,357,205	406,493	64.00
65.00	06500	RESPIRATORY THERAPY	4,956	14,456	617,371	12,893,048	2,223,367	65.00
66.00	06600	PHYSICAL THERAPY	929	16,566	115,727	11,777,710	2,031,031	66.00
67.00	06700	OCCUPATIONAL THERAPY	412	3,253	51,356	3,257,514	561,749	67.00
68.00	06800	SPEECH PATHOLOGY	196	1,639	24,453	1,843,279	317,868	68.00
69.00	06900	ELECTROCARDIOLOGY	4,053	109,827	504,887	6,068,357	1,046,470	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	536	4,409	66,713	1,323,222	228,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,043	76,372	503,657	33,513,028	5,779,221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,737	103,909	839,101	47,763,453	8,236,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,571	298,382	1,975,873	47,355,306	8,166,280	73.00
76.00	03950	DIGESTIVE DISEASES	2,233	56,396	278,171	5,463,834	942,222	76.00
76.01	03951	ENTEROSTOMAL	88	126	11,020	650,314	112,145	76.01
76.02	03952	DIABETIC SERVICE	84	3,672	10,506	2,215,783	382,105	76.02
76.03	03953	WOUND CARE	196	8,522	24,412	1,642,474	283,240	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	235	9,220	29,310	3,727,707	642,832	76.04
76.08	03956	SLEEP DISORDERS	454	19,551	56,602	2,458,636	423,984	76.08
76.09	03957	PAIN PROGRAM	539	23,462	67,136	1,731,000	298,506	76.09
76.97	07697	CARDIAC REHABILITATION	69	2,358	8,651	2,941,147	507,192	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	155	6,581	19,352	4,249,762	732,859	90.00
91.00	09100	EMERGENCY	3,929	111,115	489,439	23,829,397	4,109,308	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	278	8,003	34,628	4,162,405	717,794	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	161	0	20,077	3,491,839	602,157	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	118,551	20,444	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
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Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,505	2,043,863	13,676,636	831,998,477	122,026,596	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17,761	3,063	190.00
194.00	07950	SISTERS CONVENT	0	0	0	118,906	20,505	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	1,017,744	175,507	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	560,172	96,600	194.02
194.03	07953	FUND RAISING	0	0	0	5,779,744	996,700	194.03
194.04	07954	OUTREACH PHYSICIAN	0	212	0	659,157	113,670	194.04
194.05	07955	ASC LLC	0	0	0	-140,720	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	4,630,828	798,572	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	224,101	38,646	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	634,012	109,333	194.10
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	110,505	2,044,075	13,676,636	845,500,182	124,379,192	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	30,609,557					6.00
7.00	00700	OPERATION OF PLANT	800,073	12,080,068				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	92,671	37,554	3,293,859			8.00
9.00	00900	HOUSEKEEPING	305,792	123,920	0	13,039,062		9.00
10.00	01000	DIETARY	344,093	139,441	0	153,644	10,696,157	10.00
11.00	01100	CAFETERIA	64,661	26,203	0	28,872	0	11.00
13.00	01300	NURSING ADMINISTRATION	303,393	122,948	0	135,471	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97,933	39,687	0	43,729	0	14.00
15.00	01500	PHARMACY	2,367,487	959,406	0	1,057,127	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	167,778	67,991	0	74,916	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	1,367	554	0	610	0	18.00
20.00	02000	NURSING SCHOOL	1,595,193	646,440	0	712,283	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,037,064	825,505	0	909,587	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	74,926	30,363	0	33,456	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	15,217	6,167	0	6,795	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	28,965	11,738	0	12,933	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	27,004	10,943	0	12,058	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	11,297	4,578	0	5,044	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	45,497	18,437	0	20,315	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,451,494	3,424,905	982,005	3,773,748	8,216,628	30.00
31.00	03100	INTENSIVE CARE UNIT	1,042,622	422,515	374,318	465,550	1,064,665	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	712,302	288,655	81,416	318,056	631,400	31.01
41.00	04100	SUBPROVIDER - IRF	112,299	45,508	53,076	50,144	441,033	41.00
43.00	04300	NURSERY	32,137	13,023	14,641	14,350	245,751	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,311,996	1,342,161	424,583	1,478,867	0	50.00
51.00	05100	RECOVERY ROOM	138,917	56,295	0	62,029	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	337,748	136,870	101,603	150,811	0	52.00
53.00	05300	ANESTHESIOLOGY	39,952	16,190	0	17,839	96,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,085,863	845,280	107,638	931,376	0	54.00
57.00	05700	CT SCAN	99,016	40,126	116,390	44,213	0	57.00
58.00	05800	MRI	395,162	160,136	51,655	176,447	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	216,706	87,818	0	96,763	0	59.00
60.00	06000	LABORATORY	975,537	395,329	38,070	435,595	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	195,685	79,300	0	87,377	0	63.00
64.00	06400	INTRAVENOUS THERAPY	57,594	23,339	0	25,717	0	64.00
65.00	06500	RESPIRATORY THERAPY	206,544	83,700	53,519	92,226	0	65.00
66.00	06600	PHYSICAL THERAPY	197,774	80,147	0	88,310	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,307	30,112	0	33,180	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,388	3,805	0	4,192	0	68.00
69.00	06900	ELECTROCARDIOLOGY	278,581	112,893	159,736	124,392	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,319	2,561	0	2,822	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	227,693	92,271	0	101,669	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	116,632	47,264	0	52,078	0	76.02
76.03	03953	WOUND CARE	116,581	47,243	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	345,744	140,110	0	154,381	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	92,336	37,418	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	50,604	20,507	0	22,596	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	257,354	104,291	6,508	114,913	0	90.00
91.00	09100	EMERGENCY	942,806	382,065	706,807	420,980	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	383,013	155,213	21,894	171,023	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	44,311	17,957	0	19,786	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,935,428	11,806,882	3,293,859	12,738,270	10,696,157	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,875	10,891	0	12,000	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	4,410	1,787	0	1,969	0	194.03
194.04	07954	OUTREACH PHYSICIAN	590,099	239,133	0	263,490	0	194.04
194.05	07955	ASC LLC	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	52,255	21,176	0	23,333	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	490	199	0	0	0	194.10
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)	30,609,557	12,080,068	3,293,859	13,039,062	10,696,157	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	2,162,769					11.00
13.00	01300	NURSING ADMINISTRATION	45,621	19,850,810				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,481	0	3,962,628			14.00
15.00	01500	PHARMACY	54,639	0	0	27,807,058		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,506	0	32	0	3,031,658	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	29,707	0	251	702	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	135,273	0	264	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,506	0	1,323	438	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	530	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,061	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	530	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	2,652	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	2,122	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	547,458	9,627,392	173,321	0	251,843	30.00
31.00	03100	INTENSIVE CARE UNIT	124,132	2,184,528	91,685	37,080	75,598	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	56,231	990,516	21,038	5,086	25,536	31.01
41.00	04100	SUBPROVIDER - IRF	23,872	416,416	3,630	435	9,043	41.00
43.00	04300	NURSERY	24,933	435,263	2,544	82	18,507	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	163,388	2,874,791	0	0	258,742	50.00
51.00	05100	RECOVERY ROOM	23,872	418,095	3,827	5,930	43,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,402	431,625	15,867	0	16,043	52.00
53.00	05300	ANESTHESIOLOGY	7,957	136,970	56,721	175,855	149,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,724	0	0	0	291,612	54.00
57.00	05700	CT SCAN	21,219	0	0	0	118,652	57.00
58.00	05800	MRI	20,689	0	0	0	55,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,201	0	0	0	78,207	59.00
60.00	06000	LABORATORY	132,620	0	37,184	0	348,178	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,262	0	701	502	11,271	63.00
64.00	06400	INTRAVENOUS THERAPY	10,079	0	6,592	0	5,315	64.00
65.00	06500	RESPIRATORY THERAPY	53,048	0	118,522	234	136,797	65.00
66.00	06600	PHYSICAL THERAPY	50,396	0	4,178	123	25,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,323	0	935	0	11,379	67.00
68.00	06800	SPEECH PATHOLOGY	8,488	0	190	0	5,418	68.00
69.00	06900	ELECTROCARDIOLOGY	34,481	0	0	0	111,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,366	0	4,484	0	14,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,406,550	0	111,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,902,420	0	185,928	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,348,116	439,004	73.00
76.00	03950	DIGESTIVE DISEASES	23,872	0	0	0	61,637	76.00
76.01	03951	ENTEROSTOMAL	3,713	0	105	0	2,442	76.01
76.02	03952	DIABETIC SERVICE	13,262	0	88	0	2,328	76.02
76.03	03953	WOUND CARE	5,835	0	9,001	0	5,409	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,628	0	52	0	6,494	76.04
76.08	03956	SLEEP DISORDERS	14,323	0	1,711	0	12,542	76.08
76.09	03957	PAIN PROGRAM	8,488	0	3,839	0	14,876	76.09
76.97	07697	CARDIAC REHABILITATION	12,201	0	429	14	1,917	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,237	0	0	0	4,288	90.00
91.00	09100	EMERGENCY	132,620	2,335,214	85,006	0	108,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	21,750	0	7,495	0	7,673	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,774	0	34	2,670	4,449	105.00
109.00	10900	PANCREAS ACQUISITION	530	0	0	0	0	109.00

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			11.00	13.00	14.00	15.00	16.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,132,002	19,850,810	3,960,019	27,577,267	3,031,658	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	1,061	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	305	12	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	229,471	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	1,591	0	28	1	0	194.04
194.05	07955	ASC LLC	1,061	0	236	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	22,280	0	1,949	307	0	194.07
194.08	07958	INDUSTRIAL REHAB	1,591	0	78	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	3,183	0	13	0	0	194.10
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)	2,162,769	19,850,810	3,962,628	27,807,058	3,031,658	202.00

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			OTHER GENERAL SERVICE		INTERNS & RESIDENTS			
Cost Center Description			SOCIAL SERVICE	PARKING	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES	PRGM COSTS	
						APPRV	APPRV	
			17.00	18.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	9,365,504					17.00
18.00	01850	PARKING	0	1,525,093				18.00
20.00	02000	NURSING SCHOOL	0	22,534	4,575,402			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	102,612		31,885,156		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	13,279			45,006,863	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	402				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	805				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	402				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0				23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	2,012				23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	1,610				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,382,846	415,276	3,717,513	11,164,792	15,759,442	30.00
31.00	03100	INTENSIVE CARE UNIT	937,739	94,161	205,829	2,135,784	3,014,724	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	440,930	42,654	18,944	693,203	978,476	31.01
41.00	04100	SUBPROVIDER - IRF	387,940	18,108	0	15,755	22,238	41.00
43.00	04300	NURSERY	216,049	18,913	71,988	476,419	672,480	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	123,939	38,930	3,123,913	4,409,497	50.00
51.00	05100	RECOVERY ROOM	0	18,108	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,510	70,094	494,424	697,895	52.00
53.00	05300	ANESTHESIOLOGY	0	6,036	7,294	191,936	270,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	95,369	34,100	2,413,425	3,406,623	54.00
57.00	05700	CT SCAN	0	16,096	0	306,089	432,054	57.00
58.00	05800	MRI	0	15,694	0	317,253	447,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,255	0	1,305,381	1,842,585	59.00
60.00	06000	LABORATORY	0	100,600	0	104,070	146,899	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,060	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,646	28,795	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,240	0	625,863	883,424	65.00
66.00	06600	PHYSICAL THERAPY	0	38,228	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,865	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,438	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,156	0	219,664	310,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,829	0	100,469	141,816	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	0	18,108	23,491	560,684	791,422	76.00
76.01	03951	ENTEROSTOMAL	0	2,817	13,261	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	10,060	8,620	0	0	76.02
76.03	03953	WOUND CARE	0	4,426	28,795	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	14,889	49,823	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	10,865	0	29,529	41,681	76.08
76.09	03957	PAIN PROGRAM	0	6,438	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	9,255	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	22,937	0	0	0	90.00
91.00	09100	EMERGENCY	0	100,600	181,864	4,358,714	6,152,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,498	26,522	0	0	92.01

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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				PARKING		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	18.00	20.00	21.00	22.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,622	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	402	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,365,504	1,501,754	4,525,863	28,637,367	40,422,511	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	805	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	1,207	49,539	3,247,789	4,584,352	194.04
194.05	07955	ASC LLC	0	805	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	16,901	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	1,207	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	2,414	0	0	0	194.10
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,365,504	1,525,093	4,575,402	31,885,156	45,006,863	202.00

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Cost Center Description			PARAMEDICALEDUC C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICALEDUC - CLS	126,920					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		236,310				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			182,205			23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH				0		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					661,140	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	182,205	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	236,310	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	126,920	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	661,140	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,920	236,310	182,205	0	661,140	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	0	194.04
194.05	07955	ASC LLC	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	126,920	236,310	182,205	0	661,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICALEDUC - CLS					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH					23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	450,285				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	450,285	202,808,931	-26,924,234	175,884,697	30.00
31.00	03100	INTENSIVE CARE UNIT	0	44,703,390	-5,150,508	39,552,882	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	20,961,509	-1,671,679	19,289,830	31.01
41.00	04100	SUBPROVIDER - IRF	0	6,731,403	-37,993	6,693,410	41.00
43.00	04300	NURSERY	0	7,212,484	-1,148,899	6,063,585	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	60,574,640	-7,533,410	53,041,230	50.00
51.00	05100	RECOVERY ROOM	0	6,160,788	0	6,160,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,243,430	-1,192,319	7,051,111	52.00
53.00	05300	ANESTHESIOLOGY	0	7,010,596	-462,860	6,547,736	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,757,765	-5,820,048	57,937,717	54.00
57.00	05700	CT SCAN	0	8,127,929	-738,143	7,389,786	57.00
58.00	05800	MRI	0	9,589,628	-765,065	8,824,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,726,458	-3,147,966	3,578,492	59.00
60.00	06000	LABORATORY	0	38,499,653	-250,969	38,248,684	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,768,615	0	7,768,615	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,928,775	0	2,928,775	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,410,532	-1,509,287	15,901,245	65.00
66.00	06600	PHYSICAL THERAPY	0	14,293,540	0	14,293,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,994,364	0	3,994,364	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,199,066	0	2,199,066	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,492,666	-529,727	7,962,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,835,856	-242,285	1,593,571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,810,399	0	40,810,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,088,465	0	58,088,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,969,846	0	83,969,846	73.00
76.00	03950	DIGESTIVE DISEASES	0	8,306,903	-1,352,106	6,954,797	76.00
76.01	03951	ENTEROSTOMAL	0	784,797	0	784,797	76.01
76.02	03952	DIABETIC SERVICE	0	2,848,220	0	2,848,220	76.02
76.03	03953	WOUND CARE	0	2,143,004	0	2,143,004	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,101,660	0	5,101,660	76.04
76.08	03956	SLEEP DISORDERS	0	2,993,271	-71,210	2,922,061	76.08
76.09	03957	PAIN PROGRAM	0	2,192,901	0	2,192,901	76.09
76.97	07697	CARDIAC REHABILITATION	0	3,565,862	0	3,565,862	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,523,149	0	5,523,149	90.00
91.00	09100	EMERGENCY	0	43,846,287	-10,511,170	33,335,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,691,280	0	5,691,280	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	4,191,599	0	4,191,599	105.00
109.00	10900	PANCREAS ACQUISITION	0	139,927	0	139,927	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	450,285	820,229,588	-69,059,878	751,169,710	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,590	0	70,590	190.00
194.00	07950	SISTERS CONVENT	0	141,277	0	141,277	194.00
194.01	07951	BRADLEY HEALTH SVC	0	1,193,568	0	1,193,568	194.01
194.02	07952	COMMUNITY CLINIC	0	886,243	0	886,243	194.02
194.03	07953	FUND RAISING	0	6,784,610	0	6,784,610	194.03
194.04	07954	OUTREACH PHYSICIAN	0	9,750,056	-7,832,141	1,917,915	194.04
194.05	07955	ASC LLC	0	-138,618	0	-138,618	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	5,567,601	0	5,567,601	194.07
194.08	07958	INDUSTRIAL REHAB	0	265,623	0	265,623	194.08
194.10	07960	IN-SCHOOL CLINIC	0	749,644	0	749,644	194.10
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)	450,285	845,500,182	-76,892,019	768,608,163	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

