

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: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/29/2021 7:51 am
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 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 OSF SACRED HEART MEDICAL CENTER (14-0093) 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	365,334	-38,433	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	365,334	-38,433	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: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/29/2021 7:51 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:				1.00			
2.00	City: DANVILLE			State: IL		Zip Code: 61821		County: VERMILION			
		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		OSF SACRED HEART MEDICAL CENTER		140093	19180	1	07/01/1966	0	P	0
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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.			582	597	0	0	2,372	130	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/29/2021 7:51 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/29/2021 7:51 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/29/2021 7:51 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/29/2021 7:51 am	
			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)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N			
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/29/2021 7:51 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	18,445	180,000	35,624118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/29/2021 7:51 am		
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: 0131				141.00	
142.00	Street: 800 N.E. GLEN OAK AVENUE		PO Box:						142.00	
143.00	City: PEORIA		State: IL		Zip Code: 61603				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/29/2021 7:51 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/29/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	12/14/2020	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 3/29/2021 7:51 am	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
				1.00		2.00	
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARLIN		SILVER		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.	X		MARLIN.L.SILVER@OSFHEALTHCAR E.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/29/2021 7:51 am

		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.	GOV'T REPORTING SR 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: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/29/2021 7:51 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	160	58,560	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		160	58,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		174	63,684	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		174			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/29/2021 7:51 am

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)	5,452	350	12,971			1.00
2.00	HMO and other (see instructions)	3,442	2,969				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,452	350	12,971			7.00
8.00	INTENSIVE CARE UNIT	616	34	1,635			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		198	911			13.00
14.00	Total (see instructions)	6,068	582	15,517	0.00	450.12	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	450.12	27.00
28.00	Observation Bed Days		598	2,279			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	130	157			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: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/29/2021 7:51 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,635	145	4,301	1.00
2.00 HMO and other (see instructions)			813	894		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,635	145	4,301	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/29/2021 7:51 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	29,079,649	408,907	29,488,556	953,618.00	30.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		450,037	0	450,037	12,255.00	36.72
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,891,202	0	3,891,202	50,908.00	76.44
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		78,745	0	78,745	630.00	124.99
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		8,055,556	0	8,055,556	226,958.00	35.49
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)		9,230,361	0	9,230,361		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		128,689	0	128,689		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,732,948	0	2,732,948		
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: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/29/2021 7:51 am

		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	17,174	0	17,174	470.00	36.54	26.00
27.00	Administrative & General	5.00	2,761,414	0	2,761,414	82,293.00	33.56	27.00
28.00	Administrative & General under contract (see inst.)		782,363	0	782,363	5,373.00	145.61	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	925,500	0	925,500	30,758.00	30.09	30.00
31.00	Laundry & Linen Service	8.00	36,207	0	36,207	2,058.00	17.59	31.00
32.00	Housekeeping	9.00	978,739	-1,333	977,406	60,457.00	16.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	540,869	-295,588	245,281	16,128.00	15.21	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	293,619	293,619	19,311.00	15.20	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,396,996	-1,534	1,395,462	39,588.00	35.25	38.00
39.00	Central Services and Supply	14.00	342,923	-8,891	334,032	14,320.00	23.33	39.00
40.00	Pharmacy	15.00	1,053,671	-6,856	1,046,815	19,969.00	52.42	40.00
41.00	Medical Records & Medical Records Library	16.00	202,174	-2,079	200,095	10,205.00	19.61	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/29/2021 7:51 am

	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)	29,862,012	408,907	30,270,919	958,991.00	31.57	1.00
2.00	Excluded area salaries (see instructions)	450,037	0	450,037	12,255.00	36.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,411,975	408,907	29,820,882	946,736.00	31.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,025,503	0	12,025,503	278,496.00	43.18	4.00
5.00	Subtotal wage-related costs (see inst.)	11,963,309	0	11,963,309	0.00	40.12	5.00
6.00	Total (sum of lines 3 thru 5)	53,400,787	408,907	53,809,694	1,225,232.00	43.92	6.00
7.00	Total overhead cost (see instructions)	9,038,030	-22,662	9,015,368	300,930.00	29.96	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,046,009	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,749,646	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	65,977	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	252,451	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	2,155,712	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	89,255	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,359,050	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: 14-0093

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 3/29/2021 7:51 am

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	3,891,202	9,359,050	1.00
2.00	Hospital	3,891,202	9,359,050	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		OSF SACRED HEART MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 3/29/2021 7:51 am	
			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)			0.166802	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			8,558,221	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			111,718,717	6.00
7.00	Medicaid cost (line 1 times line 6)			18,634,905	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)			10,076,684	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)			10,076,684	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)	12,254,839	1,260,516	13,515,355	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,044,132	1,260,516	3,304,648	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,044,132	1,260,516	3,304,648	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)			10,840,821	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			380,639	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			585,599	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,255,222	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,915,552	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,220,200	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,296,884	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet A Date/Time Prepared: 3/29/2021 7:51 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,312,449	2,312,449	190,687	2,503,136	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,604,805	3,604,805	64,561	3,669,366	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,174	1,803,372	1,820,546	6,502,059	8,322,605	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	2,761,414	24,151,455	26,912,869	-2,497,871	24,414,998	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	1,010,544	1,010,544	-449,465	561,079	6.00	
7.00	00700	OPERATION OF PLANT	925,500	1,771,150	2,696,650	-179,865	2,516,785	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	36,207	270,126	306,333	-13,141	293,192	8.00	
9.00	00900	HOUSEKEEPING	978,739	541,944	1,520,683	-280,712	1,239,971	9.00	
10.00	01000	DIETARY	540,869	1,090,808	1,631,677	-933,249	698,428	10.00	
11.00	01100	CAFETERIA	0	0	0	836,374	836,374	11.00	
13.00	01300	NURSING ADMINISTRATION	1,396,996	417,079	1,814,075	-301,945	1,512,130	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	342,923	341,425	684,348	-152,377	531,971	14.00	
15.00	01500	PHARMACY	1,053,671	899,575	1,953,246	-215,588	1,737,658	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	202,174	50,758	252,932	-47,799	205,133	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	882,372	882,372	17.00	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,540,610	8,156,212	15,696,822	-3,767,571	11,929,251	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,441,229	1,051,048	2,492,277	-339,949	2,152,328	31.00	
43.00	04300	NURSERY	0	0	0	402,700	402,700	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	992,715	2,926,816	3,919,531	-1,551,974	2,367,557	50.00	
50.01	03330	ENDOSCOPY	685,846	259,666	945,512	-154,905	790,607	50.01	
51.00	05100	RECOVERY ROOM	310,451	71,715	382,166	-66,976	315,190	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,505,331	1,505,331	52.00	
53.00	05300	ANESTHESIOLOGY	53,488	2,576,097	2,629,585	-8,577	2,621,008	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	816,417	268,945	1,085,362	-187,507	897,855	54.00	
54.01	03630	ULTRASOUND	200,506	313,469	513,975	-6,371	507,604	54.01	
54.02	03440	MAMMOGRAPHY	142,111	44,989	187,100	-10,423	176,677	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	483,420	97,767	581,187	-71,899	509,288	55.00	
55.01	03480	ONCOLOGY	674,237	217,246	891,483	-134,309	757,174	55.01	
56.00	05600	RADIOISOTOPE	113,379	148,855	262,234	-6,532	255,702	56.00	
57.00	05700	CT SCAN	443,627	222,651	666,278	-36,111	630,167	57.00	
58.00	05800	MRI	173,912	83,467	257,379	-12,937	244,442	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	1,456,817	1,942,356	3,399,173	244,015	3,643,188	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	248,242	248,242	0	248,242	63.00	
65.00	06500	RESPIRATORY THERAPY	1,174,781	602,154	1,776,935	-242,739	1,534,196	65.00	
66.00	06600	PHYSICAL THERAPY	53	652,323	652,376	63,710	716,086	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	321,995	321,995	31,445	353,440	67.00	
68.00	06800	SPEECH PATHOLOGY	0	93,385	93,385	9,120	102,505	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	304,472	229,272	533,744	-62,755	470,989	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-128,974	-128,974	437,554	308,580	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,210,642	1,210,642	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,135,453	7,135,453	242,281	7,377,734	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,365,874	1,832,552	5,198,426	-664,623	4,533,803	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,521,263	1,521,263	0	1,521,263	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,629,612	69,154,454	97,784,066	224,681	98,008,747	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,517	33,558	62,075	-7,739	54,336	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	234,024	234,024	-141,631	92,393	192.00	
192.01	19201	APOTHECARY	0	96,518	96,518	0	96,518	192.01	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02	
192.03	19203	FOUNDATION	0	260,291	260,291	0	260,291	192.03	
192.04	19204	OUTREACH PROGRAMS	398,289	100,125	498,414	-72,799	425,615	192.04	
194.00	07950	INDUSTRIAL MEDICINE	23,231	2,635	25,866	-2,512	23,354	194.00	
200.00		TOTAL (SUM OF LINES 118 through 199)	29,079,649	69,881,605	98,961,254	0	98,961,254	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