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	61	96,009	0	96,070	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	100,136	57,503	12,466	170,105	5.01
5.02	00570	ADMITTING	0	110,505	0	110,505	5.02
5.03	00540	OUTPATIENT REVENUES	0	0	14	14	5.03
5.04	00550	BUSINESS OFFICE	0	0	0	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	402,648	1,993,947	13,628,966	16,025,561	5.05
6.00	00600	MAINTENANCE & REPAIRS	323,101	4,607,983	660,441	5,591,525	6.00
7.00	00700	OPERATION OF PLANT	26,488	498,527	500,825	1,025,840	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	57,744	0	57,744	8.00
9.00	00900	HOUSEKEEPING	0	190,539	22,162	212,701	9.00
10.00	01000	DIETARY	0	214,405	53,239	267,644	10.00
11.00	01100	CAFETERIA	0	40,290	0	40,290	11.00
13.00	01300	NURSING ADMINISTRATION	0	189,045	296,044	485,089	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	766,287	61,022	117,842	945,151	14.00
15.00	01500	PHARMACY	624,759	1,475,186	157,905	2,257,850	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	121,827	104,543	3,732	230,102	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PARKING	46,606	852	507,208	554,666	18.00
20.00	02000	NURSING SCHOOL	0	993,968	46,252	1,040,220	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,269,299	0	1,269,299	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,444	46,687	5,437	67,568	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	9,482	0	9,482	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	18,048	0	18,048	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	16,826	0	16,826	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	7,039	0	7,039	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	28,349	3,535	31,884	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,266,142	369,453	5,635,595	30.00
31.00	03100	INTENSIVE CARE UNIT	0	649,660	194,013	843,673	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	443,837	154,163	598,000	31.01
41.00	04100	SUBPROVIDER - IRF	0	69,974	36,391	106,365	41.00
43.00	04300	NURSERY	0	20,025	0	20,025	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,168,469	2,063,712	1,639,380	5,871,561	50.00
51.00	05100	RECOVERY ROOM	0	86,559	15,426	101,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	210,452	104,590	315,042	52.00
53.00	05300	ANESTHESIOLOGY	0	24,894	284,293	309,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,768,811	1,299,706	2,500,671	5,569,188	54.00
57.00	05700	CT SCAN	439,812	61,697	428,589	930,098	57.00
58.00	05800	MRI	828,695	246,226	1,582,901	2,657,822	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	135,030	566,298	701,328	59.00
60.00	06000	LABORATORY	391,049	607,859	812,376	1,811,284	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	121,932	833	122,765	63.00
64.00	06400	INTRAVENOUS THERAPY	253,241	35,887	4,862	293,990	64.00
65.00	06500	RESPIRATORY THERAPY	164,101	128,698	277,506	570,305	65.00
66.00	06600	PHYSICAL THERAPY	448,695	123,234	71,566	643,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	46,301	24,314	70,615	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,850	0	5,850	68.00
69.00	06900	ELECTROCARDIOLOGY	29,705	173,584	693,505	896,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,937	75,013	78,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,542	6,542	73.00
76.00	03950	DIGESTIVE DISEASES	320,220	141,876	621,948	1,084,044	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	26,689	72,674	0	99,363	76.02
76.03	03953	WOUND CARE	6,500	72,642	10,576	89,718	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	215,434	428	215,862	76.04
76.08	03956	SLEEP DISORDERS	11,149	0	57,717	68,866	76.08
76.09	03957	PAIN PROGRAM	0	57,535	0	57,535	76.09
76.97	07697	CARDIAC REHABILITATION	21,097	31,532	25,999	78,628	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	153,202	160,358	96,246	409,806	90.00
91.00	09100	EMERGENCY	31,013	587,465	170,105	788,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	238,657	45,402	284,059	92.01

ALLOCATION OF CAPITAL RELATED COSTS

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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
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	27,610	1,025	28,635	207
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	15
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,489,805	25,518,777	26,888,199	61,896,781	94,669
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,746	1,015	17,761	0
194.00	07950	SISTERS CONVENT	0	0	0	0	29
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	235
194.02	07952	COMMUNITY CLINIC	0	0	0	0	23
194.03	07953	FUND RAISING	0	2,748	2,488	5,236	0
194.04	07954	OUTREACH PHYSICIAN	0	367,692	3,879	371,571	70
194.05	07955	ASC LLC	0	0	0	0	34
194.07	07957	RESEARCH, WELLNESS, WC	228,261	32,560	60,176	320,997	811
194.08	07958	INDUSTRIAL REHAB	0	0	12,994	12,994	51
194.10	07960	IN-SCHOOL CLINIC	858	305	4,356	5,519	148
200.00		Cross Foot Adjustments				0	
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	9,718,924	25,938,828	26,973,107	62,630,859	96,070

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	170,583					5.01
5.02	00570	ADMITTING	0	110,505				5.02
5.03	00540	OUTPATIENT REVENUES	18	0	118			5.03
5.04	00550	BUSINESS OFFICE	0	0	0	0		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5,289	0	0	0	16,035,807	5.05
6.00	00600	MAINTENANCE & REPAIRS	29,691	0	0	0	580,446	6.00
7.00	00700	OPERATION OF PLANT	3,462	0	0	0	213,901	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	621	0	0	0	59,992	8.00
9.00	00900	HOUSEKEEPING	8,014	0	0	0	239,110	9.00
10.00	01000	DIETARY	534	0	0	0	190,747	10.00
11.00	01100	CAFETERIA	0	0	0	0	38,742	11.00
13.00	01300	NURSING ADMINISTRATION	163	0	0	0	364,910	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	745	0	0	0	71,050	14.00
15.00	01500	PHARMACY	3,050	0	0	0	443,133	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35	0	0	0	51,265	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	177,597	17.00
18.00	01850	PARKING	1	0	0	0	28,872	18.00
20.00	02000	NURSING SCHOOL	224	0	0	0	29,739	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	427	0	0	0	528,588	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	691	0	0	0	850,213	22.00
23.00	02300	PARAMEDICALEDUC - CLS	13	0	0	0	1,855	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	12	0	0	0	3,429	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	0	2,489	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	0	12,052	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	0	6,870	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,188	9,125	0	0	2,432,708	30.00
31.00	03100	INTENSIVE CARE UNIT	8,534	2,739	0	0	615,014	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,494	925	0	0	296,903	31.01
41.00	04100	SUBPROVIDER - IRF	790	328	0	0	97,316	41.00
43.00	04300	NURSERY	331	671	0	0	93,969	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,819	9,375	0	0	815,857	50.00
51.00	05100	RECOVERY ROOM	33	1,562	0	0	102,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,246	581	0	0	108,990	52.00
53.00	05300	ANESTHESIOLOGY	159	5,401	0	0	110,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,303	10,566	118	0	1,008,532	54.00
57.00	05700	CT SCAN	6,334	4,299	0	0	131,490	57.00
58.00	05800	MRI	341	2,029	0	0	150,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	806	2,834	0	0	58,359	59.00
60.00	06000	LABORATORY	18,397	12,615	0	0	676,192	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	806	408	0	0	139,765	63.00
64.00	06400	INTRAVENOUS THERAPY	166	193	0	0	52,408	64.00
65.00	06500	RESPIRATORY THERAPY	52	4,956	0	0	286,651	65.00
66.00	06600	PHYSICAL THERAPY	418	929	0	0	261,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	76	412	0	0	72,424	67.00
68.00	06800	SPEECH PATHOLOGY	39	196	0	0	40,982	68.00
69.00	06900	ELECTROCARDIOLOGY	174	4,053	0	0	134,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179	536	0	0	29,419	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,043	0	0	745,095	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,737	0	0	1,061,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,571	0	0	1,052,851	73.00
76.00	03950	DIGESTIVE DISEASES	1,390	2,233	0	0	121,477	76.00
76.01	03951	ENTEROSTOMAL	5	88	0	0	14,458	76.01
76.02	03952	DIABETIC SERVICE	22	84	0	0	49,264	76.02
76.03	03953	WOUND CARE	152	196	0	0	36,517	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	395	235	0	0	82,878	76.04
76.08	03956	SLEEP DISORDERS	1,168	454	0	0	54,663	76.08
76.09	03957	PAIN PROGRAM	194	539	0	0	38,485	76.09
76.97	07697	CARDIAC REHABILITATION	103	69	0	0	65,391	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	155	0	0	94,485	90.00
91.00	09100	EMERGENCY	4,080	3,929	0	0	529,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	747	278	0	0	92,543	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9	161	0	0	77,634	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	2,636	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,940	110,505	118	0	15,732,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	395	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	2,644	194.00
194.01	07951	BRADLEY HEALTH SVC	43	0	0	0	22,628	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	12,454	194.02
194.03	07953	FUND RAISING	0	0	0	0	128,501	194.03
194.04	07954	OUTREACH PHYSICIAN	14	0	0	0	14,655	194.04
194.05	07955	ASC LLC	1	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	577	0	0	0	102,957	194.07
194.08	07958	INDUSTRIAL REHAB	4	0	0	0	4,982	194.08
194.10	07960	IN-SCHOOL CLINIC	4	0	0	0	14,096	194.10
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)	170,583	110,505	118	0	16,035,807	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	6,202,946					6.00
7.00	00700	OPERATION OF PLANT	162,133	1,406,000				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,780	4,371	141,594			8.00
9.00	00900	HOUSEKEEPING	61,968	14,423	0	538,179		9.00
10.00	01000	DIETARY	69,730	16,230	0	6,342	552,923	10.00
11.00	01100	CAFETERIA	13,103	3,050	0	1,192	0	11.00
13.00	01300	NURSING ADMINISTRATION	61,482	14,310	0	5,591	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,846	4,619	0	1,805	0	14.00
15.00	01500	PHARMACY	479,765	111,665	0	43,632	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,000	7,913	0	3,092	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	277	64	0	25	0	18.00
20.00	02000	NURSING SCHOOL	323,262	75,239	0	29,399	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	412,806	96,081	0	37,543	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,184	3,534	0	1,381	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	3,084	718	0	280	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	5,870	1,366	0	534	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	5,472	1,274	0	498	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	2,289	533	0	208	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	9,220	2,146	0	839	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,712,671	398,625	42,212	155,759	424,747	30.00
31.00	03100	INTENSIVE CARE UNIT	211,285	49,177	16,091	19,215	55,036	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	144,346	33,597	3,500	13,128	32,639	31.01
41.00	04100	SUBPROVIDER - IRF	22,757	5,297	2,282	2,070	22,799	41.00
43.00	04300	NURSERY	6,512	1,516	629	592	12,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	671,167	156,214	18,252	61,039	0	50.00
51.00	05100	RECOVERY ROOM	28,151	6,552	0	2,560	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,444	15,930	4,368	6,225	0	52.00
53.00	05300	ANESTHESIOLOGY	8,096	1,884	0	736	4,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	422,695	98,382	4,627	38,442	0	54.00
57.00	05700	CT SCAN	20,065	4,670	5,003	1,825	0	57.00
58.00	05800	MRI	80,078	18,638	2,220	7,283	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,915	10,221	0	3,994	0	59.00
60.00	06000	LABORATORY	197,690	46,012	1,637	17,979	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	39,655	9,230	0	3,606	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,671	2,716	0	1,061	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,856	9,742	2,301	3,807	0	65.00
66.00	06600	PHYSICAL THERAPY	40,078	9,328	0	3,645	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,058	3,505	0	1,369	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,903	443	0	173	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,454	13,140	6,867	5,134	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281	298	0	116	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	46,141	10,739	0	4,196	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	23,635	5,501	0	2,150	0	76.02
76.03	03953	WOUND CARE	23,625	5,499	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70,064	16,307	0	6,372	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	18,712	4,355	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	10,255	2,387	0	933	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52,152	12,138	280	4,743	0	90.00
91.00	09100	EMERGENCY	191,057	44,469	30,384	17,376	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	77,617	18,065	941	7,059	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,979	2,090	0	817	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,066,336	1,374,203	141,594	525,765	552,923	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,446	1,268	0	495	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	894	208	0	81	0	194.03
194.04	07954	OUTREACH PHYSICIAN	119,582	27,833	0	10,875	0	194.04
194.05	07955	ASC LLC	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	10,589	2,465	0	963	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	99	23	0	0	0	194.10
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)	6,202,946	1,406,000	141,594	538,179	552,923	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
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To 09/30/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	96,758					11.00
13.00	01300	NURSING ADMINISTRATION	2,041	935,501				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,543	0	1,045,546			14.00
15.00	01500	PHARMACY	2,444	0	0	3,344,531		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	783	0	9	0	327,639	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	1,329	0	66	84	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,052	0	70	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	783	0	349	53	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	24	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	47	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	24	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	119	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	95	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,491	453,707	45,732	0	27,374	30.00
31.00	03100	INTENSIVE CARE UNIT	5,553	102,949	24,192	4,460	8,217	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,516	46,680	5,551	612	2,776	31.01
41.00	04100	SUBPROVIDER - IRF	1,068	19,624	958	52	983	41.00
43.00	04300	NURSERY	1,115	20,512	671	10	2,012	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,310	135,479	0	0	28,124	50.00
51.00	05100	RECOVERY ROOM	1,068	19,703	1,010	713	4,687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,092	20,341	4,187	0	1,744	52.00
53.00	05300	ANESTHESIOLOGY	356	6,455	14,967	21,151	16,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,625	0	0	0	31,697	54.00
57.00	05700	CT SCAN	949	0	0	0	12,897	57.00
58.00	05800	MRI	926	0	0	0	6,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	546	0	0	0	8,501	59.00
60.00	06000	LABORATORY	5,933	0	9,811	0	37,845	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	593	0	185	60	1,225	63.00
64.00	06400	INTRAVENOUS THERAPY	451	0	1,739	0	578	64.00
65.00	06500	RESPIRATORY THERAPY	2,373	0	31,273	28	14,869	65.00
66.00	06600	PHYSICAL THERAPY	2,255	0	1,102	15	2,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	641	0	247	0	1,237	67.00
68.00	06800	SPEECH PATHOLOGY	380	0	50	0	589	68.00
69.00	06900	ELECTROCARDIOLOGY	1,543	0	0	0	12,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	285	0	1,183	0	1,607	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	371,132	0	12,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	501,941	0	20,210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,289,332	45,828	73.00
76.00	03950	DIGESTIVE DISEASES	1,068	0	0	0	6,700	76.00
76.01	03951	ENTEROSTOMAL	166	0	28	0	265	76.01
76.02	03952	DIABETIC SERVICE	593	0	23	0	253	76.02
76.03	03953	WOUND CARE	261	0	2,375	0	588	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	878	0	14	0	706	76.04
76.08	03956	SLEEP DISORDERS	641	0	451	0	1,363	76.08
76.09	03957	PAIN PROGRAM	380	0	1,013	0	1,617	76.09
76.97	07697	CARDIAC REHABILITATION	546	0	113	2	208	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,353	0	0	0	466	90.00
91.00	09100	EMERGENCY	5,933	110,051	22,430	0	11,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	973	0	1,978	0	834	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	214	0	9	321	484	105.00
109.00	10900	PANCREAS ACQUISITION	24	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,383	935,501	1,044,859	3,316,893	327,639	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	47	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	80	1	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	27,600	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	71	0	7	0	0	194.04
194.05	07955	ASC LLC	47	0	62	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	997	0	514	37	0	194.07
194.08	07958	INDUSTRIAL REHAB	71	0	21	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	142	0	3	0	0	194.10
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)	96,758	935,501	1,045,546	3,344,531	327,639	202.00