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

Worksheet A

Date/Time Prepared:
3/29/2021 7:51 am

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	275,702	2,778,838	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	204,144	3,873,510	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,322,605	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,103,415	15,311,583	5.00
6.00	00600	MAINTENANCE & REPAIRS	-5,756	555,323	6.00
7.00	00700	OPERATION OF PLANT	0	2,516,785	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	293,192	8.00
9.00	00900	HOUSEKEEPING	0	1,239,971	9.00
10.00	01000	DIETARY	-7,094	691,334	10.00
11.00	01100	CAFETERIA	-221,119	615,255	11.00
13.00	01300	NURSING ADMINISTRATION	720,180	2,232,310	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	531,971	14.00
15.00	01500	PHARMACY	0	1,737,658	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-39,574	165,559	16.00
17.00	01700	SOCIAL SERVICE	107,168	989,540	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,833,882	9,095,369	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,152,328	31.00
43.00	04300	NURSERY	-26,330	376,370	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,367,557	50.00
50.01	03330	ENDOSCOPY	0	790,607	50.01
51.00	05100	RECOVERY ROOM	0	315,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-98,425	1,406,906	52.00
53.00	05300	ANESTHESIOLOGY	-2,489,792	131,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-59,867	837,988	54.00
54.01	03630	ULTRASOUND	0	507,604	54.01
54.02	03440	MAMMOGRAPHY	0	176,677	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	509,288	55.00
55.01	03480	ONCOLOGY	0	757,174	55.01
56.00	05600	RADIOISOTOPE	0	255,702	56.00
57.00	05700	CT SCAN	0	630,167	57.00
58.00	05800	MRI	0	244,442	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-46,110	3,597,078	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	248,242	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,534,196	65.00
66.00	06600	PHYSICAL THERAPY	0	716,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	353,440	67.00
68.00	06800	SPEECH PATHOLOGY	0	102,505	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	0	470,989	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	308,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,210,642	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,377,734	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-365,668	4,168,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,521,263	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,511,101	82,497,646	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,336	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	92,393	192.00
192.01	19201	APOTHECARY	0	96,518	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	260,291	192.03
192.04	19204	OUTREACH PROGRAMS	0	425,615	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	23,354	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-15,511,101	83,450,153	200.00

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
3/29/2021 7:51 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,771,591	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
			0	5,771,591		
	B - RADIOLOGY ADMIN					
1.00	ULTRASOUND	54.01	39,689	100	1.00	
2.00	MAMMOGRAPHY	54.02	18,213	46	2.00	
3.00	RADIOISOTOPE	56.00	19,046	48	3.00	
4.00	CT SCAN	57.00	59,498	151	4.00	
5.00	MRI	58.00	28,465	72	5.00	
	TOTALS		164,911	417		
	C - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	105,067	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	105,067		
	D - SHARED RADIOLOGY					
1.00		0.00	0	0	1.00	
			0	0		
	E - DIETARY/CAFETERIA					
1.00	CAFETERIA	11.00	294,692	541,168	1.00	
			294,692	541,168		
	F - ALTERNATIVE BIRTHING CTR					
1.00	NURSERY	43.00	292,695	110,005	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,094,121	411,210	2.00	
			1,386,816	521,215		
	G - MSCTP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	437,554	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
			0	437,554		

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
3/29/2021 7:51 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,210,642		1.00
2.00		0.00	0	0		2.00
	0		0	1,210,642		
	I - CLINICAL ENGINEERING					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	135,327		1.00
2.00	LABORATORY	60.00	0	546,066		2.00
	0		0	681,393		
	J - MINISTRY					
1.00	MAINTENANCE & REPAIRS	6.00	0	231,928		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	666,679		2.00
3.00	SOCIAL SERVICE	17.00	0	882,372		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	137,214		4.00
5.00	PHYSICAL THERAPY	66.00	0	63,710		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	31,445		6.00
7.00	SPEECH PATHOLOGY	68.00	0	9,120		7.00
	0		0	2,022,468		
	K - SHORT TERM DISABILITY					
1.00	HOUSEKEEPING	9.00	0	1,333		1.00
2.00	DIETARY	10.00	0	896		2.00
3.00	CAFETERIA	11.00	0	1,073		3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,534		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,891		5.00
6.00	PHARMACY	15.00	0	6,856		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,079		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	28,489		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	7,682		9.00
10.00	NURSERY	43.00	0	677		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,532		11.00
12.00	LABORATORY	60.00	0	1,413		12.00
13.00	EMERGENCY	91.00	0	333		13.00
	0		0	63,788		
	M - PROPERTY INSURANCE & TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	251,358		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	251,358		
	N - HOSPITALIST & PALLIATIVE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,890		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	100,779		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	131,725		3.00
4.00	ADULTS & PEDIATRICS	30.00	472,695	0		4.00
	TOTALS		472,695	236,394		
	O - VACATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,515		2.00
3.00	OPERATION OF PLANT	7.00	0	1,178		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	46		4.00
5.00	HOUSEKEEPING	9.00	0	1,246		5.00
6.00	DIETARY	10.00	0	174		6.00
7.00	CAFETERIA	11.00	0	514		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,778		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	436		9.00
10.00	PHARMACY	15.00	0	1,341		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	257		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	9,599		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	1,834		13.00
14.00	OPERATING ROOM	50.00	0	1,264		14.00
15.00	ENDOSCOPY	50.01	0	873		15.00
16.00	RECOVERY ROOM	51.00	0	395		16.00
17.00	ANESTHESIOLOGY	53.00	0	68		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,039		18.00
19.00	ULTRASOUND	54.01	0	255		19.00
20.00	MAMMOGRAPHY	54.02	0	181		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	615		21.00
22.00	ONCOLOGY	55.01	0	858		22.00
23.00	RADIOISOTOPE	56.00	0	144		23.00
24.00	CT SCAN	57.00	0	565		24.00
25.00	MRI	58.00	0	221		25.00
26.00	LABORATORY	60.00	0	1,854		26.00
27.00	RESPIRATORY THERAPY	65.00	0	1,495		27.00
28.00	CARDIOLOGY	69.01	0	388		28.00
29.00	EMERGENCY	91.00	0	4,284		29.00

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
3/29/2021 7:51 am

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	36		30.00
31.00	OUTREACH PROGRAMS	192.04	0	507		31.00
32.00	INDUSTRIAL MEDICINE	194.00	0	30		32.00
	TOTALS		0	37,012		
500.00	Grand Total: Increases		2,319,114	11,880,067		500.00

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
3/29/2021 7:51 am

	Decreases						3/29/2021 7:51 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	500,916	0		1.00
2.00	OPERATION OF PLANT	7.00	0	181,043	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	13,187	0		3.00
4.00	HOUSEKEEPING	9.00	0	281,958	0		4.00
5.00	DIETARY	10.00	0	97,563	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	303,723	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,270	0		7.00
8.00	PHARMACY	15.00	0	171,805	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	48,056	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,466,773	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	316,267	0		11.00
12.00	OPERATING ROOM	50.00	0	215,195	0		12.00
13.00	ENDOSCOPY	50.01	0	135,001	0		13.00
14.00	RECOVERY ROOM	51.00	0	67,325	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	8,645	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157,505	0		16.00
17.00	ULTRASOUND	54.01	0	38,203	0		17.00
18.00	MAMMOGRAPHY	54.02	0	28,863	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	72,514	0		19.00
20.00	ONCOLOGY	55.01	0	135,167	0		20.00
21.00	RADIOISOTOPE	56.00	0	24,100	0		21.00
22.00	CT SCAN	57.00	0	96,325	0		22.00
23.00	MRI	58.00	0	41,633	0		23.00
24.00	LABORATORY	60.00	0	303,899	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	244,234	0		25.00
26.00	CARDIOLOGY	69.01	0	63,143	0		26.00
27.00	EMERGENCY	91.00	0	575,655	0		27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7,775	0		28.00
29.00	OUTREACH PROGRAMS	192.04	0	73,306	0		29.00
30.00	INDUSTRIAL MEDICINE	194.00	0	2,542	0		30.00
	0		0	5,771,591			
	B - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	164,911	417	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
	TOTALS		164,911	417			
	C - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	45,124	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	31,252	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,044	0		3.00
4.00	OPERATING ROOM	50.00	0	417	0		4.00
5.00	ENDOSCOPY	50.01	0	2,408	0		5.00
6.00	RECOVERY ROOM	51.00	0	46	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,040	0		7.00
8.00	RADIOISOTOPE	56.00	0	1,670	0		8.00
9.00	MRI	58.00	0	62	0		9.00
10.00	LABORATORY	60.00	0	6	0		10.00
11.00	EMERGENCY	91.00	0	21,998	0		11.00
	0		0	105,067			
	D - SHARED RADIOLOGY						
1.00		0.00	0	0	0		1.00
	0		0	0			
	E - DIETARY/CAFETERIA						
1.00	DIETARY	10.00	294,692	541,168	0		1.00
	0		294,692	541,168			
	F - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	1,386,816	521,215	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,386,816	521,215			
	G - MSCTP						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,543	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	109,610	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	24,472	0		3.00
4.00	OPERATING ROOM	50.00	0	152,094	0		4.00
5.00	ENDOSCOPY	50.01	0	18,369	0		5.00
6.00	ULTRASOUND	54.01	0	8,212	0		6.00
7.00	EMERGENCY	91.00	0	71,254	0		7.00
	0		0	437,554			