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			OTHER GENERAL SERVICE		INTERNS & RESIDENTS			
Cost Center Description			SOCIAL SERVICE	PARKING	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES	PRGM COSTS	
			17.00	18.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	177,597					17.00
18.00	01850	PARKING	0	583,905				18.00
20.00	02000	NURSING SCHOOL	0	8,628	1,191,645			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	39,286		2,395,233		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,084			947,374	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	154				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	308				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	154				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0				23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	770				23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	616				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,001	158,996				30.00
31.00	03100	INTENSIVE CARE UNIT	17,782	36,051				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,361	16,331				31.01
41.00	04100	SUBPROVIDER - IRF	7,356	6,933				41.00
43.00	04300	NURSERY	4,097	7,241				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,452				50.00
51.00	05100	RECOVERY ROOM	0	6,933				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,087				52.00
53.00	05300	ANESTHESIOLOGY	0	2,311				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,513				54.00
57.00	05700	CT SCAN	0	6,163				57.00
58.00	05800	MRI	0	6,009				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,543				59.00
60.00	06000	LABORATORY	0	38,516				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,852				63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,927				64.00
65.00	06500	RESPIRATORY THERAPY	0	15,406				65.00
66.00	06600	PHYSICAL THERAPY	0	14,636				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,160				67.00
68.00	06800	SPEECH PATHOLOGY	0	2,465				68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,014				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,849				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	0				73.00
76.00	03950	DIGESTIVE DISEASES	0	6,933				76.00
76.01	03951	ENTEROSTOMAL	0	1,078				76.01
76.02	03952	DIABETIC SERVICE	0	3,852				76.02
76.03	03953	WOUND CARE	0	1,695				76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,700				76.04
76.08	03956	SLEEP DISORDERS	0	4,160				76.08
76.09	03957	PAIN PROGRAM	0	2,465				76.09
76.97	07697	CARDIAC REHABILITATION	0	3,543				76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,782				90.00
91.00	09100	EMERGENCY	0	38,516				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,317				92.01

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Cost Center Description			OTHER GENERAL SERVICE		NURSING SCHOOL	INTERNS & RESIDENTS		
			SOCIAL SERVICE	PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	1,387				105.00
109.00	10900	PANCREAS ACQUISITION	0	154				109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,597	574,970	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
194.00	07950	SISTERS CONVENT	0	308				194.00
194.01	07951	BRADLEY HEALTH SVC	0	0				194.01
194.02	07952	COMMUNITY CLINIC	0	0				194.02
194.03	07953	FUND RAISING	0	0				194.03
194.04	07954	OUTREACH PHYSICIAN	0	462				194.04
194.05	07955	ASC LLC	0	308				194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	6,471				194.07
194.08	07958	INDUSTRIAL REHAB	0	462				194.08
194.10	07960	IN-SCHOOL CLINIC	0	924				194.10
200.00		Cross Foot Adjustments			1,191,645	2,395,233	947,374	200.00
201.00		Negative Cost Centers	0	0	318,039	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	177,597	583,905	1,509,684	2,395,233	947,374	202.00

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUC - CLS	15,634					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		29,654				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			26,760			23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH				0		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23,139	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
41.00	04100	SUBPROVIDER - IRF						41.00
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
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
76.00	03950	DIGESTIVE DISEASES						76.00
76.01	03951	ENTEROSTOMAL						76.01
76.02	03952	DIABETIC SERVICE						76.02
76.03	03953	WOUND CARE						76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.04
76.08	03956	SLEEP DISORDERS						76.08
76.09	03957	PAIN PROGRAM						76.09
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
109.00	10900	PANCREAS ACQUISITION						109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00	07950	SISTERS CONVENT						194.00
194.01	07951	BRADLEY HEALTH SVC						194.01
194.02	07952	COMMUNITY CLINIC						194.02
194.03	07953	FUND RAISING						194.03
194.04	07954	OUTREACH PHYSICIAN						194.04
194.05	07955	ASC LLC						194.05
194.07	07957	RESEARCH, WELLNESS, WC						194.07
194.08	07958	INDUSTRIAL REHAB						194.08
194.10	07960	IN-SCHOOL CLINIC						194.10
200.00		Cross Foot Adjustments	15,634	29,654	26,760	0	23,139	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,634	29,654	26,760	0	23,139	202.00

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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICALEDUC - CLS					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH					23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	51,736				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		11,704,925	0	11,704,925	30.00
31.00	03100	INTENSIVE CARE UNIT		2,024,950	0	2,024,950	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,211,105	0	1,211,105	31.01
41.00	04100	SUBPROVIDER - IRF		297,830	0	297,830	41.00
43.00	04300	NURSERY		173,564	0	173,564	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		7,844,318	0	7,844,318	50.00
51.00	05100	RECOVERY ROOM		278,181	0	278,181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		556,113	0	556,113	52.00
53.00	05300	ANESTHESIOLOGY		502,894	0	502,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		7,258,781	0	7,258,781	54.00
57.00	05700	CT SCAN		1,124,658	0	1,124,658	57.00
58.00	05800	MRI		2,933,052	0	2,933,052	58.00
59.00	05900	CARDIAC CATHETERIZATION		834,580	0	834,580	59.00
60.00	06000	LABORATORY		2,877,766	0	2,877,766	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		322,588	0	322,588	63.00
64.00	06400	INTRAVENOUS THERAPY		368,338	0	368,338	64.00
65.00	06500	RESPIRATORY THERAPY		985,633	0	985,633	65.00
66.00	06600	PHYSICAL THERAPY		982,924	0	982,924	66.00
67.00	06700	OCCUPATIONAL THERAPY		170,417	0	170,417	67.00
68.00	06800	SPEECH PATHOLOGY		53,476	0	53,476	68.00
69.00	06900	ELECTROCARDIOLOGY		1,142,559	0	1,142,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		115,894	0	115,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,132,400	0	1,132,400	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,590,813	0	1,590,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		4,411,124	0	4,411,124	73.00
76.00	03950	DIGESTIVE DISEASES		1,285,837	0	1,285,837	76.00
76.01	03951	ENTEROSTOMAL		16,241	0	16,241	76.01
76.02	03952	DIABETIC SERVICE		185,237	0	185,237	76.02
76.03	03953	WOUND CARE		160,914	0	160,914	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		400,224	0	400,224	76.04
76.08	03956	SLEEP DISORDERS		132,260	0	132,260	76.08
76.09	03957	PAIN PROGRAM		125,622	0	125,622	76.09
76.97	07697	CARDIAC REHABILITATION		162,821	0	162,821	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		585,539	0	585,539	90.00
91.00	09100	EMERGENCY		1,803,231	0	1,803,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		492,170	0	492,170	92.01

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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.05	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION		120,947	0	120,947		105.00
109.00	10900	PANCREAS ACQUISITION		2,829	0	2,829		109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	56,372,755	0	56,372,755		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,365	0	25,365		190.00
194.00	07950	SISTERS CONVENT		3,028	0	3,028		194.00
194.01	07951	BRADLEY HEALTH SVC		22,987	0	22,987		194.01
194.02	07952	COMMUNITY CLINIC		40,077	0	40,077		194.02
194.03	07953	FUND RAISING		134,920	0	134,920		194.03
194.04	07954	OUTREACH PHYSICIAN		545,140	0	545,140		194.04
194.05	07955	ASC LLC		452	0	452		194.05
194.07	07957	RESEARCH, WELLNESS, WC		447,378	0	447,378		194.07
194.08	07958	INDUSTRIAL REHAB		18,585	0	18,585		194.08
194.10	07960	IN-SCHOOL CLINIC		20,958	0	20,958		194.10
200.00		Cross Foot Adjustments	51,736	4,681,175	0	4,681,175		200.00
201.00		Negative Cost Centers	0	318,039	0	318,039		201.00
202.00		TOTAL (sum lines 118 through 201)	51,736	62,630,859	0	62,630,859		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUI SITION)	ADMITTING (TOTAL GROS REVENUES)	
		BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,614,000				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,571,139			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,974	0	296,212,442		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	3,578	12,280	1,475,487	16,050,423	5.01
5.02	00570	ADMITTING	6,876	0	0	0	4,391,329,223
5.03	00540	OUTPATIENT REVENUES	0	14	266,320	1,684	0
5.04	00550	BUSINESS OFFICE	0	0	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	124,070	13,425,858	15,300,305	497,602	0
6.00	00600	MAINTENANCE & REPAIRS	286,724	650,599	3,964,316	2,793,676	0
7.00	00700	OPERATION OF PLANT	31,020	493,361	2,050,722	325,718	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	0	264,579	58,392	0
9.00	00900	HOUSEKEEPING	11,856	21,832	6,057,403	754,020	0
10.00	01000	DIETARY	13,341	52,446	5,236,026	50,212	0
11.00	01100	CAFETERIA	2,507	0	1,174,443	0	0
13.00	01300	NURSING ADMINISTRATION	11,763	291,632	5,910,611	15,349	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,797	116,086	2,427,922	70,144	0
15.00	01500	PHARMACY	91,791	155,552	9,235,608	286,993	0
16.00	01600	MEDICAL RECORDS & LIBRARY	6,505	3,676	1,359,324	3,273	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PARKING	53	499,649	615	136	0
20.00	02000	NURSING SCHOOL	61,848	45,563	4,611,377	21,074	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	78,980	0	15,683,328	40,208	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905	5,356	7,821,595	65,039	0
23.00	02300	PARAMEDICALEDUC - CLS	590	0	72,626	1,226	0
23.01	02301	PARAMEDICAL EDUC X-RAY	1,123	0	122,064	1,158	0
23.02	02302	PARAMEDICAL EDUC DIETARY	1,047	0	70,935	0	0
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- PGY 1	438	0	398,606	9	0
23.05	02305	PARAMED ED PRGM- PASTORAL	1,764	3,482	205,143	16	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	327,677	363,947	61,406,941	2,181,830	364,989,459
31.00	03100	INTENSIVE CARE UNIT	40,424	191,122	15,375,061	802,978	109,562,865
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,617	151,866	8,476,774	234,688	37,008,028
41.00	04100	SUBPROVIDER - IRF	4,354	35,849	2,630,462	74,378	13,106,138
43.00	04300	NURSERY	1,246	0	2,955,207	31,115	26,821,831
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	128,411	1,614,949	17,497,881	1,582,515	374,988,825
51.00	05100	RECOVERY ROOM	5,386	15,196	3,096,555	3,108	62,490,905
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,095	103,031	2,578,726	117,224	23,251,217
53.00	05300	ANESTHESIOLOGY	1,549	280,056	927,037	14,954	216,038,665
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,872	2,463,405	15,719,474	2,568,972	422,626,628
57.00	05700	CT SCAN	3,839	422,202	2,669,186	595,934	171,959,637
58.00	05800	MRI	15,321	1,559,312	2,737,679	32,115	81,153,419
59.00	05900	CARDIAC CATHETERIZATION	8,402	557,859	1,645,586	75,822	113,342,819
60.00	06000	LABORATORY	37,823	800,270	11,897,590	1,731,024	504,606,244
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	821	1,350,932	75,880	16,334,295
64.00	06400	INTRAVENOUS THERAPY	2,233	4,790	1,352,153	15,599	7,702,953
65.00	06500	RESPIRATORY THERAPY	8,008	273,370	6,215,495	4,923	198,256,609
66.00	06600	PHYSICAL THERAPY	7,668	70,499	7,350,705	39,366	37,163,324
67.00	06700	OCCUPATIONAL THERAPY	2,881	23,952	2,077,747	7,106	16,491,989
68.00	06800	SPEECH PATHOLOGY	364	0	1,252,038	3,716	7,852,496
69.00	06900	ELECTROCARDIOLOGY	10,801	683,170	4,038,559	16,362	162,134,696
70.00	07000	ELECTROENCEPHALOGRAPHY	245	73,895	588,853	16,803	21,423,669
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	161,739,447
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	269,460,676
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,445	0	12	633,859,196
76.00	03950	DIGESTIVE DISEASES	8,828	612,679	2,826,278	130,756	89,329,206
76.01	03951	ENTEROSTOMAL	0	0	471,173	446	3,538,759
76.02	03952	DIABETIC SERVICE	4,522	0	1,532,795	2,080	3,373,637
76.03	03953	WOUND CARE	4,520	10,418	890,161	14,271	7,839,457
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,405	422	2,509,577	37,205	9,412,314
76.08	03956	SLEEP DISORDERS	0	56,857	1,526,123	109,886	18,176,702
76.09	03957	PAIN PROGRAM	3,580	0	1,009,942	18,288	21,559,426
76.97	07697	CARDIAC REHABILITATION	1,962	25,612	1,984,145	9,659	2,778,055
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,978	94,812	3,639,450	0	6,214,562
91.00	09100	EMERGENCY	36,554	167,570	14,924,645	383,867	157,173,779
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUI SITION)	ADMITTING (TOTAL GROS REVENUES)	
			BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
			1.00	2.00	4.00	5.01	5.02	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,850	44,725	2,341,193	70,244	11,120,070	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,718	1,010	640,170	848	6,447,226	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	46,809	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,587,863	26,487,497	291,892,457	15,989,903	4,391,329,223	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	1,000	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	89,503	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	724,315	4,080	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	69,670	0	0	194.02
194.03	07953	FUND RAISING	171	2,451	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	22,879	3,821	216,629	1,342	0	194.04
194.05	07955	ASC LLC	0	0	103,813	125	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,026	59,279	2,501,681	54,298	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	12,800	157,725	345	0	194.08
194.10	07960	IN-SCHOOL CLINIC	19	4,291	456,649	330	0	194.10
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)	25,938,828	26,973,107	97,308,628	2,781,239	110,505	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.071145	1.015128	0.328510	0.173281	0.000025	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			96,070	170,583	110,505	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000324	0.010628	0.000025	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEE T))	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES	1,877,543,414					5.03
5.04	00550	BUSINESS OFFICE	0	4,391,329,223				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	-124,379,192	721,261,710		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	26,107,412	1,186,778	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	9,620,900	31,020	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,698,317	3,593	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,754,729	11,856	9.00
10.00	01000	DIETARY	0	0	0	8,579,474	13,341	10.00
11.00	01100	CAFETERIA	0	0	0	1,742,538	2,507	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	16,413,004	11,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,195,708	3,797	14.00
15.00	01500	PHARMACY	0	0	0	19,931,305	91,791	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,305,806	6,505	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	7,987,998	0	17.00
18.00	01850	PARKING	0	0	0	1,298,619	53	18.00
20.00	02000	NURSING SCHOOL	0	0	0	1,337,623	61,848	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	23,774,935	78,980	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	38,241,022	2,905	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	83,423	590	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	154,214	1,123	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	111,961	1,047	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	542,077	438	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	309,015	1,764	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	364,989,459	0	109,419,025	327,677	30.00
31.00	03100	INTENSIVE CARE UNIT	0	109,562,865	0	27,662,197	40,424	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	37,008,028	0	13,354,178	27,617	31.01
41.00	04100	SUBPROVIDER - IRF	0	13,106,138	0	4,377,090	4,354	41.00
43.00	04300	NURSERY	0	26,821,831	0	4,226,548	1,246	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	183,385,238	374,988,825	0	36,695,759	128,411	50.00
51.00	05100	RECOVERY ROOM	37,841,762	62,490,905	0	4,597,731	5,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,921,866	23,251,217	0	4,902,173	13,095	52.00
53.00	05300	ANESTHESIOLOGY	105,515,947	216,038,665	0	4,978,626	1,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	296,283,698	422,626,628	0	45,361,918	80,872	54.00
57.00	05700	CT SCAN	93,071,186	171,959,637	0	5,914,190	3,839	57.00
58.00	05800	MRI	54,598,035	81,153,419	0	6,779,653	15,321	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,363,755	113,342,819	0	2,624,888	8,402	59.00
60.00	06000	LABORATORY	240,800,192	504,606,244	0	30,413,870	37,823	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,827,788	16,334,295	0	6,286,388	7,587	63.00
64.00	06400	INTRAVENOUS THERAPY	7,660,403	7,702,953	0	2,357,205	2,233	64.00
65.00	06500	RESPIRATORY THERAPY	13,275,010	198,256,609	0	12,893,048	8,008	65.00
66.00	06600	PHYSICAL THERAPY	15,212,173	37,163,324	0	11,777,710	7,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,986,907	16,491,989	0	3,257,514	2,881	67.00
68.00	06800	SPEECH PATHOLOGY	1,505,167	7,852,496	0	1,843,279	364	68.00
69.00	06900	ELECTROCARDIOLOGY	100,851,061	162,134,696	0	6,068,357	10,801	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,048,590	21,423,669	0	1,323,222	245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,130,278	161,739,447	0	33,513,028	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,416,934	269,460,676	0	47,763,453	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	273,996,712	633,859,196	0	47,355,306	0	73.00
76.00	03950	DIGESTIVE DISEASES	51,787,391	89,329,206	0	5,463,834	8,828	76.00
76.01	03951	ENTEROSTOMAL	115,749	3,538,759	0	650,314	0	76.01
76.02	03952	DIABETIC SERVICE	3,372,225	3,373,637	0	2,215,783	4,522	76.02
76.03	03953	WOUND CARE	7,825,798	7,839,457	0	1,642,474	4,520	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,466,328	9,412,314	0	3,727,707	13,405	76.04
76.08	03956	SLEEP DISORDERS	17,952,971	18,176,702	0	2,458,636	0	76.08
76.09	03957	PAIN PROGRAM	21,544,873	21,559,426	0	1,731,000	3,580	76.09
76.97	07697	CARDIAC REHABILITATION	2,165,280	2,778,055	0	2,941,147	1,962	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,043,294	6,214,562	0	4,249,762	9,978	90.00
91.00	09100	EMERGENCY	102,033,686	157,173,779	0	23,829,397	36,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,348,890	11,120,070	0	4,162,405	14,850	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,447,226	0	3,491,839	1,718	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEE T))	
			5.03	5.04	5A.05	5.05	6.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	118,551	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,877,349,187	4,391,329,223	-124,379,192	707,619,285	1,160,641	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17,761	1,042	190.00
194.00	07950	SISTERS CONVENT	0	0	0	118,906	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	1,017,744	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	560,172	0	194.02
194.03	07953	FUND RAISING	0	0	0	5,779,744	171	194.03
194.04	07954	OUTREACH PHYSICIAN	194,227	0	0	659,157	22,879	194.04
194.05	07955	ASC LLC	0	0	140,720	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	4,630,828	2,026	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	224,101	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	634,012	19	194.10
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)	2,044,075	13,676,636		124,379,192	30,609,557	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001089	0.003114		0.172447	25.792151	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	118	0		16,035,807	6,202,946	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.022233	5.226711	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,155,758				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	3,714,032			8.00
9.00	00900	HOUSEKEEPING	11,856	0	1,132,190		9.00
10.00	01000	DIETARY	13,341	0	13,341	700,874	10.00
11.00	01100	CAFETERIA	2,507	0	2,507	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,763	0	11,763	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,797	0	3,797	0	14.00
15.00	01500	PHARMACY	91,791	0	91,791	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,505	0	6,505	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PARKING	53	0	53	0	18.00
20.00	02000	NURSING SCHOOL	61,848	0	61,848	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	78,980	0	78,980	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905	0	2,905	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	590	0	590	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,123	0	1,123	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	1,047	0	1,047	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	438	0	438	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	1,764	0	1,764	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	327,677	1,107,271	327,677	538,401	30.00
31.00	03100	INTENSIVE CARE UNIT	40,424	422,067	40,424	69,763	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,617	91,802	27,617	41,373	31.01
41.00	04100	SUBPROVIDER - IRF	4,354	59,847	4,354	28,899	41.00
43.00	04300	NURSERY	1,246	16,509	1,246	16,103	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	128,411	478,744	128,411	0	50.00
51.00	05100	RECOVERY ROOM	5,386	0	5,386	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,095	114,564	13,095	0	52.00
53.00	05300	ANESTHESIOLOGY	1,549	0	1,549	6,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,872	121,369	80,872	0	54.00
57.00	05700	CT SCAN	3,839	131,237	3,839	0	57.00
58.00	05800	MRI	15,321	58,244	15,321	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,402	0	8,402	0	59.00
60.00	06000	LABORATORY	37,823	42,926	37,823	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	0	7,587	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,233	0	2,233	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,008	60,346	8,008	0	65.00
66.00	06600	PHYSICAL THERAPY	7,668	0	7,668	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,881	0	2,881	0	67.00
68.00	06800	SPEECH PATHOLOGY	364	0	364	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,801	180,112	10,801	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245	0	245	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	8,828	0	8,828	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	4,522	0	4,522	0	76.02
76.03	03953	WOUND CARE	4,520	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,405	0	13,405	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	3,580	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	1,962	0	1,962	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,978	7,338	9,978	0	90.00
91.00	09100	EMERGENCY	36,554	796,969	36,554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,850	24,687	14,850	0	92.01
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,718	0	1,718	0	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	1	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,129,621	3,714,032	1,106,072	700,874	4,019	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	0	1,042	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	2	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	171	0	171	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	22,879	0	22,879	0	3	194.04
194.05	07955	ASC LLC	0	0	0	0	2	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,026	0	2,026	0	42	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	3	194.08
194.10	07960	IN-SCHOOL CLINIC	19	0	0	0	6	194.10
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)	12,080,068	3,293,859	13,039,062	10,696,157	2,162,769	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.452074	0.886869	11.516673	15.261170	530.480500	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,406,000	141,594	538,179	552,923	96,758	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.216518	0.038124	0.475343	0.788905	23.732647	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIO)	PHARMACY (COSTED REQ UISITIO)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	212,754					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	97,508,466				14.00
15.00	01500	PHARMACY	0	0	46,843,021			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	795	0	4,391,329,223		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	171,792	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	0	6,173	1,183	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,499	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	32,561	738	0	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,183	4,264,888	0	364,989,459	135,424	30.00
31.00	03100	INTENSIVE CARE UNIT	23,413	2,256,087	62,464	109,562,865	17,201	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	10,616	517,686	8,567	37,008,028	8,088	31.01
41.00	04100	SUBPROVIDER - IRF	4,463	89,327	733	13,106,138	7,116	41.00
43.00	04300	NURSERY	4,665	62,603	138	26,821,831	3,963	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,811	0	0	374,988,825	0	50.00
51.00	05100	RECOVERY ROOM	4,481	94,170	9,990	62,490,905	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,626	390,448	0	23,251,217	0	52.00
53.00	05300	ANESTHESIOLOGY	1,468	1,395,739	296,241	216,038,665	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	422,626,628	0	54.00
57.00	05700	CT SCAN	0	0	0	171,959,637	0	57.00
58.00	05800	MRI	0	0	0	81,153,419	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	113,342,819	0	59.00
60.00	06000	LABORATORY	0	914,972	0	504,606,244	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,251	845	16,334,295	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	162,200	0	7,702,953	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,916,465	395	198,256,609	0	65.00
66.00	06600	PHYSICAL THERAPY	0	102,815	207	37,163,324	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,013	0	16,491,989	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,680	0	7,852,496	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	162,134,696	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	110,336	0	21,423,669	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	34,610,833	0	161,739,447	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	46,813,081	0	269,460,676	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	46,069,898	633,859,196	0	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	89,329,206	0	76.00
76.01	03951	ENTEROSTOMAL	0	2,585	0	3,538,759	0	76.01
76.02	03952	DIABETIC SERVICE	0	2,167	0	3,373,637	0	76.02
76.03	03953	WOUND CARE	0	221,488	0	7,839,457	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,269	0	9,412,314	0	76.04
76.08	03956	SLEEP DISORDERS	0	42,092	0	18,176,702	0	76.08
76.09	03957	PAIN PROGRAM	0	94,475	0	21,559,426	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	10,556	24	2,778,055	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,214,562	0	90.00
91.00	09100	EMERGENCY	25,028	2,091,736	0	157,173,779	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	184,438	0	11,120,070	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIO)	PHARMACY (COSTED REQ UISITIO)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	833	4,497	6,447,226	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,754	97,444,261	46,455,920	4,391,329,223	171,792
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	SISTERS CONVENT	0	0	0	0	0
194.01	07951	BRADLEY HEALTH SVC	0	7,498	20	0	0
194.02	07952	COMMUNITY CLINIC	0	1	386,561	0	0
194.03	07953	FUND RAISING	0	0	0	0	0
194.04	07954	OUTREACH PHYSICIAN	0	694	2	0	0
194.05	07955	ASC LLC	0	5,799	0	0	0
194.07	07957	RESEARCH, WELLNESS, WC	0	47,965	518	0	0
194.08	07958	INDUSTRIAL REHAB	0	1,926	0	0	0
194.10	07960	IN-SCHOOL CLINIC	0	322	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,850,810	3,962,628	27,807,058	3,031,658	9,365,504
203.00		Unit cost multiplier (Wkst. B, Part I)	93.304051	0.040639	0.593622	0.000690	54.516532
204.00		Cost to be allocated (per Wkst. B, Part II)	935,501	1,045,546	3,344,531	327,639	177,597
205.00		Unit cost multiplier (Wkst. B, Part II)	4.397102	0.010723	0.071399	0.000075	1.033791
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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICALEDUC C - CLS (DIRECT ALL OCATION)	
			PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			18.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING	3,790					18.00
20.00	02000	NURSING SCHOOL	56	48,304				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	255		708,352			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33			708,352		22.00
23.00	02300	PARAMEDICALEDUC - CLS	1				100	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	2					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	1					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0					23.03
23.04	02304	PARAMED ED PRGM- PGY 1	5					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	4					23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,032	39,247	248,034	248,034	0	30.00
31.00	03100	INTENSIVE CARE UNIT	234	2,173	47,448	47,448	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	106	200	15,400	15,400	0	31.01
41.00	04100	SUBPROVIDER - IRF	45	0	350	350	0	41.00
43.00	04300	NURSERY	47	760	10,584	10,584	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	308	411	69,400	69,400	0	50.00
51.00	05100	RECOVERY ROOM	45	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46	740	10,984	10,984	0	52.00
53.00	05300	ANESTHESIOLOGY	15	77	4,264	4,264	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	237	360	53,616	53,616	0	54.00
57.00	05700	CT SCAN	40	0	6,800	6,800	0	57.00
58.00	05800	MRI	39	0	7,048	7,048	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	0	29,000	29,000	0	59.00
60.00	06000	LABORATORY	250	0	2,312	2,312	100	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	19	304	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	100	0	13,904	13,904	0	65.00
66.00	06600	PHYSICAL THERAPY	95	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	65	0	4,880	4,880	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	0	2,232	2,232	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	45	248	12,456	12,456	0	76.00
76.01	03951	ENTEROSTOMAL	7	140	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	25	91	0	0	0	76.02
76.03	03953	WOUND CARE	11	304	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	37	526	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	27	0	656	656	0	76.08
76.09	03957	PAIN PROGRAM	16	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	23	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57	0	0	0	0	90.00
91.00	09100	EMERGENCY	250	1,920	96,832	96,832	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUC - CLS (DIRECT ALLLOCATION)	
			PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			18.00	20.00	21.00	22.00	23.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	41	280	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	1	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,732	47,781	636,200	636,200	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	2	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	3	523	72,152	72,152	0	194.04
194.05	07955	ASC LLC	2	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	42	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	3	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	6	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,525,093	4,575,402	31,885,156	45,006,863	126,920	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	402.399208	94.720975	45.013152	63.537426	1,269.200000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	583,905	1,509,684	2,395,233	947,374	15,634	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	154.064644	24.669696	3.381416	1.337434	156.340000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL OCATION)	PARAMED ED PRGM-HISTOTECH (DIRECT ALL OCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL OCATION)	PARAMED ED PRGM- PASTORAL (DIRECT ALL OCATION)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICALEDUC - CLS						23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	100					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		100				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH			0			23.03
23.04	02304	PARAMED ED PRGM- PGY 1				100		23.04
23.05	02305	PARAMED ED PRGM- PASTORAL					100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	100	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	100	0	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description		PARAMEDICAL EDUC X-RAY (DIRECT ALL LOCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL LOCATION)	PARAMED ED PRGM-HISTOTECH (DIRECT ALL LOCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL LOCATION)	PARAMED ED PRGM- PASTORAL (DIRECT ALL LOCATION)	
		23.01	23.02	23.03	23.04	23.05	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	194.04
194.05	07955	ASC LLC	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	194.10
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)	236,310	182,205	0	661,140	450,285
203.00		Unit cost multiplier (Wkst. B, Part I)	2,363.100000	1,822.050000	0.000000	6,611.400000	4,502.850000
204.00		Cost to be allocated (per Wkst. B, Part II)	29,654	26,760	0	23,139	51,736
205.00		Unit cost multiplier (Wkst. B, Part II)	296.540000	267.600000	0.000000	231.390000	517.360000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 2:07 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	175,884,697		175,884,697	0	175,884,697	30.00
31.00	03100	INTENSIVE CARE UNIT	39,552,882		39,552,882	0	39,552,882	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	19,289,830		19,289,830	0	19,289,830	31.01
41.00	04100	SUBPROVIDER - IRF	6,693,410		6,693,410	0	6,693,410	41.00
43.00	04300	NURSERY	6,063,585		6,063,585	0	6,063,585	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,041,230		53,041,230	0	53,041,230	50.00
51.00	05100	RECOVERY ROOM	6,160,788		6,160,788	0	6,160,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,051,111		7,051,111	0	7,051,111	52.00
53.00	05300	ANESTHESIOLOGY	6,547,736		6,547,736	0	6,547,736	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,937,717		57,937,717	0	57,937,717	54.00
57.00	05700	CT SCAN	7,389,786		7,389,786	0	7,389,786	57.00
58.00	05800	MRI	8,824,563		8,824,563	0	8,824,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,578,492		3,578,492	0	3,578,492	59.00
60.00	06000	LABORATORY	38,248,684		38,248,684	42,575	38,291,259	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,768,615		7,768,615	0	7,768,615	63.00
64.00	06400	INTRAVENOUS THERAPY	2,928,775		2,928,775	0	2,928,775	64.00
65.00	06500	RESPIRATORY THERAPY	15,901,245	0	15,901,245	0	15,901,245	65.00
66.00	06600	PHYSICAL THERAPY	14,293,540	0	14,293,540	0	14,293,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,994,364	0	3,994,364	0	3,994,364	67.00
68.00	06800	SPEECH PATHOLOGY	2,199,066	0	2,199,066	0	2,199,066	68.00
69.00	06900	ELECTROCARDIOLOGY	7,962,939		7,962,939	0	7,962,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,593,571		1,593,571	0	1,593,571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,810,399		40,810,399	0	40,810,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,088,465		58,088,465	0	58,088,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,969,846		83,969,846	0	83,969,846	73.00
76.00	03950	DIGESTIVE DISEASES	6,954,797		6,954,797	0	6,954,797	76.00
76.01	03951	ENTEROSTOMAL	784,797		784,797	0	784,797	76.01
76.02	03952	DIABETIC SERVICE	2,848,220		2,848,220	0	2,848,220	76.02
76.03	03953	WOUND CARE	2,143,004		2,143,004	0	2,143,004	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,101,660		5,101,660	0	5,101,660	76.04
76.08	03956	SLEEP DISORDERS	2,922,061		2,922,061	0	2,922,061	76.08
76.09	03957	PAIN PROGRAM	2,192,901		2,192,901	0	2,192,901	76.09
76.97	07697	CARDIAC REHABILITATION	3,565,862		3,565,862	0	3,565,862	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,523,149		5,523,149	0	5,523,149	90.00
91.00	09100	EMERGENCY	33,335,117		33,335,117	0	33,335,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,209,808		18,209,808		18,209,808	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,691,280		5,691,280	0	5,691,280	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,191,599		4,191,599		4,191,599	105.00
109.00	10900	PANCREAS ACQUISITION	139,927		139,927		139,927	109.00
200.00		Subtotal (see instructions)	769,379,518	0	769,379,518	42,575	769,422,093	200.00
201.00		Less Observation Beds	18,209,808		18,209,808		18,209,808	201.00
202.00		Total (see instructions)	751,169,710	0	751,169,710	42,575	751,212,285	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 2:07 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	332,617,571		332,617,571		30.00
31.00	03100	INTENSIVE CARE UNIT	109,562,865		109,562,865		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	37,008,028		37,008,028		31.01
41.00	04100	SUBPROVIDER - IRF	13,106,138		13,106,138		41.00
43.00	04300	NURSERY	26,821,831		26,821,831		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	191,603,587	183,385,238	374,988,825	0.141447	0.000000
51.00	05100	RECOVERY ROOM	24,649,143	37,841,762	62,490,905	0.098587	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,329,351	2,921,866	23,251,217	0.303258	0.000000
53.00	05300	ANESTHESIOLOGY	110,522,718	105,515,947	216,038,665	0.030308	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,342,930	296,283,698	422,626,628	0.137090	0.000000
57.00	05700	CT SCAN	78,888,451	93,071,186	171,959,637	0.042974	0.000000
58.00	05800	MRI	26,555,384	54,598,035	81,153,419	0.108739	0.000000
59.00	05900	CARDIAC CATHETERIZATION	66,979,064	46,363,755	113,342,819	0.031572	0.000000
60.00	06000	LABORATORY	263,806,052	240,800,192	504,606,244	0.075799	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,506,507	2,827,788	16,334,295	0.475601	0.000000
64.00	06400	INTRAVENOUS THERAPY	117,550	7,585,403	7,702,953	0.380215	0.000000
65.00	06500	RESPIRATORY THERAPY	184,981,599	13,275,010	198,256,609	0.080205	0.000000
66.00	06600	PHYSICAL THERAPY	21,951,151	15,212,173	37,163,324	0.384614	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,505,082	2,986,907	16,491,989	0.242200	0.000000
68.00	06800	SPEECH PATHOLOGY	6,347,329	1,505,167	7,852,496	0.280047	0.000000
69.00	06900	ELECTROCARDIOLOGY	61,283,635	100,851,061	162,134,696	0.049113	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	17,375,079	4,048,590	21,423,669	0.074384	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,609,169	70,130,278	161,739,447	0.252322	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,043,742	95,416,934	269,460,676	0.215573	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	359,862,484	273,996,712	633,859,196	0.132474	0.000000
76.00	03950	DIGESTIVE DISEASES	37,541,815	51,787,391	89,329,206	0.077856	0.000000
76.01	03951	ENTEROSTOMAL	3,423,010	115,749	3,538,759	0.221772	0.000000
76.02	03952	DIABETIC SERVICE	1,412	3,372,225	3,373,637	0.844258	0.000000
76.03	03953	WOUND CARE	17,659	7,821,798	7,839,457	0.273361	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	945,986	8,466,328	9,412,314	0.542020	0.000000
76.08	03956	SLEEP DISORDERS	223,731	17,952,971	18,176,702	0.160759	0.000000
76.09	03957	PAIN PROGRAM	14,553	21,544,873	21,559,426	0.101714	0.000000
76.97	07697	CARDIAC REHABILITATION	612,775	2,165,280	2,778,055	1.283582	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	171,268	6,043,294	6,214,562	0.888743	0.000000
91.00	09100	EMERGENCY	55,140,093	102,033,686	157,173,779	0.212091	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,828,833	21,543,055	32,371,888	0.562519	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,771,180	7,348,890	11,120,070	0.511803	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,252,999	194,227	6,447,226		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
200.00		Subtotal (see instructions)	2,492,321,754	1,899,007,469	4,391,329,223		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,492,321,754	1,899,007,469	4,391,329,223		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 4/29/2021 2:07 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141447		50.00
51.00	05100	RECOVERY ROOM	0.098587		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303258		52.00
53.00	05300	ANESTHESIOLOGY	0.030308		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137090		54.00
57.00	05700	CT SCAN	0.042974		57.00
58.00	05800	MRI	0.108739		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.031572		59.00
60.00	06000	LABORATORY	0.075883		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.475601		63.00
64.00	06400	INTRAVENOUS THERAPY	0.380215		64.00
65.00	06500	RESPIRATORY THERAPY	0.080205		65.00
66.00	06600	PHYSICAL THERAPY	0.384614		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.242200		67.00
68.00	06800	SPEECH PATHOLOGY	0.280047		68.00
69.00	06900	ELECTROCARDIOLOGY	0.049113		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.074384		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.252322		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215573		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132474		73.00
76.00	03950	DIGESTIVE DISEASES	0.077856		76.00
76.01	03951	ENTEROSTOMAL	0.221772		76.01
76.02	03952	DIABETIC SERVICE	0.844258		76.02
76.03	03953	WOUND CARE	0.273361		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.542020		76.04
76.08	03956	SLEEP DISORDERS	0.160759		76.08
76.09	03957	PAIN PROGRAM	0.101714		76.09
76.97	07697	CARDIAC REHABILITATION	1.283582		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.888743		90.00
91.00	09100	EMERGENCY	0.212091		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.562519		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511803		92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
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			Title XIX	Hospital	Cost	
Cost Center Description			Therapy Limit Adj.	Costs		
			Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance	Total Costs
			1.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	175,884,697	175,884,697	0	175,884,697
31.00	03100	INTENSIVE CARE UNIT	39,552,882	39,552,882	0	39,552,882
31.01	02060	NEONATAL INTENSIVE CARE UNIT	19,289,830	19,289,830	0	19,289,830
41.00	04100	SUBPROVIDER - IRF	6,693,410	6,693,410	0	6,693,410
43.00	04300	NURSERY	6,063,585	6,063,585	0	6,063,585
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,041,230	53,041,230	0	53,041,230
51.00	05100	RECOVERY ROOM	6,160,788	6,160,788	0	6,160,788
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,051,111	7,051,111	0	7,051,111
53.00	05300	ANESTHESIOLOGY	6,547,736	6,547,736	0	6,547,736
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,937,717	57,937,717	0	57,937,717
57.00	05700	CT SCAN	7,389,786	7,389,786	0	7,389,786
58.00	05800	MRI	8,824,563	8,824,563	0	8,824,563
59.00	05900	CARDIAC CATHETERIZATION	3,578,492	3,578,492	0	3,578,492
60.00	06000	LABORATORY	38,248,684	38,248,684	42,575	38,291,259
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,768,615	7,768,615	0	7,768,615
64.00	06400	INTRAVENOUS THERAPY	2,928,775	2,928,775	0	2,928,775
65.00	06500	RESPIRATORY THERAPY	15,901,245	15,901,245	0	15,901,245
66.00	06600	PHYSICAL THERAPY	14,293,540	14,293,540	0	14,293,540
67.00	06700	OCCUPATIONAL THERAPY	3,994,364	3,994,364	0	3,994,364
68.00	06800	SPEECH PATHOLOGY	2,199,066	2,199,066	0	2,199,066
69.00	06900	ELECTROCARDIOLOGY	7,962,939	7,962,939	0	7,962,939
70.00	07000	ELECTROENCEPHALOGRAPHY	1,593,571	1,593,571	0	1,593,571
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,810,399	40,810,399	0	40,810,399
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,088,465	58,088,465	0	58,088,465
73.00	07300	DRUGS CHARGED TO PATIENTS	83,969,846	83,969,846	0	83,969,846
76.00	03950	DIGESTIVE DISEASES	6,954,797	6,954,797	0	6,954,797
76.01	03951	ENTEROSTOMAL	784,797	784,797	0	784,797
76.02	03952	DIABETIC SERVICE	2,848,220	2,848,220	0	2,848,220
76.03	03953	WOUND CARE	2,143,004	2,143,004	0	2,143,004
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,101,660	5,101,660	0	5,101,660
76.08	03956	SLEEP DISORDERS	2,922,061	2,922,061	0	2,922,061
76.09	03957	PAIN PROGRAM	2,192,901	2,192,901	0	2,192,901
76.97	07697	CARDIAC REHABILITATION	3,565,862	3,565,862	0	3,565,862
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,523,149	5,523,149	0	5,523,149
91.00	09100	EMERGENCY	33,335,117	33,335,117	0	33,335,117
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,209,808	18,209,808	0	18,209,808
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,691,280	5,691,280	0	5,691,280
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,191,599	4,191,599	0	4,191,599
109.00	10900	PANCREAS ACQUISITION	139,927	139,927	0	139,927
200.00		Subtotal (see instructions)	769,379,518	769,379,518	42,575	769,422,093
201.00		Less Observation Beds	18,209,808	18,209,808	0	18,209,808
202.00		Total (see instructions)	751,169,710	751,169,710	42,575	751,212,285