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
3/29/2021 7:51 am

		Decreases					3/29/2021 7:51 am	
		Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
		6.00	7.00	8.00	9.00	10.00		
H - IMPLANTS								
1.00	ADULTS & PEDIATRICS	30.00	0	25,110	0		1.00	
2.00	OPERATING ROOM	50.00	0	1,185,532	0		2.00	
		0	0	1,210,642				
I - CLINICAL ENGINEERING								
1.00	MAINTENANCE & REPAIRS	6.00	0	681,393	0		1.00	
2.00		0.00	0	0	0		2.00	
		0	0	681,393				
J - MINISTRY								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,022,468	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
		0	0	2,022,468				
K - SHORT TERM DISABILITY								
1.00	HOUSEKEEPING	9.00	1,333	0	0		1.00	
2.00	DIETARY	10.00	896	0	0		2.00	
3.00	CAFETERIA	11.00	1,073	0	0		3.00	
4.00	NURSING ADMINISTRATION	13.00	1,534	0	0		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	8,891	0	0		5.00	
6.00	PHARMACY	15.00	6,856	0	0		6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	2,079	0	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	28,489	0	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	7,682	0	0		9.00	
10.00	NURSERY	43.00	677	0	0		10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	2,532	0	0		11.00	
12.00	LABORATORY	60.00	1,413	0	0		12.00	
13.00	EMERGENCY	91.00	333	0	0		13.00	
		0	63,788	0				
M - PROPERTY INSURANCE & TAXES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	109,727	0		1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	141,631	0		2.00	
			0	251,358				
N - HOSPITALIST & PALLIATIVE								
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	ADULTS & PEDIATRICS	30.00	0	709,089	0		4.00	
			0	709,089				
O - VACATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37,012	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
3/29/2021 7:51 am

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
32.00		0.00	0	0	0		32.00
	TOTALS		0	37,012			
500.00	Grand Total: Decreases		1,910,207	12,288,974			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/29/2021 7:51 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,025,000	0	0	0	0	1.00
2.00	Land Improvements	965,150	136,949	0	136,949	0	2.00
3.00	Buildings and Fixtures	41,514,273	461,446	0	461,446	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	13,096,804	609,498	0	609,498	220	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	57,601,227	1,207,893	0	1,207,893	220	8.00
9.00	Reconciling Items	188,249	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	57,412,978	1,207,893	0	1,207,893	220	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,025,000	0				1.00
2.00	Land Improvements	1,102,099	0				2.00
3.00	Buildings and Fixtures	41,975,719	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	13,706,082	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	58,808,900	0				8.00
9.00	Reconciling Items	188,249	0				9.00
10.00	Total (line 8 minus line 9)	58,620,651	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/29/2021 7:51 am

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	2,312,449	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,604,805	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,917,254	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	2,312,449				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,604,805				2.00
3.00	Total (sum of lines 1-2)	0	5,917,254				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/29/2021 7:51 am

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	43,077,818	0	43,077,818	0.758627	83,242	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,706,082	0	13,706,082	0.241373	26,485	2.00
3.00	Total (sum of lines 1-2)	56,783,900	0	56,783,900	1.000000	109,727	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	107,445	0	190,687	2,588,151	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	34,186	0	60,671	3,812,839	0	2.00
3.00	Total (sum of lines 1-2)	141,631	0	251,358	6,400,990	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	83,242	107,445	0	2,778,838	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,485	34,186	0	3,873,510	2.00
3.00	Total (sum of lines 1-2)	0	109,727	141,631	0	6,652,348	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

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

Worksheet A-8

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,899,697			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	-2,338,432			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-221,119	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-39,574	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-18,787	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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	5,548	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	165,090	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
33.00	INTERCOMPANY INTEREST	A	-1,521,263	INTEREST EXPENSE	113.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

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

Worksheet A-8

Date/Time Prepared:
3/29/2021 7:51 am

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	
33.01	DIETARY MEALS	B	-7,094	DIETARY	10.00	0	33.01
33.02	INSERVICE EDUCATION	B	-425	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	MEDICAID ASSESSMENT	A	-5,598,837	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	LOBBYING DUES	A	-23,001	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	RECRUITING	A	-9,100	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	RECRUITING	A	-4,200	EMERGENCY	91.00	0	33.06
33.07	REVENUE CYCLE ADMINISTRATION	B	-210	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.08
33.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.09
33.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,511,101				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: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
3/29/2021 7:51 am

	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	270,154	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,045,677	1,006,623	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	666,679	666,679	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	8,478,379	10,619,466	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	231,928	231,928	3.02
3.03	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED BIOMED	186,556	186,556	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHG - POOLED IMAGIN	76,701	76,701	3.04
3.05	60.00	LABORATORY	MINISTRY CHG - POOLED LAB	309,499	309,499	3.05
3.06	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - EICU	241,876	241,876	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED PT REH	63,710	63,710	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED OT REH	31,445	31,445	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED ST REH	9,120	9,120	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	635,993	635,993	3.10
3.11	17.00	SOCIAL SERVICE	MINISTRY CHG - CARE MANAGEME	989,540	882,372	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	1,738,046	3,240,639	3.12
3.13	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	720,180	0	3.13
3.14	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - CARE HUB	124,414	0	3.14
3.15	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - SAFETY CO	61,745	0	3.15
3.16	6.00	MAINTENANCE & REPAIRS	PCI HTM - ENGINEERING	136,839	142,595	3.16
3.17	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTM - IMAGING	56,260	58,627	3.17
3.18	60.00	LABORATORY	PCI HTM - LABORATORY	227,017	236,567	3.18
3.19	5.00	ADMINISTRATIVE & GENERAL	PCI CREDENTIALING	49,430	49,224	3.19
3.20	60.00	LABORATORY	PCI HTM-LABORATORY	227,017	227,017	3.20
3.21	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	469,546	469,546	3.21
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,047,751	19,386,183	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	0.00	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: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
3/29/2021 7:51 am

	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	270,154	9		1.00
2.00	39,054	9		2.00
3.00	0	0		3.00
3.01	-2,141,087	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
3.06	0	9		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	107,168	0		3.11
3.12	-1,502,593	0		3.12
3.13	720,180	0		3.13
3.14	124,414	0		3.14
3.15	61,745	0		3.15
3.16	-5,756	0		3.16
3.17	-2,367	0		3.17
3.18	-9,550	11		3.18
3.19	206	11		3.19
3.20	0	0		3.20
3.21	0	0		3.21
4.00	0	0		4.00
5.00	-2,338,432			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0093

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

Worksheet A-8-2

Date/Time Prepared:
3/29/2021 7:51 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,840	4,840	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,824,782	2,824,782	0	0	0	2.00
3.00	43.00	NURSERY	26,330	26,330	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	98,425	98,425	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,489,792	2,489,792	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	57,500	57,500	0	0	0	6.00
7.00	60.00	LABORATORY	36,560	36,560	0	0	0	7.00
8.00	91.00	EMERGENCY	361,468	361,468	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,899,697	5,899,697	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	4,840		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,824,782		2.00
3.00	43.00	NURSERY	0	0	0	26,330		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	98,425		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,489,792		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	57,500		6.00
7.00	60.00	LABORATORY	0	0	0	36,560		7.00
8.00	91.00	EMERGENCY	0	0	0	361,468		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	5,899,697		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,778,838	2,778,838			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,873,510		3,873,510		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,322,605	3,576	0	8,326,181	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,311,583	144,727	2,473,950	780,146	5.00
6.00	00600	MAINTENANCE & REPAIRS	555,323	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,516,785	1,251,578	9,726	261,469	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	293,192	7,466	0	10,229	8.00
9.00	00900	HOUSEKEEPING	1,239,971	24,429	1,993	276,134	9.00
10.00	01000	DIETARY	691,334	97,928	4,510	69,296	10.00
11.00	01100	CAFETERIA	615,255	0	2,136	82,952	11.00
13.00	01300	NURSING ADMINISTRATION	2,232,310	30,423	163,677	394,242	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	531,971	16,230	15,510	94,370	14.00
15.00	01500	PHARMACY	1,737,658	18,530	10,771	295,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	165,559	11,811	0	56,530	16.00
17.00	01700	SOCIAL SERVICE	989,540	3,927	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,095,369	302,423	15,720	1,864,064	30.00
31.00	03100	INTENSIVE CARE UNIT	2,152,328	41,912	0	405,001	31.00
43.00	04300	NURSERY	376,370	12,669	2,943	82,500	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,367,557	211,177	89,227	280,459	50.00
50.01	03330	ENDOSCOPY	790,607	62,413	51,306	193,763	50.01
51.00	05100	RECOVERY ROOM	315,190	12,874	0	87,708	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,406,906	87,567	11,002	308,392	52.00
53.00	05300	ANESTHESIOLOGY	131,216	6,807	55,544	15,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	837,988	106,567	115,006	184,062	54.00
54.01	03630	ULTRASOUND	507,604	4,814	32,887	67,859	54.01
54.02	03440	MAMMOGRAPHY	176,677	31,148	139,963	45,294	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	509,288	0	244,175	136,574	55.00
55.01	03480	ONCOLOGY	757,174	0	81,004	190,483	55.01
56.00	05600	RADIOISOTOPE	255,702	4,594	0	37,412	56.00
57.00	05700	CT SCAN	630,167	9,284	155,255	142,141	57.00
58.00	05800	MRI	244,442	6,177	136,670	57,175	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	3,597,078	54,514	11,459	411,176	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	248,242	0	869	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,534,196	31,360	3,805	331,896	65.00
66.00	06600	PHYSICAL THERAPY	716,086	6,353	0	15	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,440	6,353	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	102,505	6,551	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	470,989	2,374	32,339	86,019	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	308,580	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,210,642	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,377,734	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,168,135	111,307	12,063	950,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,497,646	2,729,863	3,873,510	8,199,038	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,336	11,518	0	8,057	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	92,393	0	0	0	192.00
192.01	19201	APOTHECARY	96,518	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	260,291	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	425,615	37,457	0	112,523	192.04
194.00	07950	INDUSTRIAL MEDICINE	23,354	0	0	6,563	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	83,450,153	2,778,838	3,873,510	8,326,181	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,710,406					5.00
6.00	00600	MAINTENANCE & REPAIRS	160,494	715,817				6.00
7.00	00700	OPERATION OF PLANT	1,167,473	340,576	5,547,607			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	89,849	2,032	30,038	432,806		8.00
9.00	00900	HOUSEKEEPING	445,806	6,648	98,279	0	2,093,260	9.00
10.00	01000	DIETARY	249,435	26,648	393,969	0	15,189	10.00
11.00	01100	CAFETERIA	202,406	0	0	0	18,163	11.00
13.00	01300	NURSING ADMINISTRATION	815,197	8,279	122,391	4,466	9,497	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	190,192	4,416	65,293	0	0	14.00
15.00	01500	PHARMACY	596,142	5,042	74,549	0	11,672	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,599	3,214	47,518	0	10,105	16.00
17.00	01700	SOCIAL SERVICE	287,122	1,069	15,800	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,259,301	82,295	1,216,659	123,431	843,954	30.00
31.00	03100	INTENSIVE CARE UNIT	751,207	11,405	168,612	16,361	139,519	31.00
43.00	04300	NURSERY	137,130	3,447	50,967	4,092	11,672	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	852,123	57,465	849,576	28,216	176,101	50.00
50.01	03330	ENDOSCOPY	317,359	16,984	251,091	13,806	77,130	50.01
51.00	05100	RECOVERY ROOM	120,162	3,503	51,792	10,064	25,007	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	524,226	23,829	352,288	15,296	115,983	52.00
53.00	05300	ANESTHESIOLOGY	60,310	1,852	27,385	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	359,419	28,999	428,723	40,955	55,162	54.00
54.01	03630	ULTRASOUND	177,211	1,310	19,367	0	128	54.01
54.02	03440	MAMMOGRAPHY	113,605	8,476	125,310	11,461	36,167	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	257,230	0	0	0	67,889	55.00
55.01	03480	ONCOLOGY	297,293	0	0	9,442	0	55.01
56.00	05600	RADIOISOTOPE	86,041	1,250	18,482	0	5,180	56.00
57.00	05700	CT SCAN	270,758	2,526	37,348	0	11,672	57.00
58.00	05800	MRI	128,455	1,681	24,850	0	10,105	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,177,492	14,834	219,314	0	31,978	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	71,996	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	549,482	8,534	126,164	0	23,440	65.00
66.00	06600	PHYSICAL THERAPY	208,796	1,729	25,557	3,084	13,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	103,984	1,729	25,557	0	4,029	67.00
68.00	06800	SPEECH PATHOLOGY	31,518	1,783	26,353	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	171,013	646	9,551	5,105	9,721	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	89,183	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	349,888	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,132,239	0	0	0	8,602	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,515,085	30,289	447,795	147,027	247,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,384,221	702,490	5,350,578	432,806	1,979,419	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,361	3,134	46,339	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,703	0	0	0	0	192.00
192.01	19201	APOTHECARY	27,895	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	75,227	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	166,353	10,193	150,690	0	113,841	192.04
194.00	07950	INDUSTRIAL MEDICINE	8,646	0	0	0	0	194.00
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)	18,710,406	715,817	5,547,607	432,806	2,093,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,548,309					10.00
11.00	01100	CAFETERIA	847,461	1,768,373				11.00
13.00	01300	NURSING ADMINISTRATION	0	94,317	3,874,799			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,315	0	952,297		14.00
15.00	01500	PHARMACY	0	47,881	0	0	2,797,988	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,641	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	594,470	515,077	1,739,894	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	95,713	415,260	0	0	31.00
43.00	04300	NURSERY	4,273	18,754	54,221	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,554	67,283	113,279	0	0	50.00
50.01	03330	ENDOSCOPY	0	41,647	163,027	0	0	50.01
51.00	05100	RECOVERY ROOM	0	16,759	73,300	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,176	202,693	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,693	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,807	164,613	0	0	54.00
54.01	03630	ULTRASOUND	0	10,973	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	10,474	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,457	6,657	0	0	55.00
55.01	03480	ONCOLOGY	0	45,687	158,874	0	0	55.01
56.00	05600	RADIOISOTOPE	0	7,631	0	0	0	56.00
57.00	05700	CT SCAN	0	31,871	0	0	0	57.00
58.00	05800	MRI	0	10,773	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	141,350	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	91,523	16,860	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
69.01	03140	CARDIOLOGY	58,572	19,302	37,369	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	252,810	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	699,487	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,797,988	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	22,979	265,842	719,191	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,548,309	1,738,946	3,865,238	952,297	2,797,988	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,192	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	25,138	9,561	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	1,097	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,548,309	1,768,373	3,874,799	952,297	2,797,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	385,977					16.00
17.00	01700	SOCIAL SERVICE	0	1,297,458				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,239	1,152,488	20,843,384	0	20,843,384	30.00
31.00	03100	INTENSIVE CARE UNIT	4,916	144,970	4,347,204	0	4,347,204	31.00