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	332,617,571		332,617,571		30.00
31.00	03100	INTENSIVE CARE UNIT	109,562,865		109,562,865		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	37,008,028		37,008,028		31.01
41.00	04100	SUBPROVIDER - IRF	13,106,138		13,106,138		41.00
43.00	04300	NURSERY	26,821,831		26,821,831		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	191,603,587	183,385,238	374,988,825	0.141447	0.000000
51.00	05100	RECOVERY ROOM	24,649,143	37,841,762	62,490,905	0.098587	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,329,351	2,921,866	23,251,217	0.303258	0.000000
53.00	05300	ANESTHESIOLOGY	110,522,718	105,515,947	216,038,665	0.030308	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,342,930	296,283,698	422,626,628	0.137090	0.000000
57.00	05700	CT SCAN	78,888,451	93,071,186	171,959,637	0.042974	0.000000
58.00	05800	MRI	26,555,384	54,598,035	81,153,419	0.108739	0.000000
59.00	05900	CARDIAC CATHETERIZATION	66,979,064	46,363,755	113,342,819	0.031572	0.000000
60.00	06000	LABORATORY	263,806,052	240,800,192	504,606,244	0.075799	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,506,507	2,827,788	16,334,295	0.475601	0.000000
64.00	06400	INTRAVENOUS THERAPY	117,550	7,585,403	7,702,953	0.380215	0.000000
65.00	06500	RESPIRATORY THERAPY	184,981,599	13,275,010	198,256,609	0.080205	0.000000
66.00	06600	PHYSICAL THERAPY	21,951,151	15,212,173	37,163,324	0.384614	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,505,082	2,986,907	16,491,989	0.242200	0.000000
68.00	06800	SPEECH PATHOLOGY	6,347,329	1,505,167	7,852,496	0.280047	0.000000
69.00	06900	ELECTROCARDIOLOGY	61,283,635	100,851,061	162,134,696	0.049113	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	17,375,079	4,048,590	21,423,669	0.074384	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,609,169	70,130,278	161,739,447	0.252322	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,043,742	95,416,934	269,460,676	0.215573	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	359,862,484	273,996,712	633,859,196	0.132474	0.000000
76.00	03950	DIGESTIVE DISEASES	37,541,815	51,787,391	89,329,206	0.077856	0.000000
76.01	03951	ENTEROSTOMAL	3,423,010	115,749	3,538,759	0.221772	0.000000
76.02	03952	DIABETIC SERVICE	1,412	3,372,225	3,373,637	0.844258	0.000000
76.03	03953	WOUND CARE	17,659	7,821,798	7,839,457	0.273361	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	945,986	8,466,328	9,412,314	0.542020	0.000000
76.08	03956	SLEEP DISORDERS	223,731	17,952,971	18,176,702	0.160759	0.000000
76.09	03957	PAIN PROGRAM	14,553	21,544,873	21,559,426	0.101714	0.000000
76.97	07697	CARDIAC REHABILITATION	612,775	2,165,280	2,778,055	1.283582	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	171,268	6,043,294	6,214,562	0.888743	0.000000
91.00	09100	EMERGENCY	55,140,093	102,033,686	157,173,779	0.212091	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,828,833	21,543,055	32,371,888	0.562519	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,771,180	7,348,890	11,120,070	0.511803	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,252,999	194,227	6,447,226		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
200.00		Subtotal (see instructions)	2,492,321,754	1,899,007,469	4,391,329,223		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,492,321,754	1,899,007,469	4,391,329,223		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
41.00	04100	SUBPROVIDER - IRF				41.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	DIGESTIVE DISEASES	0.000000			76.00
76.01	03951	ENTEROSTOMAL	0.000000			76.01
76.02	03952	DIABETIC SERVICE	0.000000			76.02
76.03	03953	WOUND CARE	0.000000			76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.04
76.08	03956	SLEEP DISORDERS	0.000000			76.08
76.09	03957	PAIN PROGRAM	0.000000			76.09
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0067