43.00	04300	NURSERY	727	0	759,765	0	759,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,831	0	5,139,848	0	5,139,848	50.00
50.01	03330	ENDOSCOPY	1,756	0	1,980,889	0	1,980,889	50.01
51.00	05100	RECOVERY ROOM	1,009	0	717,368	0	717,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,718	0	3,121,076	0	3,121,076	52.00
53.00	05300	ANESTHESIOLOGY	9,014	0	309,932	0	309,932	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,033	0	2,388,334	0	2,388,334	54.00
54.01	03630	ULTRASOUND	4,568	0	826,721	0	826,721	54.01
54.02	03440	MAMMOGRAPHY	1,990	0	700,565	0	700,565	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	9,720	0	1,248,990	0	1,248,990	55.00
55.01	03480	ONCOLOGY	5,303	0	1,545,260	0	1,545,260	55.01
56.00	05600	RADIOISOTOPE	1,826	0	418,118	0	418,118	56.00
57.00	05700	CT SCAN	39,261	0	1,330,283	0	1,330,283	57.00
58.00	05800	MRI	5,990	0	626,318	0	626,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	55,124	0	5,714,319	0	5,714,319	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	764	0	321,871	0	321,871	63.00
65.00	06500	RESPIRATORY THERAPY	11,206	0	2,728,466	0	2,728,466	65.00
66.00	06600	PHYSICAL THERAPY	3,182	0	978,233	0	978,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,739	0	496,831	0	496,831	67.00
68.00	06800	SPEECH PATHOLOGY	457	0	169,167	0	169,167	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	10,375	0	913,375	0	913,375	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	504	0	651,077	0	651,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,528	0	2,265,545	0	2,265,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,750	0	12,399,313	0	12,399,313	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	51,447	0	8,689,906	0	8,689,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	385,977	1,297,458	81,632,158	0	81,632,158	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	147,937	0	147,937	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	119,096	0	119,096	192.00
192.01	19201	APOTHECARY	0	0	124,413	0	124,413	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	335,518	0	335,518	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	1,051,371	0	1,051,371	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	39,660	0	39,660	194.00
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)	385,977	1,297,458	83,450,153	0	83,450,153	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,576	0	3,576	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	144,727	2,473,950	2,618,677	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	24,068	1,251,578	9,726	1,285,372	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,466	0	7,466	8.00
9.00	00900	HOUSEKEEPING	0	24,429	1,993	26,422	9.00
10.00	01000	DIETARY	1,212	97,928	4,510	103,650	10.00
11.00	01100	CAFETERIA	1,450	0	2,136	3,586	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,423	163,677	194,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,230	15,510	31,740	14.00
15.00	01500	PHARMACY	57,502	18,530	10,771	86,803	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,811	0	11,811	16.00
17.00	01700	SOCIAL SERVICE	0	3,927	0	3,927	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,001	302,423	15,720	453,144	30.00
31.00	03100	INTENSIVE CARE UNIT	844	41,912	0	42,756	31.00
43.00	04300	NURSERY	0	12,669	2,943	15,612	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	211,177	89,227	300,404	50.00
50.01	03330	ENDOSCOPY	0	62,413	51,306	113,719	50.01
51.00	05100	RECOVERY ROOM	0	12,874	0	12,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	87,567	11,002	98,569	52.00
53.00	05300	ANESTHESIOLOGY	0	6,807	55,544	62,351	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	106,567	115,006	221,573	54.00
54.01	03630	ULTRASOUND	0	4,814	32,887	37,701	54.01
54.02	03440	MAMMOGRAPHY	0	31,148	139,963	171,111	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	244,175	244,175	55.00
55.01	03480	ONCOLOGY	0	0	81,004	81,004	55.01
56.00	05600	RADIOISOTOPE	0	4,594	0	4,594	56.00
57.00	05700	CT SCAN	0	9,284	155,255	164,539	57.00
58.00	05800	MRI	0	6,177	136,670	142,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	54,514	11,459	65,973	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	869	869	63.00
65.00	06500	RESPIRATORY THERAPY	355	31,360	3,805	35,520	65.00
66.00	06600	PHYSICAL THERAPY	0	6,353	0	6,353	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,353	0	6,353	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,551	0	6,551	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,374	32,339	34,713	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	111,307	12,063	123,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,432	2,729,863	3,873,510	6,823,805	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,518	0	11,518	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	225,666	0	0	225,666	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	250	37,457	0	37,707	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	446,348	2,778,838	3,873,510	7,098,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,619,011					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,465	22,465				6.00
7.00	00700	OPERATION OF PLANT	163,416	10,688	1,459,588			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,577	64	7,903	28,014		8.00
9.00	00900	HOUSEKEEPING	62,401	209	25,857	0	115,007	9.00
10.00	01000	DIETARY	34,915	836	103,654	0	835	10.00
11.00	01100	CAFETERIA	28,332	0	0	0	998	11.00
13.00	01300	NURSING ADMINISTRATION	114,107	260	32,201	289	522	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,622	139	17,179	0	0	14.00
15.00	01500	PHARMACY	83,445	158	19,614	0	641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,462	101	12,502	0	555	16.00
17.00	01700	SOCIAL SERVICE	40,190	34	4,157	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	456,251	2,583	320,107	7,989	46,368	30.00
31.00	03100	INTENSIVE CARE UNIT	105,150	358	44,362	1,059	7,665	31.00
43.00	04300	NURSERY	19,195	108	13,409	265	641	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	119,275	1,803	223,525	1,826	9,675	50.00
50.01	03330	ENDOSCOPY	44,422	533	66,063	894	4,238	50.01
51.00	05100	RECOVERY ROOM	16,820	110	13,627	651	1,374	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,378	748	92,688	990	6,372	52.00
53.00	05300	ANESTHESIOLOGY	8,442	58	7,205	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,310	910	112,798	2,651	3,031	54.00
54.01	03630	ULTRASOUND	24,805	41	5,095	0	7	54.01
54.02	03440	MAMMOGRAPHY	15,902	266	32,969	742	1,987	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	36,006	0	0	0	3,730	55.00
55.01	03480	ONCOLOGY	41,613	0	0	611	0	55.01
56.00	05600	RADIOISOTOPE	12,043	39	4,863	0	285	56.00
57.00	05700	CT SCAN	37,899	79	9,826	0	641	57.00
58.00	05800	MRI	17,980	53	6,538	0	555	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	164,819	466	57,702	0	1,757	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,078	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	76,913	268	33,194	0	1,288	65.00
66.00	06600	PHYSICAL THERAPY	29,226	54	6,724	200	738	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,555	54	6,724	0	221	67.00
68.00	06800	SPEECH PATHOLOGY	4,412	56	6,934	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	23,937	20	2,513	330	534	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,483	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,975	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	298,459	0	0	0	473	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	212,073	951	117,816	9,517	13,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,573,353	22,047	1,407,749	28,014	108,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,990	98	12,192	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,738	0	0	0	0	192.00
192.01	19201	APOTHECARY	3,905	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	10,530	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	23,285	320	39,647	0	6,255	192.04
194.00	07950	INDUSTRIAL MEDICINE	1,210	0	0	0	0	194.00
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)	2,619,011	22,465	1,459,588	28,014	115,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	243,920					10.00
11.00	01100	CAFETERIA	133,510	166,462				11.00
13.00	01300	NURSING ADMINISTRATION	0	8,878	350,526			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,230	0	78,950		14.00
15.00	01500	PHARMACY	0	4,507	0	0	195,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,225	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,652	48,487	157,396	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,010	37,566	0	0	31.00
43.00	04300	NURSERY	673	1,765	4,905	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,238	6,334	10,248	0	0	50.00
50.01	03330	ENDOSCOPY	0	3,920	14,748	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,578	6,631	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,606	18,336	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	254	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,442	14,891	0	0	54.00
54.01	03630	ULTRASOUND	0	1,033	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	986	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,643	602	0	0	55.00
55.01	03480	ONCOLOGY	0	4,301	14,372	0	0	55.01
56.00	05600	RADIOISOTOPE	0	718	0	0	0	56.00
57.00	05700	CT SCAN	0	3,000	0	0	0	57.00
58.00	05800	MRI	0	1,014	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	13,306	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,615	1,525	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
69.01	03140	CARDIOLOGY	9,227	1,817	3,381	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,959	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	57,991	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	195,295	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,620	25,024	65,060	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,920	163,693	349,661	78,950	195,295	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	300	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	2,366	865	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	103	0	0	0	194.00
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)	243,920	166,462	350,526	78,950	195,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,680					16.00
17.00	01700	SOCIAL SERVICE	0	48,308				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,635	42,910	1,633,333	0	1,633,333	30.00