Period:
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To 09/30/2020Worksheet C
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			Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	202,808,931		202,808,931	0
31.00	03100	INTENSIVE CARE UNIT	44,703,390		44,703,390	0
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,961,509		20,961,509	0
41.00	04100	SUBPROVIDER - IRF	6,731,403		6,731,403	0
43.00	04300	NURSERY	7,212,484		7,212,484	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	60,574,640		60,574,640	0
51.00	05100	RECOVERY ROOM	6,160,788		6,160,788	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,243,430		8,243,430	0
53.00	05300	ANESTHESIOLOGY	7,010,596		7,010,596	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,757,765		63,757,765	0
57.00	05700	CT SCAN	8,127,929		8,127,929	0
58.00	05800	MRI	9,589,628		9,589,628	0
59.00	05900	CARDIAC CATHETERIZATION	6,726,458		6,726,458	0
60.00	06000	LABORATORY	38,499,653		38,499,653	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,768,615		7,768,615	0
64.00	06400	INTRAVENOUS THERAPY	2,928,775		2,928,775	0
65.00	06500	RESPIRATORY THERAPY	17,410,532	0	17,410,532	0
66.00	06600	PHYSICAL THERAPY	14,293,540	0	14,293,540	0
67.00	06700	OCCUPATIONAL THERAPY	3,994,364	0	3,994,364	0
68.00	06800	SPEECH PATHOLOGY	2,199,066	0	2,199,066	0
69.00	06900	ELECTROCARDIOLOGY	8,492,666		8,492,666	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,835,856		1,835,856	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,810,399		40,810,399	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,088,465		58,088,465	0
73.00	07300	DRUGS CHARGED TO PATIENTS	83,969,846		83,969,846	0
76.00	03950	DIGESTIVE DISEASES	8,306,903		8,306,903	0
76.01	03951	ENTEROSTOMAL	784,797		784,797	0
76.02	03952	DIABETIC SERVICE	2,848,220		2,848,220	0
76.03	03953	WOUND CARE	2,143,004		2,143,004	0
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,101,660		5,101,660	0
76.08	03956	SLEEP DISORDERS	2,993,271		2,993,271	0
76.09	03957	PAIN PROGRAM	2,192,901		2,192,901	0
76.97	07697	CARDIAC REHABILITATION	3,565,862		3,565,862	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,523,149		5,523,149	0
91.00	09100	EMERGENCY	43,846,287		43,846,287	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,691,280		5,691,280	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,191,599		4,191,599	0
109.00	10900	PANCREAS ACQUISITION	139,927		139,927	0
200.00		Subtotal (see instructions)	820,229,588	0	820,229,588	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	820,229,588	0	820,229,588	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
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			Title V			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0		0			31.01	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	0		0			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
76.00	03950	DIGESTIVE DISEASES	0	0	0	0.000000	0.000000	76.00	
76.01	03951	ENTEROSTOMAL	0	0	0	0.000000	0.000000	76.01	
76.02	03952	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.02	
76.03	03953	WOUND CARE	0	0	0	0.000000	0.000000	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.04	
76.08	03956	SLEEP DISORDERS	0	0	0	0.000000	0.000000	76.08	
76.09	03957	PAIN PROGRAM	0	0	0	0.000000	0.000000	76.09	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
41.00	04100	SUBPROVIDER - IRF				41.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	DIGESTIVE DISEASES	0.000000			76.00
76.01	03951	ENTEROSTOMAL	0.000000			76.01
76.02	03952	DIABETIC SERVICE	0.000000			76.02
76.03	03953	WOUND CARE	0.000000			76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.04
76.08	03956	SLEEP DISORDERS	0.000000			76.08
76.09	03957	PAIN PROGRAM	0.000000			76.09
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/29/2021 2:07 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,704,925	0	11,704,925	151,064	77.48	30.00	
31.00	INTENSIVE CARE UNIT	2,024,950		2,024,950	17,201	117.72	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,211,105		1,211,105	8,088	149.74	31.01	
41.00	SUBPROVIDER - IRF	297,830	0	297,830	7,116	41.85	41.00	
43.00	NURSERY	173,564		173,564	3,963	43.80	43.00	
200.00	Total (lines 30 through 199)	15,412,374		15,412,374	187,432		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	45,473	3,523,248					30.00
31.00	INTENSIVE CARE UNIT	6,836	804,734					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
41.00	SUBPROVIDER - IRF	3,102	129,819					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	55,411	4,457,801					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part I, 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	7,844,318	374,988,825	0.020919	60,737,901	1,270,576	50.00
51.00	05100	RECOVERY ROOM	278,181	62,490,905	0.004452	8,645,156	38,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	556,113	23,251,217	0.023918	75,186	1,798	52.00
53.00	05300	ANESTHESIOLOGY	502,894	216,038,665	0.002328	37,214,063	86,634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,258,781	422,626,628	0.017175	49,059,122	842,590	54.00
57.00	05700	CT SCAN	1,124,658	171,959,637	0.006540	30,490,083	199,405	57.00
58.00	05800	MRI	2,933,052	81,153,419	0.036142	9,475,354	342,458	58.00
59.00	05900	CARDIAC CATHETERIZATION	834,580	113,342,819	0.007363	31,615,464	232,785	59.00
60.00	06000	LABORATORY	2,877,766	504,606,244	0.005703	90,275,082	514,839	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	322,588	16,334,295	0.019749	4,078,558	80,547	63.00
64.00	06400	INTRAVENOUS THERAPY	368,338	7,702,953	0.047818	87,257	4,172	64.00
65.00	06500	RESPIRATORY THERAPY	985,633	198,256,609	0.004972	49,614,469	246,683	65.00
66.00	06600	PHYSICAL THERAPY	982,924	37,163,324	0.026449	7,215,902	190,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	170,417	16,491,989	0.010333	3,209,514	33,164	67.00
68.00	06800	SPEECH PATHOLOGY	53,476	7,852,496	0.006810	1,666,749	11,351	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,559	162,134,696	0.007047	25,879,222	182,371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,894	21,423,669	0.005410	5,102,377	27,604	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,132,400	161,739,447	0.007001	32,112,666	224,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,590,813	269,460,676	0.005904	77,032,993	454,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,411,124	633,859,196	0.006959	108,411,335	754,434	73.00
76.00	03950	DIGESTIVE DISEASES	1,285,837	89,329,206	0.014394	14,338,059	206,382	76.00
76.01	03951	ENTEROSTOMAL	16,241	3,538,759	0.004589	1,333,105	6,118	76.01
76.02	03952	DIABETIC SERVICE	185,237	3,373,637	0.054907	0	0	76.02
76.03	03953	WOUND CARE	160,914	7,839,457	0.020526	16,868	346	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	400,224	9,412,314	0.042521	234,891	9,988	76.04
76.08	03956	SLEEP DISORDERS	132,260	18,176,702	0.007276	0	0	76.08
76.09	03957	PAIN PROGRAM	125,622	21,559,426	0.005827	14,190	83	76.09
76.97	07697	CARDIAC REHABILITATION	162,821	2,778,055	0.058610	243,159	14,252	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	585,539	6,214,562	0.094220	23,178	2,184	90.00
91.00	09100	EMERGENCY	1,803,231	157,173,779	0.011473	20,897,504	239,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,211,845	32,371,888	0.037435	5,062,401	189,511	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	492,170	11,120,070	0.044260	0	0	92.01
200.00		Total (lines 50 through 199)	42,048,450	3,865,765,564		674,161,808	6,408,997	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/29/2021 2:07 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	3,717,513	0	632,490	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	205,829	0	0	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	18,944	0	0	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	71,988	0	0	0	43.00			
200.00	Total (lines 30 through 199)		0	4,014,274	0	632,490	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	4,350,003	151,064	28.80	45,473	30.00			
31.00	03100	INTENSIVE CARE UNIT		205,829	17,201	11.97	6,836	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT		18,944	8,088	2.34	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	7,116	0.00	3,102	41.00			
43.00	04300	NURSERY		71,988	3,963	18.17	0	43.00			
200.00	Total (lines 30 through 199)			4,646,764	187,432		55,411	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	1,309,622								30.00
31.00	03100	INTENSIVE CARE UNIT	81,827								31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0								31.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		1,391,449								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 2:07 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	38,930	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	70,094	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,294	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	34,100	0	236,310	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	126,920	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	28,795	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	661,140	73.00
76.00	03950	DIGESTIVE DISEASES	0	0	23,491	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	13,261	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	8,620	0	0	76.02
76.03	03953	WOUND CARE	0	0	28,795	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	49,823	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	181,864	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	384,883	0	65,482	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	26,522	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	896,472	0	1,089,852	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 2:07 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	38,930	38,930	374,988,825	0.000104	50.00
51.00	05100	RECOVERY ROOM	0	0	0	62,490,905	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,094	70,094	23,251,217	0.003015	52.00
53.00	05300	ANESTHESIOLOGY	0	7,294	7,294	216,038,665	0.000034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	270,410	270,410	422,626,628	0.000640	54.00
57.00	05700	CT SCAN	0	0	0	171,959,637	0.000000	57.00
58.00	05800	MRI	0	0	0	81,153,419	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	113,342,819	0.000000	59.00
60.00	06000	LABORATORY	0	126,920	126,920	504,606,244	0.000252	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,334,295	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	28,795	28,795	7,702,953	0.003738	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	198,256,609	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,163,324	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,491,989	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,852,496	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	162,134,696	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,423,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	161,739,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	269,460,676	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	661,140	661,140	633,859,196	0.001043	73.00
76.00	03950	DIGESTIVE DISEASES	0	23,491	23,491	89,329,206	0.000263	76.00
76.01	03951	ENTEROSTOMAL	0	13,261	13,261	3,538,759	0.003747	76.01
76.02	03952	DIABETIC SERVICE	0	8,620	8,620	3,373,637	0.002555	76.02
76.03	03953	WOUND CARE	0	28,795	28,795	7,839,457	0.003673	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	49,823	49,823	9,412,314	0.005293	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	18,176,702	0.000000	76.08
76.09	03957	PAIN PROGRAM	0	0	0	21,559,426	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,778,055	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,214,562	0.000000	90.00
91.00	09100	EMERGENCY	0	181,864	181,864	157,173,779	0.001157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	450,365	450,365	32,371,888	0.013912	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	26,522	26,522	11,120,070	0.002385	92.01
200.00		Total (lines 50 through 199)	0	1,986,324	1,986,324	3,865,765,564		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/29/2021 2:07 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000104	60,737,901	6,317	30,239,619	3,145	50.00
51.00	05100	RECOVERY ROOM	0.000000	8,645,156	0	9,440,233	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.003015	75,186	227	36,781	111	52.00
53.00	05300	ANESTHESIOLOGY	0.000034	37,214,063	1,265	21,846,255	743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000640	49,059,122	31,398	85,939,340	55,001	54.00
57.00	05700	CT SCAN	0.000000	30,490,083	0	23,419,040	0	57.00
58.00	05800	MRI	0.000000	9,475,354	0	12,172,154	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	31,615,464	0	27,996,060	0	59.00
60.00	06000	LABORATORY	0.000252	90,275,082	22,749	22,671,632	5,713	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	4,078,558	0	541,714	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.003738	87,257	326	2,727,508	10,195	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	49,614,469	0	3,876,745	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	7,215,902	0	115,444	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,209,514	0	18,535	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,666,749	0	16,642	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	25,879,222	0	30,802,939	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,102,377	0	737,395	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32,112,666	0	20,202,050	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	77,032,993	0	32,058,199	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001043	108,411,335	113,073	95,722,011	99,838	73.00
76.00	03950	DIGESTIVE DISEASES	0.000263	14,338,059	3,771	13,215,592	3,476	76.00
76.01	03951	ENTEROSTOMAL	0.003747	1,333,105	4,995	15,585	58	76.01
76.02	03952	DIABETIC SERVICE	0.002555	0	0	200,781	513	76.02
76.03	03953	WOUND CARE	0.003673	16,868	62	2,739,054	10,061	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.005293	234,891	1,243	1,191,033	6,304	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	263,034	0	76.08
76.09	03957	PAIN PROGRAM	0.000000	14,190	0	7,807,266	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	243,159	0	697,373	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	23,178	0	1,045,182	0	90.00
91.00	09100	EMERGENCY	0.001157	20,897,504	24,178	12,650,621	14,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.013912	5,062,401	70,428	2,674,059	37,202	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002385	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		674,161,808	280,032	463,079,876	246,997	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 4/29/2021 2:07 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		0.141447	30,239,619	0	0	4,277,303	50.00
51.00	05100	RECOVERY ROOM		0.098587	9,440,233	0	0	930,684	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.303258	36,781	0	0	11,154	52.00
53.00	05300	ANESTHESIOLOGY		0.030308	21,846,255	0	0	662,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.137090	85,939,340	0	0	11,781,424	54.00
57.00	05700	CT SCAN		0.042974	23,419,040	0	0	1,006,410	57.00
58.00	05800	MRI		0.108739	12,172,154	0	0	1,323,588	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.031572	27,996,060	0	0	883,892	59.00
60.00	06000	LABORATORY		0.075799	22,671,632	3,000	0	1,718,487	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.475601	541,714	0	0	257,640	63.00
64.00	06400	INTRAVENOUS THERAPY		0.380215	2,727,508	0	0	1,037,039	64.00
65.00	06500	RESPIRATORY THERAPY		0.080205	3,876,745	0	0	310,934	65.00
66.00	06600	PHYSICAL THERAPY		0.384614	115,444	0	0	44,401	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.242200	18,535	0	0	4,489	67.00
68.00	06800	SPEECH PATHOLOGY		0.280047	16,642	0	0	4,661	68.00
69.00	06900	ELECTROCARDIOLOGY		0.049113	30,802,939	0	0	1,512,825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.074384	737,395	0	0	54,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.252322	20,202,050	762	0	5,097,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.215573	32,058,199	0	0	6,910,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.132474	95,722,011	323	503,514	12,680,678	73.00
76.00	03950	DIGESTIVE DISEASES		0.077856	13,215,592	0	0	1,028,913	76.00
76.01	03951	ENTEROSTOMAL		0.221772	15,585	0	0	3,456	76.01
76.02	03952	DIABETIC SERVICE		0.844258	200,781	0	0	169,511	76.02
76.03	03953	WOUND CARE		0.273361	2,739,054	0	0	748,751	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.542020	1,191,033	0	0	645,564	76.04
76.08	03956	SLEEP DISORDERS		0.160759	263,034	0	0	42,285	76.08
76.09	03957	PAIN PROGRAM		0.101714	7,807,266	0	0	794,108	76.09
76.97	07697	CARDIAC REHABILITATION		1.283582	697,373	0	0	895,135	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.888743	1,045,182	0	0	928,898	90.00
91.00	09100	EMERGENCY		0.212091	12,650,621	0	0	2,683,083	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.562519	2,674,059	0	0	1,504,209	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.511803	0	0	0	0	92.01
200.00		Subtotal (see instructions)			463,079,876	4,085	503,514	59,954,792	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			463,079,876	4,085	503,514	59,954,792	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 4/29/2021 2:07 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				
51.00	05100	RECOVERY ROOM	0	0				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				
53.00	05300	ANESTHESIOLOGY	0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				
57.00	05700	CT SCAN	0	0				
58.00	05800	MRI	0	0				
59.00	05900	CARDIAC CATHETERIZATION	0	0				
60.00	06000	LABORATORY	227	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				
64.00	06400	INTRAVENOUS THERAPY	0	0				
65.00	06500	RESPIRATORY THERAPY	0	0				
66.00	06600	PHYSICAL THERAPY	0	0				
67.00	06700	OCCUPATIONAL THERAPY	0	0				
68.00	06800	SPEECH PATHOLOGY	0	0				
69.00	06900	ELECTROCARDIOLOGY	0	0				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	192	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS	43	66,703				
76.00	03950	DIGESTIVE DISEASES	0	0				
76.01	03951	ENTEROSTOMAL	0	0				
76.02	03952	DIABETIC SERVICE	0	0				
76.03	03953	WOUND CARE	0	0				
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				
76.08	03956	SLEEP DISORDERS	0	0				
76.09	03957	PAIN PROGRAM	0	0				
76.97	07697	CARDIAC REHABILITATION	0	0				
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				
91.00	09100	EMERGENCY	0	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				
200.00		Subtotal (see instructions)	462	66,703				
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					
202.00		Net Charges (line 200 - line 201)	462	66,703				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part II Date/Time Prepared: 4/29/2021 2:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,844,318	374,988,825	0.020919	22,522	471	50.00	
51.00	05100	RECOVERY ROOM	278,181	62,490,905	0.004452	8,749	39	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	556,113	23,251,217	0.023918	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	502,894	216,038,665	0.002328	12,618	29	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,258,781	422,626,628	0.017175	231,379	3,974	54.00	
57.00	05700	CT SCAN	1,124,658	171,959,637	0.006540	106,463	696	57.00	
58.00	05800	MRI	2,933,052	81,153,419	0.036142	14,664	530	58.00	
59.00	05900	CARDIAC CATHETERIZATION	834,580	113,342,819	0.007363	45,497	335	59.00	
60.00	06000	LABORATORY	2,877,766	504,606,244	0.005703	850,671	4,851	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	322,588	16,334,295	0.019749	11,102	219	63.00	
64.00	06400	INTRAVENOUS THERAPY	368,338	7,702,953	0.047818	16,871	807	64.00	
65.00	06500	RESPIRATORY THERAPY	985,633	198,256,609	0.004972	733,643	3,648	65.00	
66.00	06600	PHYSICAL THERAPY	982,924	37,163,324	0.026449	2,406,888	63,660	66.00	
67.00	06700	OCCUPATIONAL THERAPY	170,417	16,491,989	0.010333	2,274,235	23,500	67.00	
68.00	06800	SPEECH PATHOLOGY	53,476	7,852,496	0.006810	631,985	4,304	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,142,559	162,134,696	0.007047	22,378	158	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	115,894	21,423,669	0.005410	1,647	9	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,132,400	161,739,447	0.007001	102,618	718	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,590,813	269,460,676	0.005904	101,964	602	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,411,124	633,859,196	0.006959	1,830,845	12,741	73.00	
76.00	03950	DIGESTIVE DISEASES	1,285,837	89,329,206	0.014394	16,419	236	76.00	
76.01	03951	ENTEROSTOMAL	16,241	3,538,759	0.004589	87,191	400	76.01	
76.02	03952	DIABETIC SERVICE	185,237	3,373,637	0.054907	0	0	76.02	
76.03	03953	WOUND CARE	160,914	7,839,457	0.020526	119	2	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	400,224	9,412,314	0.042521	55,455	2,358	76.04	
76.08	03956	SLEEP DISORDERS	132,260	18,176,702	0.007276	0	0	76.08	
76.09	03957	PAIN PROGRAM	125,622	21,559,426	0.005827	0	0	76.09	
76.97	07697	CARDIAC REHABILITATION	162,821	2,778,055	0.058610	324	19	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	585,539	6,214,562	0.094220	0	0	90.00	
91.00	09100	EMERGENCY	1,803,231	157,173,779	0.011473	60,394	693	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	32,371,888	0.000000	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	492,170	11,120,070	0.044260	0	0	92.01	
200.00		Total (lines 50 through 199)	40,836,605	3,865,765,564		9,646,641	124,999	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 2:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	38,930	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	70,094	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	7,294	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	34,100	0	236,310	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	126,920	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	28,795	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	661,140	73.00	
76.00	03950	DIGESTIVE DISEASES	0	0	23,491	0	0	76.00	
76.01	03951	ENTEROSTOMAL	0	0	13,261	0	0	76.01	
76.02	03952	DIABETIC SERVICE	0	0	8,620	0	0	76.02	
76.03	03953	WOUND CARE	0	0	28,795	0	0	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	49,823	0	0	76.04	
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08	
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	181,864	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	26,522	0	0	92.01	
200.00		Total (lines 50 through 199)	0	0	511,589	0	1,024,370	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 2:07 pm	
			Title XVIII		Subprovider - IRF		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	38,930	38,930	374,988,825	0.000104	50.00
51.00	05100	RECOVERY ROOM	0	0	0	62,490,905	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,094	70,094	23,251,217	0.003015	52.00
53.00	05300	ANESTHESIOLOGY	0	7,294	7,294	216,038,665	0.000034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	270,410	270,410	422,626,628	0.000640	54.00
57.00	05700	CT SCAN	0	0	0	171,959,637	0.000000	57.00
58.00	05800	MRI	0	0	0	81,153,419	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	113,342,819	0.000000	59.00
60.00	06000	LABORATORY	0	126,920	126,920	504,606,244	0.000252	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,334,295	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	28,795	28,795	7,702,953	0.003738	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	198,256,609	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,163,324	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,491,989	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,852,496	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	162,134,696	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,423,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	161,739,447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	269,460,676	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	661,140	661,140	633,859,196	0.001043	73.00
76.00	03950	DIGESTIVE DISEASES	0	23,491	23,491	89,329,206	0.000263	76.00
76.01	03951	ENTEROSTOMAL	0	13,261	13,261	3,538,759	0.003747	76.01
76.02	03952	DIABETIC SERVICE	0	8,620	8,620	3,373,637	0.002555	76.02
76.03	03953	WOUND CARE	0	28,795	28,795	7,839,457	0.003673	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	49,823	49,823	9,412,314	0.005293	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	18,176,702	0.000000	76.08
76.09	03957	PAIN PROGRAM	0	0	0	21,559,426	0.000000	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,778,055	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,214,562	0.000000	90.00
91.00	09100	EMERGENCY	0	181,864	181,864	157,173,779	0.001157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	32,371,888	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	26,522	26,522	11,120,070	0.002385	92.01
200.00		Total (lines 50 through 199)	0	1,535,959	1,535,959	3,865,765,564		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 2:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000104	22,522	2	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	8,749	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.003015	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000034	12,618	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000640	231,379	148	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	106,463	0	0	0	0	57.00
58.00	05800	MRI	0.000000	14,664	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	45,497	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000252	850,671	214	838	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	11,102	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.003738	16,871	63	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	733,643	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,406,888	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,274,235	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	631,985	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	22,378	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,647	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	102,618	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	101,964	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001043	1,830,845	1,910	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	0.000263	16,419	4	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.003747	87,191	327	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.002555	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.003673	119	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.005293	55,455	294	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.000000	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	324	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.001157	60,394	70	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.002385	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		9,646,641	3,032	838			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0067