31.00	03100	INTENSIVE CARE UNIT	467	5,398	253,964	0	253,964	31.00
43.00	04300	NURSERY	69	0	56,677	0	56,677	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,550	0	678,998	0	678,998	50.00
50.01	03330	ENDOSCOPY	167	0	248,787	0	248,787	50.01
51.00	05100	RECOVERY ROOM	96	0	53,799	0	53,799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	258	0	298,077	0	298,077	52.00
53.00	05300	ANESTHESIOLOGY	857	0	79,173	0	79,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	859	0	412,544	0	412,544	54.00
54.01	03630	ULTRASOUND	434	0	69,145	0	69,145	54.01
54.02	03440	MAMMOGRAPHY	189	0	224,171	0	224,171	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	924	0	287,138	0	287,138	55.00
55.01	03480	ONCOLOGY	504	0	142,487	0	142,487	55.01
56.00	05600	RADIOISOTOPE	174	0	22,732	0	22,732	56.00
57.00	05700	CT SCAN	3,732	0	219,777	0	219,777	57.00
58.00	05800	MRI	569	0	169,580	0	169,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,240	0	309,439	0	309,439	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73	0	11,020	0	11,020	63.00
65.00	06500	RESPIRATORY THERAPY	1,065	0	158,530	0	158,530	65.00
66.00	06600	PHYSICAL THERAPY	303	0	43,598	0	43,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	0	28,072	0	28,072	67.00
68.00	06800	SPEECH PATHOLOGY	43	0	17,996	0	17,996	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	986	0	77,495	0	77,495	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48	0	33,490	0	33,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	526	0	107,492	0	107,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,857	0	502,084	0	502,084	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,890	0	576,349	0	576,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,680	48,308	6,715,947	0	6,715,947	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	27,101	0	27,101	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	229,404	0	229,404	192.00
192.01	19201	APOTHECARY	0	0	3,905	0	3,905	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	10,530	0	10,530	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	110,493	0	110,493	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	1,316	0	1,316	194.00
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)	36,680	48,308	7,098,696	0	7,098,696	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	379,250					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,808,949				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	488	0	29,471,382			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,752	2,432,716	2,761,414	-18,710,406	64,739,747	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	555,323	6.00
7.00	00700	OPERATION OF PLANT	170,813	9,564	925,500	0	4,039,558	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,019	0	36,207	0	310,887	8.00
9.00	00900	HOUSEKEEPING	3,334	1,960	977,406	0	1,542,527	9.00
10.00	01000	DIETARY	13,365	4,435	245,281	0	863,068	10.00
11.00	01100	CAFETERIA	0	2,100	293,619	0	700,343	11.00
13.00	01300	NURSING ADMINISTRATION	4,152	160,949	1,395,462	0	2,820,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,215	15,251	334,032	0	658,081	14.00
15.00	01500	PHARMACY	2,529	10,591	1,046,815	0	2,062,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,612	0	200,095	0	233,900	16.00
17.00	01700	SOCIAL SERVICE	536	0	0	0	993,467	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,274	15,458	6,598,000	0	11,277,576	30.00
31.00	03100	INTENSIVE CARE UNIT	5,720	0	1,433,547	0	2,599,241	31.00
43.00	04300	NURSERY	1,729	2,894	292,018	0	474,482	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,821	87,740	992,715	0	2,948,420	50.00
50.01	03330	ENDOSCOPY	8,518	50,451	685,846	0	1,098,089	50.01
51.00	05100	RECOVERY ROOM	1,757	0	310,451	0	415,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,951	10,819	1,091,589	0	1,813,867	52.00
53.00	05300	ANESTHESIOLOGY	929	54,618	53,488	0	208,678	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,544	113,089	651,506	0	1,243,623	54.00
54.01	03630	ULTRASOUND	657	32,339	240,195	0	613,164	54.01
54.02	03440	MAMMOGRAPHY	4,251	137,630	160,324	0	393,082	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	240,105	483,420	0	890,037	55.00
55.01	03480	ONCOLOGY	0	79,654	674,237	0	1,028,661	55.01
56.00	05600	RADIOISOTOPE	627	0	132,425	0	297,708	56.00
57.00	05700	CT SCAN	1,267	152,667	503,125	0	936,847	57.00
58.00	05800	MRI	843	134,392	202,377	0	444,464	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,440	11,268	1,455,404	0	4,074,227	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	855	0	0	249,111	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	3,742	1,174,781	0	1,901,257	65.00
66.00	06600	PHYSICAL THERAPY	867	0	53	0	722,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	0	0	0	359,793	67.00
68.00	06800	SPEECH PATHOLOGY	894	0	0	0	109,056	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	324	31,800	304,472	0	591,721	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	308,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,210,642	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,377,734	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,191	11,862	3,365,541	0	5,242,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	372,566	3,808,949	29,021,345	-18,710,406	63,611,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,572	0	28,517	0	73,911	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92,393	192.00
192.01	19201	APOTHECARY	0	0	0	0	96,518	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	260,291	192.03
192.04	19204	OUTREACH PROGRAMS	5,112	0	398,289	0	575,595	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	23,231	0	29,917	194.00
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)	2,778,838	3,873,510	8,326,181		18,710,406	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.327193	1.016950	0.282517		0.289010	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			3,576		2,619,011	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000121		0.040454	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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	359,010					6.00
7.00	00700	OPERATION OF PLANT	170,813	188,197				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,019	1,019	387,005			8.00
9.00	00900	HOUSEKEEPING	3,334	3,334	0	65,460		9.00
10.00	01000	DIETARY	13,365	13,365	0	475	104,707	10.00
11.00	01100	CAFETERIA	0	0	0	568	57,311	11.00
13.00	01300	NURSING ADMINISTRATION	4,152	4,152	3,993	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,215	2,215	0	0	0	14.00
15.00	01500	PHARMACY	2,529	2,529	0	365	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,612	1,612	0	316	0	16.00
17.00	01700	SOCIAL SERVICE	536	536	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,274	41,274	110,369	26,392	40,202	30.00
31.00	03100	INTENSIVE CARE UNIT	5,720	5,720	14,630	4,363	0	31.00
43.00	04300	NURSERY	1,729	1,729	3,659	365	289	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,821	28,821	25,230	5,507	1,390	50.00
50.01	03330	ENDOSCOPY	8,518	8,518	12,345	2,412	0	50.01
51.00	05100	RECOVERY ROOM	1,757	1,757	8,999	782	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,951	11,951	13,677	3,627	0	52.00
53.00	05300	ANESTHESIOLOGY	929	929	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,544	14,544	36,621	1,725	0	54.00
54.01	03630	ULTRASOUND	657	657	0	4	0	54.01
54.02	03440	MAMMOGRAPHY	4,251	4,251	10,248	1,131	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,123	0	55.00
55.01	03480	ONCOLOGY	0	0	8,443	0	0	55.01
56.00	05600	RADIOISOTOPE	627	627	0	162	0	56.00
57.00	05700	CT SCAN	1,267	1,267	0	365	0	57.00
58.00	05800	MRI	843	843	0	316	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,440	7,440	0	1,000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	4,280	0	733	0	65.00
66.00	06600	PHYSICAL THERAPY	867	867	2,758	420	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	867	0	126	0	67.00
68.00	06800	SPEECH PATHOLOGY	894	894	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	324	324	4,565	304	3,961	69.01
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	269	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,191	15,191	131,468	7,753	1,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	352,326	181,513	387,005	61,900	104,707	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,572	1,572	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	5,112	5,112	0	3,560	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	715,817	5,547,607	432,806	2,093,260	1,548,309	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.993864	29.477659	1.118347	31.977696	14.787063	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	22,465	1,459,588	28,014	115,007	243,920	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.062575	7.755639	0.072387	1.756905	2.329548	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	35,455					11.00
13.00	01300	NURSING ADMINISTRATION	1,891	447,003				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	688	0	1,648,196			14.00
15.00	01500	PHARMACY	960	0	0	2,401,565		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	474	0	0	0	489,396,892	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,327	200,717	0	0	48,464,739	30.00
31.00	03100	INTENSIVE CARE UNIT	1,919	47,905	0	0	6,230,194	31.00
43.00	04300	NURSERY	376	6,255	0	0	921,622	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,349	13,068	0	0	34,005,909	50.00
50.01	03330	ENDOSCOPY	835	18,807	0	0	2,225,589	50.01
51.00	05100	RECOVERY ROOM	336	8,456	0	0	1,278,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	23,383	0	0	3,445,113	52.00
53.00	05300	ANESTHESIOLOGY	54	0	0	0	11,424,256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,159	18,990	0	0	11,448,211	54.00
54.01	03630	ULTRASOUND	220	0	0	0	5,789,980	54.01
54.02	03440	MAMMOGRAPHY	210	0	0	0	2,521,977	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	350	768	0	0	12,319,151	55.00
55.01	03480	ONCOLOGY	916	18,328	0	0	6,721,237	55.01
56.00	05600	RADIOISOTOPE	153	0	0	0	2,314,351	56.00
57.00	05700	CT SCAN	639	0	0	0	49,760,665	57.00
58.00	05800	MRI	216	0	0	0	7,592,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,834	0	0	0	69,865,128	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	968,344	63.00
65.00	06500	RESPIRATORY THERAPY	1,835	1,945	0	0	14,202,960	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	4,033,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,204,116	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	579,836	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	387	4,311	0	0	13,149,063	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	437,554	0	638,505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,210,642	0	7,006,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,401,565	105,079,820	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,330	82,967	0	0	65,205,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,865	445,900	1,648,196	2,401,565	489,396,892	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	504	1,103	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	22	0	0	0	0	194.00
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)	1,768,373	3,874,799	952,297	2,797,988	385,977	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.876548	8.668396	0.577781	1.165069	0.000789	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	166,462	350,526	78,950	195,295	36,680	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.695022	0.784169	0.047901	0.081320	0.000075	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			SOCIAL SERVICE	
			(TIME SPENT)	
			17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		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	14,633	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	12,998	30.00
31.00	03100	INTENSIVE CARE UNIT	1,635	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	03330	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRASOUND	0	54.01
54.02	03440	MAMMOGRAPHY	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480	ONCOLOGY	0	55.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03140	CARDIOLOGY	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,633	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	APOTHECARY	0	192.01
192.02	19202	REAL ESTATE	0	192.02
192.03	19203	FOUNDATION	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	194.00
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)	1,297,458	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	88.666576	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,308	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.301305	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		SOCIAL SERVICE		
		(TIME SPENT)		
		17.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,843,384		20,843,384	0	20,843,384	30.00
31.00	03100	INTENSIVE CARE UNIT	4,347,204		4,347,204	0	4,347,204	31.00
43.00	04300	NURSERY	759,765		759,765	0	759,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,139,848		5,139,848	0	5,139,848	50.00
50.01	03330	ENDOSCOPY	1,980,889		1,980,889	0	1,980,889	50.01
51.00	05100	RECOVERY ROOM	717,368		717,368	0	717,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,121,076		3,121,076	0	3,121,076	52.00
53.00	05300	ANESTHESIOLOGY	309,932		309,932	0	309,932	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,388,334		2,388,334	0	2,388,334	54.00
54.01	03630	ULTRASOUND	826,721		826,721	0	826,721	54.01
54.02	03440	MAMMOGRAPHY	700,565		700,565	0	700,565	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,248,990		1,248,990	0	1,248,990	55.00
55.01	03480	ONCOLOGY	1,545,260		1,545,260	0	1,545,260	55.01
56.00	05600	RADIOISOTOPE	418,118		418,118	0	418,118	56.00
57.00	05700	CT SCAN	1,330,283		1,330,283	0	1,330,283	57.00
58.00	05800	MRI	626,318		626,318	0	626,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,714,319		5,714,319	0	5,714,319	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	321,871		321,871	0	321,871	63.00
65.00	06500	RESPIRATORY THERAPY	2,728,466	0	2,728,466	0	2,728,466	65.00
66.00	06600	PHYSICAL THERAPY	978,233	0	978,233	0	978,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	496,831	0	496,831	0	496,831	67.00
68.00	06800	SPEECH PATHOLOGY	169,167	0	169,167	0	169,167	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	913,375		913,375	0	913,375	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	651,077		651,077	0	651,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,265,545		2,265,545	0	2,265,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,399,313		12,399,313	0	12,399,313	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,689,906		8,689,906	0	8,689,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,114,892		3,114,892	0	3,114,892	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	84,747,050	0	84,747,050	0	84,747,050	200.00
201.00		Less Observation Beds	3,114,892		3,114,892		3,114,892	201.00
202.00		Total (see instructions)	81,632,158	0	81,632,158	0	81,632,158	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			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	43,354,948		43,354,948			30.00
31.00	03100	INTENSIVE CARE UNIT	6,230,194		6,230,194			31.00
43.00	04300	NURSERY	921,622		921,622			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,681,416	21,324,493	34,005,909	0.151146	0.000000	50.00
50.01	03330	ENDOSCOPY	162,798	2,062,791	2,225,589	0.890052	0.000000	50.01
51.00	05100	RECOVERY ROOM	514,750	763,661	1,278,411	0.561140	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,256,531	188,582	3,445,113	0.905943	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,180,813	6,243,443	11,424,256	0.027129	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,673,112	8,775,099	11,448,211	0.208621	0.000000	54.00
54.01	03630	ULTRASOUND	786,533	5,003,447	5,789,980	0.142785	0.000000	54.01
54.02	03440	MAMMOGRAPHY	858	2,521,119	2,521,977	0.277784	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	13,658	12,305,493	12,319,151	0.101386	0.000000	55.00
55.01	03480	ONCOLOGY	4,534	6,716,703	6,721,237	0.229907	0.000000	55.01
56.00	05600	RADIOISOTOPE	571,473	1,742,878	2,314,351	0.180663	0.000000	56.00
57.00	05700	CT SCAN	12,756,182	37,004,483	49,760,665	0.026734	0.000000	57.00
58.00	05800	MRI	2,296,414	5,295,905	7,592,319	0.082494	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	26,598,528	43,266,600	69,865,128	0.081791	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	653,099	315,245	968,344	0.332393	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,690,778	4,512,182	14,202,960	0.192105	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,906,837	2,126,596	4,033,433	0.242531	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,309,519	894,597	2,204,116	0.225411	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	451,136	128,700	579,836	0.291750	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	6,388,157	6,760,906	13,149,063	0.069463	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	435,747	202,758	638,505	1.019690	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,999,515	3,007,177	7,006,692	0.323340	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,744,330	80,335,490	105,079,820	0.117999	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,241,913	51,963,358	65,205,271	0.133270	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,305,569	3,804,222	5,109,791	0.609593	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	182,130,964	307,265,928	489,396,892			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	182,130,964	307,265,928	489,396,892			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/29/2021 7:51 am
			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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151146		50.00
50.01	03330	ENDOSCOPY	0.890052		50.01
51.00	05100	RECOVERY ROOM	0.561140		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.905943		52.00
53.00	05300	ANESTHESIOLOGY	0.027129		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208621		54.00
54.01	03630	ULTRASOUND	0.142785		54.01
54.02	03440	MAMMOGRAPHY	0.277784		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101386		55.00
55.01	03480	ONCOLOGY	0.229907		55.01
56.00	05600	RADIOISOTOPE	0.180663		56.00
57.00	05700	CT SCAN	0.026734		57.00
58.00	05800	MRI	0.082494		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.081791		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.332393		63.00
65.00	06500	RESPIRATORY THERAPY	0.192105		65.00
66.00	06600	PHYSICAL THERAPY	0.242531		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.225411		67.00
68.00	06800	SPEECH PATHOLOGY	0.291750		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.069463		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.019690		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323340		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117999		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.133270		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.609593		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs	
						RCE Disallowance			
					1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	20,843,384		20,843,384	0	20,843,384	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,347,204		4,347,204	0	4,347,204	31.00	
43.00	04300	NURSERY	759,765		759,765	0	759,765	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,139,848		5,139,848	0	5,139,848	50.00	
50.01	03330	ENDOSCOPY	1,980,889		1,980,889	0	1,980,889	50.01	
51.00	05100	RECOVERY ROOM	717,368		717,368	0	717,368	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,121,076		3,121,076	0	3,121,076	52.00	
53.00	05300	ANESTHESIOLOGY	309,932		309,932	0	309,932	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,388,334		2,388,334	0	2,388,334	54.00	
54.01	03630	ULTRASOUND	826,721		826,721	0	826,721	54.01	
54.02	03440	MAMMOGRAPHY	700,565		700,565	0	700,565	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,248,990		1,248,990	0	1,248,990	55.00	
55.01	03480	ONCOLOGY	1,545,260		1,545,260	0	1,545,260	55.01	
56.00	05600	RADIOISOTOPE	418,118		418,118	0	418,118	56.00	
57.00	05700	CT SCAN	1,330,283		1,330,283	0	1,330,283	57.00	
58.00	05800	MRI	626,318		626,318	0	626,318	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	5,714,319		5,714,319	0	5,714,319	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	321,871		321,871	0	321,871	63.00	
65.00	06500	RESPIRATORY THERAPY	2,728,466	0	2,728,466	0	2,728,466	65.00	
66.00	06600	PHYSICAL THERAPY	978,233	0	978,233	0	978,233	66.00	
67.00	06700	OCCUPATIONAL THERAPY	496,831	0	496,831	0	496,831	67.00	
68.00	06800	SPEECH PATHOLOGY	169,167	0	169,167	0	169,167	68.00	
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00	