Period:

Worksheet D

Component CCN: 14-T067

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/29/2021 2:07 pm

Title XVIII

Subprovider -
IRF

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	0.141447	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.098587	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303258	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030308	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137090	0	0	0	54.00
57.00	05700	CT SCAN	0.042974	0	0	0	57.00
58.00	05800	MRI	0.108739	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.031572	0	0	0	59.00
60.00	06000	LABORATORY	0.075799	838	0	2,968	64
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.475601	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.380215	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.080205	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.384614	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.242200	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.280047	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049113	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.074384	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.252322	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215573	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132474	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	0.077856	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.221772	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.844258	0	0	0	76.02
76.03	03953	WOUND CARE	0.273361	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.542020	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0.160759	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.101714	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	1.283582	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.888743	0	0	0	90.00
91.00	09100	EMERGENCY	0.212091	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.562519	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511803	0	0	0	92.01
200.00		Subtotal (see instructions)		838	0	2,968	64
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00		Net Charges (line 200 - line 201)		838	0	2,968	64

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 4/29/2021 2:07 pm	
			Title XVIII		Subprovider - IRF		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		
57.00	05700	CT SCAN	0	0		57.00		
58.00	05800	MRI	0	0		58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00		
60.00	06000	LABORATORY	0	225		60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00		
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00		
65.00	06500	RESPIRATORY THERAPY	0	0		65.00		
66.00	06600	PHYSICAL THERAPY	0	0		66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00		
68.00	06800	SPEECH PATHOLOGY	0	0		68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00		
76.00	03950	DIGESTIVE DISEASES	0	0		76.00		
76.01	03951	ENTEROSTOMAL	0	0		76.01		
76.02	03952	DIABETIC SERVICE	0	0		76.02		
76.03	03953	WOUND CARE	0	0		76.03		
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.04		
76.08	03956	SLEEP DISORDERS	0	0		76.08		
76.09	03957	PAIN PROGRAM	0	0		76.09		
76.97	07697	CARDIAC REHABILITATION	0	0		76.97		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0		90.00		
91.00	09100	EMERGENCY	0	0		91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01		
200.00		Subtotal (see instructions)	0	225		200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00		
202.00		Net Charges (line 200 - line 201)	0	225		202.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/29/2021 2:07 pm

			Title V		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,704,925	0	11,704,925	151,064	77.48	30.00
31.00	INTENSIVE CARE UNIT	2,024,950		2,024,950	17,201	117.72	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,211,105		1,211,105	8,088	149.74	31.01
41.00	SUBPROVIDER - IRF	297,830	0	297,830	7,116	41.85	41.00
43.00	NURSERY	173,564		173,564	3,963	43.80	43.00
200.00	Total (lines 30 through 199)	15,412,374		15,412,374	187,432		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	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description		Title V		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,844,318	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	278,181	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	556,113	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	502,894	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,258,781	0	0.000000	0	54.00
57.00	05700	CT SCAN	1,124,658	0	0.000000	0	57.00
58.00	05800	MRI	2,933,052	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	834,580	0	0.000000	0	59.00
60.00	06000	LABORATORY	2,877,766	0	0.000000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	322,588	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	368,338	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	985,633	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	982,924	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	170,417	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	53,476	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,559	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,894	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,132,400	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,590,813	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,411,124	0	0.000000	0	73.00
76.00	03950	DIGESTIVE DISEASES	1,285,837	0	0.000000	0	76.00
76.01	03951	ENTEROSTOMAL	16,241	0	0.000000	0	76.01
76.02	03952	DIABETIC SERVICE	185,237	0	0.000000	0	76.02
76.03	03953	WOUND CARE	160,914	0	0.000000	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	400,224	0	0.000000	0	76.04
76.08	03956	SLEEP DISORDERS	132,260	0	0.000000	0	76.08
76.09	03957	PAIN PROGRAM	125,622	0	0.000000	0	76.09
76.97	07697	CARDIAC REHABILITATION	162,821	0	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	585,539	0	0.000000	0	90.00
91.00	09100	EMERGENCY	1,803,231	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	492,170	0	0.000000	0	92.01
200.00		Total (lines 50 through 199)	40,836,605	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/29/2021 2:07 pm		
					Title V		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	3,717,513	0	632,490	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	205,829	0	0	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	18,944	0	0	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	71,988	0	0	0	43.00			
200.00	Total (lines 30 through 199)		0	4,014,274	0	632,490	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	4,350,003	151,064	28.80	0	30.00			
31.00	03100	INTENSIVE CARE UNIT		205,829	17,201	11.97	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT		18,944	8,088	2.34	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	7,116	0.00	0	41.00			
43.00	04300	NURSERY		71,988	3,963	18.17	0	43.00			
200.00	Total (lines 30 through 199)			4,646,764	187,432		0	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0								31.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 2:07 pm	
				Title V		Hospital		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	38,930	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	70,094	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	7,294	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	34,100	0	236,310	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	126,920	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	28,795	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	661,140	73.00
76.00	03950	DIGESTIVE DISEASES		0	0	23,491	0	0	76.00
76.01	03951	ENTEROSTOMAL		0	0	13,261	0	0	76.01
76.02	03952	DIABETIC SERVICE		0	0	8,620	0	0	76.02
76.03	03953	WOUND CARE		0	0	28,795	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	49,823	0	0	76.04
76.08	03956	SLEEP DISORDERS		0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM		0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	181,864	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	26,522	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	511,589	0	1,024,370	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			Title V		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	38,930	38,930	0	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,094	70,094	0	0.000000
53.00	05300	ANESTHESIOLOGY	0	7,294	7,294	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	270,410	270,410	0	0.000000
57.00	05700	CT SCAN	0	0	0	0	0.000000
58.00	05800	MRI	0	0	0	0	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00	06000	LABORATORY	0	126,920	126,920	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	28,795	28,795	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	661,140	661,140	0	0.000000
76.00	03950	DIGESTIVE DISEASES	0	23,491	23,491	0	0.000000
76.01	03951	ENTEROSTOMAL	0	13,261	13,261	0	0.000000
76.02	03952	DIABETIC SERVICE	0	8,620	8,620	0	0.000000
76.03	03953	WOUND CARE	0	28,795	28,795	0	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	49,823	49,823	0	0.000000
76.08	03956	SLEEP DISORDERS	0	0	0	0	0.000000
76.09	03957	PAIN PROGRAM	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	181,864	181,864	0	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	26,522	26,522	0	0.000000
200.00		Total (lines 50 through 199)	0	1,535,959	1,535,959	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description			Title V		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	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	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00	03950	DIGESTIVE DISEASES	0.000000	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.000000	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.000000	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.000000	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.000000	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 2:07 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)		151,064	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		151,064	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)		135,424	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)		45,473	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)		175,884,697	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)		175,884,697	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)		175,884,697	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)		1,164.31	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		52,944,669	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)		52,944,669	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

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

Worksheet D-1

Date/Time Prepared:
4/29/2021 2:07 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	39,552,882	17,201	2,299.45	6,836	15,719,040
43.01	NEONATAL INTENSIVE CARE UNIT	19,289,830	8,088	2,384.99	0	0
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)					87,359,634
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					156,023,343
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,719,431
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,689,029
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,408,460
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					143,614,883
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					15,640
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,164.31
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,209,808

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/29/2021 2:07 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	11,704,925	175,884,697	0.066549	18,209,808	1,211,845	90.00		
91.00	Nursing School cost	3,717,513	175,884,697	0.021136	18,209,808	384,883	91.00		
92.00	Allied health cost	632,490	175,884,697	0.003596	18,209,808	65,482	92.00		
93.00	All other Medical Education	0	175,884,697	0.000000	18,209,808	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 2:07 pm
		Title XVIII	Subprovider - IRF	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)		7,116	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,116	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)		7,116	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)		3,102	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)		6,693,410	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)		6,693,410	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)		6,693,410	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)		940.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,917,772	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)		2,917,772	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1	
				Component CCN: 14-T067		Date/Time Prepared: 4/29/2021 2:07 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,187,940	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,105,712	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					129,819	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					128,031	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					257,850	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,847,862	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

Period:

Worksheet D-1

Component CCN: 14-T067

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/29/2021 2:07 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	297,830	6,693,410	0.044496	0	0	90.00
91.00	Nursing School cost	0	6,693,410	0.000000	0	0	91.00
92.00	Allied health cost	0	6,693,410	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,693,410	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/29/2021 2:07 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		121,308,470	30.00
31.00	03100	INTENSIVE CARE UNIT		30,417,438	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141447	60,737,901	8,591,194 50.00
51.00	05100	RECOVERY ROOM	0.098587	8,645,156	852,300 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303258	75,186	22,801 52.00
53.00	05300	ANESTHESIOLOGY	0.030308	37,214,063	1,127,884 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137090	49,059,122	6,725,515 54.00
57.00	05700	CT SCAN	0.042974	30,490,083	1,310,281 57.00
58.00	05800	MRI	0.108739	9,475,354	1,030,341 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.031572	31,615,464	998,163 59.00
60.00	06000	LABORATORY	0.075883	90,275,082	6,850,344 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.475601	4,078,558	1,939,766 63.00
64.00	06400	INTRAVENOUS THERAPY	0.380215	87,257	33,176 64.00
65.00	06500	RESPIRATORY THERAPY	0.080205	49,614,469	3,979,328 65.00
66.00	06600	PHYSICAL THERAPY	0.384614	7,215,902	2,775,337 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.242200	3,209,514	777,344 67.00
68.00	06800	SPEECH PATHOLOGY	0.280047	1,666,749	466,768 68.00
69.00	06900	ELECTROCARDIOLOGY	0.049113	25,879,222	1,271,006 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.074384	5,102,377	379,535 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.252322	32,112,666	8,102,732 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215573	77,032,993	16,606,233 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132474	108,411,335	14,361,683 73.00
76.00	03950	DIGESTIVE DISEASES	0.077856	14,338,059	1,116,304 76.00
76.01	03951	ENTEROSTOMAL	0.221772	1,333,105	295,645 76.01
76.02	03952	DIABETIC SERVICE	0.844258	0	0 76.02
76.03	03953	WOUND CARE	0.273361	16,868	4,611 76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.542020	234,891	127,316 76.04
76.08	03956	SLEEP DISORDERS	0.160759	0	0 76.08
76.09	03957	PAIN PROGRAM	0.101714	14,190	1,443 76.09
76.97	07697	CARDIAC REHABILITATION	1.283582	243,159	312,115 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.888743	23,178	20,599 90.00
91.00	09100	EMERGENCY	0.212091	20,897,504	4,432,173 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.562519	5,062,401	2,847,697 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511803	0	0 92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		674,161,808	87,359,634 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		674,161,808	87,359,634 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/29/2021 2:07 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
41.00	04100 SUBPROVIDER - IRF		6,025,718		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.141447	22,522	3,186	50.00
51.00	05100 RECOVERY ROOM	0.098587	8,749	863	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.303258	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030308	12,618	382	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137090	231,379	31,720	54.00
57.00	05700 CT SCAN	0.042974	106,463	4,575	57.00
58.00	05800 MRI	0.108739	14,664	1,595	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.031572	45,497	1,436	59.00
60.00	06000 LABORATORY	0.075883	850,671	64,551	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.475601	11,102	5,280	63.00
64.00	06400 INTRAVENOUS THERAPY	0.380215	16,871	6,415	64.00
65.00	06500 RESPIRATORY THERAPY	0.080205	733,643	58,842	65.00
66.00	06600 PHYSICAL THERAPY	0.384614	2,406,888	925,723	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.242200	2,274,235	550,820	67.00
68.00	06800 SPEECH PATHOLOGY	0.280047	631,985	176,986	68.00
69.00	06900 ELECTROCARDIOLOGY	0.049113	22,378	1,099	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.074384	1,647	123	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.252322	102,618	25,893	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.215573	101,964	21,981	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132474	1,830,845	242,539	73.00
76.00	03950 DIGESTIVE DISEASES	0.077856	16,419	1,278	76.00
76.01	03951 ENTEROSTOMAL	0.221772	87,191	19,337	76.01
76.02	03952 DIABETIC SERVICE	0.844258	0	0	76.02
76.03	03953 WOUND CARE	0.273361	119	33	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.542020	55,455	30,058	76.04
76.08	03956 SLEEP DISORDERS	0.160759	0	0	76.08
76.09	03957 PAIN PROGRAM	0.101714	0	0	76.09
76.97	07697 CARDIAC REHABILITATION	1.283582	324	416	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.888743	0	0	90.00
91.00	09100 EMERGENCY	0.212091	60,394	12,809	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.562519	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.511803	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		9,646,641	2,187,940	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)		9,646,641		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 4/29/2021 2:07 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	61,302	1,164.31	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	127,716	2,299.45	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,384.99	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		189,018		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.141447	1,127,972	159,548	8.00	
9.00	RECOVERY ROOM	51.00	0.098587	55,324	5,454	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.303258	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.030308	416,723	12,630	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137090	595,848	81,685	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.042974	76,215	3,275	15.00	
16.00	MRI	58.00	0.108739	9,354	1,017	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.031572	47,802	1,509	17.00	
18.00	LABORATORY	60.00	0.075799	1,041,037	78,910	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.475601	11,534	5,486	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.380215	12,723	4,837	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.080205	215,287	17,267	23.00	
24.00	PHYSICAL THERAPY	66.00	0.384614	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.242200	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.280047	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.049113	414,947	20,379	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.074384	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.252322	390,028	98,413	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.215573	12,686	2,735	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.132474	403,910	53,508	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.077856	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.221772	162	36	34.01	
34.02	DIABETIC SERVICE	76.02	0.844258	0	0	34.02	
34.03	WOUND CARE	76.03	0.273361	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.542020	0	0	34.04	
34.08	SLEEP DISORDERS	76.08	0.160759	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.101714	0	0	34.09	
34.97	CARDIAC REHABILITATION	76.97	1.283582	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.888743	0	0	37.00	
38.00	EMERGENCY	91.00	0.212091	9,153	1,941	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.562519	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.511803	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,840,705	548,630	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0067

Period:

From 10/01/2019

To 09/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
4/29/2021 2:07 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	9,153	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		9,153		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	548,630		5,029,723		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	4,191,599		4,190,353		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	4,740,229		9,220,076		61.00	
62.00	Total Usable Organs (see instructions)		119			62.00	
63.00	Medicare Usable Organs (see instructions)		106			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.890756			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,222,387		8,212,838		65.00	
66.00	Revenue for Organs Sold	202,714		0		66.00	
67.00	Subtotal (line 65 minus line 66)	4,019,673		8,212,838		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,019,673	0	8,212,838	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		15	41		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	71		73.00	
74.00	Total (sum of lines 70 through 73)		15	112		74.00	
75.00	Organs Transplanted		15	41	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	62	202,714	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	1		82.00	
83.00	Unusable/Discarded Organs		0	8		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		15	112		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 4/29/2021 2:07 pm	
				Pancreas	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,164.31	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	11,449	2,299.45	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,384.99	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		11,449		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.141447	65,726	9,297	8.00
9.00	RECOVERY ROOM		51.00	0.098587	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.303258	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.030308	20,414	619	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.137090	12,179	1,670	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.042974	2,723	117	15.00
16.00	MRI		58.00	0.108739	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.031572	10,537	333	17.00
18.00	LABORATORY		60.00	0.075799	55,416	4,200	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.475601	974	463	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.380215	779	296	22.00
23.00	RESPIRATORY THERAPY		65.00	0.080205	15,830	1,270	23.00
24.00	PHYSICAL THERAPY		66.00	0.384614	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.242200	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.280047	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.049113	7,849	385	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.074384	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.252322	18,236	4,601	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.215573	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.132474	32,989	4,370	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DIGESTIVE DISEASES		76.00	0.077856	0	0	34.00
34.01	ENTEROSTOMAL		76.01	0.221772	0	0	34.01
34.02	DIABETIC SERVICE		76.02	0.844258	0	0	34.02
34.03	WOUND CARE		76.03	0.273361	0	0	34.03
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.04	0.542020	0	0	34.04
34.08	SLEEP DISORDERS		76.08	0.160759	0	0	34.08
34.09	PAIN PROGRAM		76.09	0.101714	0	0	34.09
34.97	CARDIAC REHABILITATION		76.97	1.283582	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.888743	0	0	37.00
38.00	EMERGENCY		91.00	0.212091	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.562519	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.511803	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				243,652	27,621	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 4/29/2021 2:07 pm	
				Pancreas		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00			
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
52.00	EMERGENCY	24.00	0	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	27,621		255,101		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	139,927		149,402		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	167,548		404,503		61.00			
62.00	Total Usable Organs (see instructions)		9			62.00			
63.00	Medicare Usable Organs (see instructions)		7			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.777778			64.00			
65.00	Medicare Cost/Charges (see instructions)	130,315		314,614		65.00			
66.00	Revenue for Organs Sold	16,399		0		66.00			
67.00	Subtotal (line 65 minus line 66)	113,916		314,614		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	113,916	0	314,614	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		0	2		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	9		73.00			
74.00	Total (sum of lines 70 through 73)		0	11		74.00			
75.00	Organs Transplanted		0	2	0	75.00			
76.00	Organs Sold to Other Hospitals		0	0	0	76.00			
77.00	Organs Sold to OPOs		0	6	16,399	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00			
82.00	Organs Used for Research		0	1		82.00			
83.00	Unusable/Discarded Organs		0	2		83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	11		84.00			

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 2:07 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)		106,369,482		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)		5,052,030		2.04
3.00	Managed Care Simulated Payments		44,863,587		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		600.53		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)		126.89		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).		5.33		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)		132.22		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		220.77		10.00
11.00	FTE count for residents in dental and podiatric programs.		3.68		11.00
12.00	Current year allowable FTE (see instructions)		135.90		12.00
13.00	Total allowable FTE count for the prior year.		135.35		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.		134.99		14.00
15.00	Sum of lines 12 through 14 divided by 3.		135.41		15.00
16.00	Adjustment for residents in initial years of the program		10.68		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		146.09		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.243268		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.242061		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.242061		21.00
22.00	IME payment adjustment (see instructions)		13,176,945		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,557,656		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) .		25.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		88.55		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)		25.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.041630		26.00
27.00	IME payments adjustment factor. (see instructions)		0.010993		27.00
28.00	IME add-on adjustment amount (see instructions)		1,169,320		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		493,185		28.01
29.00	Total IME payment (sum of lines 22 and 28)		14,346,265		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		6,050,841		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.05		30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.70		31.00
32.00	Sum of lines 30 and 31		34.75		32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.88		33.00
34.00	Disproportionate share adjustment (see instructions)		4,754,716		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 2:07 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	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000540973		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,517,451	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,517,451	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,517,451		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	135,039,944			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			141,090,785	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			9,980,135	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).			5,389,148	52.00
53.00	Nursing and Allied Health Managed Care payment			355,195	53.00
54.00	Special add-on payments for new technologies			43,352	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)			4,133,589	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			1,391,449	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			280,032	58.00
59.00	Total (sum of amounts on lines 49 through 58)			162,663,685	59.00
60.00	Primary payer payments			13,405	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			162,650,280	61.00
62.00	Deductibles billed to program beneficiaries			9,295,704	62.00
63.00	Coinsurance billed to program beneficiaries			530,145	63.00
64.00	Allowable bad debts (see instructions)			1,421,687	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			924,097	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,213,114	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			153,748,528	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 ADJUSTMENT			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-614,007	70.93
70.94	HRR adjustment amount (see instructions)			-1,479,140	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 2:07 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)		1,413,951	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		150,241,430	71.00
71.01	Sequestration adjustment (see instructions)		1,742,801	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		146,910,335	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)		1,588,294	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		2,950,673	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		SAINT FRANCIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/29/2021 2:07 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		67,165	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		59,707,795	2.00	
3.00	OPPS payments		56,372,261	3.00	
4.00	Outlier payment (see instructions)		230,648	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		246,997	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		67,165	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		507,599	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)		507,599	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)		507,599	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		440,434	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)		67,165	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)		56,849,906	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		752	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,601,172	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)		47,315,147	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,957,400	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)		49,272,547	30.00	
31.00	Primary payer payments		1,788	31.00	
32.00	Subtotal (line 30 minus line 31)		49,270,759	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)		965,147	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		627,346	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		756,897	36.00	
37.00	Subtotal (see instructions)		49,898,105	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)		49,898,105	40.00	
40.01	Sequestration adjustment (see instructions)		578,818	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		49,239,549	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)		79,738	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		183,927	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	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/29/2021 2:07 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		225	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		64	2.00
3.00	OPPS payments		0	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)		225	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,968	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)		2,968	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 charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,968	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,743	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)		225	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)		0	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)		0	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)		225	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)		225	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		225	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		225	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)		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)		225	40.00
40.01	Sequestration adjustment (see instructions)		3	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		1,072	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)		-850	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: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/29/2021 2:07 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		146,910,335		49,239,549	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)		146,910,335		49,239,549	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		1,588,294		79,738	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		148,498,629		49,319,287	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0067
 Component CCN: 14-T067

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/29/2021 2:07 pm

		Title XVIII		Subprovider - IRF		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					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		5,338,519		1,072	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)		5,338,519		1,072	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		23,527		850	6.02
7.00	Total Medicare program liability (see instructions)		5,314,992		222	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: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet E-1 Part II Date/Time Prepared: 4/29/2021 2:07 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part III Date/Time Prepared: 4/29/2021 2:07 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,965,295 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0316 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			288,980 3.00
4.00	Outlier Payments			174,308 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.62 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.12 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.12 9.00
10.00	Average Daily Census (see instructions)			19.442623 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.006273 11.00
12.00	Teaching Adjustment (see instructions)			31,147 12.00
13.00	Total PPS Payment (see instructions)			5,459,730 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,459,730 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,459,730 19.00
20.00	Deductibles			53,108 20.00
21.00	Subtotal (line 19 minus line 20)			5,406,622 21.00
22.00	Coinurance			32,285 22.00
23.00	Subtotal (line 21 minus line 22)			5,374,337 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,374,337 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,032 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,377,369 32.00
32.01	Sequestration adjustment (see instructions)			62,377 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,338,519 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-23,527 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			174,308 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4 Date/Time Prepared: 4/29/2021 2:07 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					114.45	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					7.33	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					121.78	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					231.57	6.00
7.00	Enter the lesser of line 5 or line 6					121.78	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	108.49	109.92	218.41		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	57.05	57.81	114.86		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		3.68			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.68			10.01	
11.00	Total weighted FTE count	57.05	61.49			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.55	61.46			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.11	63.63			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	56.90	62.19			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	56.90	62.19			17.00	
18.00	Per resident amount	115,723.11	109,708.89			18.00	
19.00	Approved amount for resident costs	6,584,645	6,822,796	13,407,441		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			109.79		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			23.58		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			98,237.33		23.00	
24.00	Multiply line 22 time line 23			2,316,436		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			15,723,877		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	55,411	6,302	18,907		26.00	
27.00	Total Inpatient Days (see instructions)	168,775	168,775	168,775		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.328313	0.037340	0.112025		28.00	
29.00	Program direct GME amount	5,162,353	587,130	1,761,467	7,510,950	29.00	
29.01	Percent reduction for MA DGME		7.00	7.00		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		41,099	123,303	164,402	30.00	
31.00	Net Program direct GME amount				7,346,548	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/29/2021 2:07 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			161,129,055	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			4,133,589	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			13,405	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			165,249,239	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			60,022,246	42.00
43.00	Primary payer payments (see instructions)			1,788	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			60,020,458	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			225,269,697	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.733562	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.266438	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			7,346,548	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,389,148	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,957,400	50.00

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

Provider CCN: 14-0067

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

Worksheet G

Date/Time Prepared:
4/29/2021 2:07 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	10,041,371	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	858,176,130	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-667,356,816	0	0	0	6.00
7.00	Inventory	17,758,266	0	0	0	7.00
8.00	Prepaid expenses	4,698	0	0	0	8.00
9.00	Other current assets	10,197,844	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)	228,821,493	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,692,483	0	0	0	12.00
13.00	Land improvements	9,486,909	0	0	0	13.00
14.00	Accumulated depreciation	-7,219,704	0	0	0	14.00
15.00	Buildings	724,497,121	0	0	0	15.00
16.00	Accumulated depreciation	-335,377,148	0	0	0	16.00
17.00	Leasehold improvements	1,211,239	0	0	0	17.00
18.00	Accumulated depreciation	-1,147,387	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	259,386,284	0	0	0	23.00
24.00	Accumulated depreciation	-191,186,936	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	27,936,091	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	499,278,952	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,982,550,136	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	3,360,231	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,985,910,367	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,714,010,812	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	37,941,605	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,072,519	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	5,412,410	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,496,522	0	0	0	43.00
44.00	Other current liabilities	168,751,234	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	214,674,290	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	2,639,690	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,639,690	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	217,313,980	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,496,696,832	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)	2,496,696,832	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,714,010,812	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0067

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

Worksheet G-1

Date/Time Prepared:
4/29/2021 2:07 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		2,293,190,541		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		197,565,436				2.00
3.00	Total (sum of line 1 and line 2)		2,490,755,977		0		3.00
4.00	CHANGE IN TRNA	1,711,189		0		0	4.00
5.00	CHANGE IN PRNA	868,253		0		0	5.00
6.00	OTHER	3,361,413		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)		5,940,855		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,496,696,832		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,496,696,832		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	CHANGE IN TRNA		0				4.00
5.00	CHANGE IN PRNA		0				5.00
6.00	OTHER		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/29/2021 2:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	359,439,402		359,439,402	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	13,106,138		13,106,138	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)	372,545,540		372,545,540	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	109,562,865		109,562,865	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	37,008,028		37,008,028	11.01
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)	146,570,893		146,570,893	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	519,116,433		519,116,433	17.00
18.00	Ancillary services	1,923,925,112	1,779,516,696	3,703,441,808	18.00
19.00	Outpatient services	42,948,209	119,273,909	162,222,118	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	14,848,953	64,544,825	79,393,778	27.00
27.01	TRANSPLANTS	6,252,999	194,227	6,447,226	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,507,091,706	1,963,529,657	4,470,621,363	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		959,686,363		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)		959,686,363		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0067

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

Worksheet G-3

Date/Time Prepared:
4/29/2021 2:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,470,621,363	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,365,017,458	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,105,603,905	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	959,686,363	4.00
5.00	Net income from service to patients (line 3 minus line 4)	145,917,542	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,316,112	6.00
7.00	Income from investments	103,457,837	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	5,146	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	105,566	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	4,375,870	17.00
18.00	Revenue from sale of medical records and abstracts	174,897	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	6,818,739	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	92,017	21.00
22.00	Rental of hospital space	1,232,206	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	748,777	24.00
24.01	OTHER REVENUE	198,467	24.01
24.02	COMM HEALTH ED	69,500	24.02
24.03	RISK AND VALUE BASED RESERVES	5,544,164	24.03
24.04	BLUE CROSS QUALITY	10,625,002	24.04
24.50	COVID-19 PHE Funding	21,957,355	24.50
25.00	Total other income (sum of lines 6-24)	163,721,655	25.00
26.00	Total (line 5 plus line 25)	309,639,197	26.00
27.00	FEDERAL AND STATE TAXES	227,818	27.00
27.01	PENSION COST	2,866,500	27.01
27.02	EQUITY TRANSFER	108,979,443	27.02
27.03	OTHER EXPENSES (SPECIFY)	0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	112,073,761	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	197,565,436	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0067	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/29/2021 2:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,382,045	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		629,964	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)		441.69	3.00
4.00	Number of interns & residents (see instructions)		171.09	4.00
5.00	Indirect medical education percentage (see instructions)		11.55	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)		968,126	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)		9,980,135	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