69.01	03140	CARDIOLOGY	913,375		913,375	0	913,375	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	651,077		651,077	0	651,077	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,265,545		2,265,545	0	2,265,545	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,399,313		12,399,313	0	12,399,313	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	8,689,906		8,689,906	0	8,689,906	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,114,892		3,114,892	0	3,114,892	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	84,747,050	0	84,747,050	0	84,747,050	200.00	
201.00		Less Observation Beds	3,114,892		3,114,892		3,114,892	201.00	
202.00		Total (see instructions)	81,632,158	0	81,632,158	0	81,632,158	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			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	43,354,948		43,354,948			30.00	
31.00	03100	INTENSIVE CARE UNIT	6,230,194		6,230,194			31.00	
43.00	04300	NURSERY	921,622		921,622			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,681,416	21,324,493	34,005,909	0.151146	0.000000	50.00	
50.01	03330	ENDOSCOPY	162,798	2,062,791	2,225,589	0.890052	0.000000	50.01	
51.00	05100	RECOVERY ROOM	514,750	763,661	1,278,411	0.561140	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,256,531	188,582	3,445,113	0.905943	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	5,180,813	6,243,443	11,424,256	0.027129	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,673,112	8,775,099	11,448,211	0.208621	0.000000	54.00	
54.01	03630	ULTRASOUND	786,533	5,003,447	5,789,980	0.142785	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	858	2,521,119	2,521,977	0.277784	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	13,658	12,305,493	12,319,151	0.101386	0.000000	55.00	
55.01	03480	ONCOLOGY	4,534	6,716,703	6,721,237	0.229907	0.000000	55.01	
56.00	05600	RADIOISOTOPE	571,473	1,742,878	2,314,351	0.180663	0.000000	56.00	
57.00	05700	CT SCAN	12,756,182	37,004,483	49,760,665	0.026734	0.000000	57.00	
58.00	05800	MRI	2,296,414	5,295,905	7,592,319	0.082494	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	26,598,528	43,266,600	69,865,128	0.081791	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	653,099	315,245	968,344	0.332393	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	9,690,778	4,512,182	14,202,960	0.192105	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,906,837	2,126,596	4,033,433	0.242531	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,309,519	894,597	2,204,116	0.225411	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	451,136	128,700	579,836	0.291750	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	03140	CARDIOLOGY	6,388,157	6,760,906	13,149,063	0.069463	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	435,747	202,758	638,505	1.019690	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,999,515	3,007,177	7,006,692	0.323340	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,744,330	80,335,490	105,079,820	0.117999	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,241,913	51,963,358	65,205,271	0.133270	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,305,569	3,804,222	5,109,791	0.609593	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	182,130,964	307,265,928	489,396,892			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	182,130,964	307,265,928	489,396,892			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/29/2021 7:51 am
			Title XIX	Hospital	Cost
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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	ENDOSCOPY	0.000000		50.01
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
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
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
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
69.01	03140	CARDIOLOGY	0.000000		69.01
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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			Title V		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,843,384		20,843,384	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,347,204		4,347,204	0	0	31.00
43.00	04300	NURSERY	759,765		759,765	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,139,848		5,139,848	0	0	50.00
50.01	03330	ENDOSCOPY	1,980,889		1,980,889	0	0	50.01
51.00	05100	RECOVERY ROOM	717,368		717,368	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,121,076		3,121,076	0	0	52.00
53.00	05300	ANESTHESIOLOGY	309,932		309,932	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,388,334		2,388,334	0	0	54.00
54.01	03630	ULTRASOUND	826,721		826,721	0	0	54.01
54.02	03440	MAMMOGRAPHY	700,565		700,565	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,248,990		1,248,990	0	0	55.00
55.01	03480	ONCOLOGY	1,545,260		1,545,260	0	0	55.01
56.00	05600	RADIOISOTOPE	418,118		418,118	0	0	56.00
57.00	05700	CT SCAN	1,330,283		1,330,283	0	0	57.00
58.00	05800	MRI	626,318		626,318	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,714,319		5,714,319	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	321,871		321,871	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,728,466	0	2,728,466	0	0	65.00
66.00	06600	PHYSICAL THERAPY	978,233	0	978,233	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	496,831	0	496,831	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	169,167	0	169,167	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	913,375		913,375	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	651,077		651,077	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,265,545		2,265,545	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,399,313		12,399,313	0	0	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,689,906		8,689,906	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	81,632,158	0	81,632,158	0	0	200.00
201.00		Less Observation Beds	0		0	0	0	201.00
202.00		Total (see instructions)	81,632,158	0	81,632,158	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			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	43,354,948		43,354,948		30.00
31.00	03100	INTENSIVE CARE UNIT	6,230,194		6,230,194		31.00
43.00	04300	NURSERY	921,622		921,622		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,681,416	21,324,493	34,005,909	0.151146	50.00
50.01	03330	ENDOSCOPY	162,798	2,062,791	2,225,589	0.890052	50.01
51.00	05100	RECOVERY ROOM	514,750	763,661	1,278,411	0.561140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,256,531	188,582	3,445,113	0.905943	52.00
53.00	05300	ANESTHESIOLOGY	5,180,813	6,243,443	11,424,256	0.027129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,673,112	8,775,099	11,448,211	0.208621	54.00
54.01	03630	ULTRASOUND	786,533	5,003,447	5,789,980	0.142785	54.01
54.02	03440	MAMMOGRAPHY	858	2,521,119	2,521,977	0.277784	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	13,658	12,305,493	12,319,151	0.101386	55.00
55.01	03480	ONCOLOGY	4,534	6,716,703	6,721,237	0.229907	55.01
56.00	05600	RADIOISOTOPE	571,473	1,742,878	2,314,351	0.180663	56.00
57.00	05700	CT SCAN	12,756,182	37,004,483	49,760,665	0.026734	57.00
58.00	05800	MRI	2,296,414	5,295,905	7,592,319	0.082494	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	26,598,528	43,266,600	69,865,128	0.081791	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	653,099	315,245	968,344	0.332393	63.00
65.00	06500	RESPIRATORY THERAPY	9,690,778	4,512,182	14,202,960	0.192105	65.00
66.00	06600	PHYSICAL THERAPY	1,906,837	2,126,596	4,033,433	0.242531	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,309,519	894,597	2,204,116	0.225411	67.00
68.00	06800	SPEECH PATHOLOGY	451,136	128,700	579,836	0.291750	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	6,388,157	6,760,906	13,149,063	0.069463	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	435,747	202,758	638,505	1.019690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,999,515	3,007,177	7,006,692	0.323340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,744,330	80,335,490	105,079,820	0.117999	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	13,241,913	51,963,358	65,205,271	0.133270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,305,569	3,804,222	5,109,791	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	182,130,964	307,265,928	489,396,892		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	182,130,964	307,265,928	489,396,892		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/29/2021 7:51 am
			Title V	Hospital	Cost
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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	ENDOSCOPY	0.000000		50.01
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
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
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
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
69.01	03140	CARDIOLOGY	0.000000		69.01
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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part I Date/Time Prepared: 3/29/2021 7:51 am	
				Title XVIII		Hospital	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,633,333	0	1,633,333	15,250	107.10	30.00
31.00	INTENSIVE CARE UNIT	253,964		253,964	1,635	155.33	31.00
43.00	NURSERY	56,677		56,677	911	62.21	43.00
200.00	Total (lines 30 through 199)	1,943,974		1,943,974	17,796		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	5,452	583,909				30.00
31.00	INTENSIVE CARE UNIT	616	95,683				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,068	679,592				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	678,998	34,005,909	0.019967	5,124,437	102,320	50.00
50.01	03330	ENDOSCOPY	248,787	2,225,589	0.111785	48,843	5,460	50.01
51.00	05100	RECOVERY ROOM	53,799	1,278,411	0.042083	199,138	8,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	298,077	3,445,113	0.086522	21,070	1,823	52.00
53.00	05300	ANESTHESIOLOGY	79,173	11,424,256	0.006930	1,620,902	11,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	412,544	11,448,211	0.036036	1,207,512	43,514	54.00
54.01	03630	ULTRASOUND	69,145	5,789,980	0.011942	305,351	3,647	54.01
54.02	03440	MAMMOGRAPHY	224,171	2,521,977	0.088887	858	76	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	287,138	12,319,151	0.023308	1,398	33	55.00
55.01	03480	ONCOLOGY	142,487	6,721,237	0.021200	4,534	96	55.01
56.00	05600	RADIOISOTOPE	22,732	2,314,351	0.009822	238,858	2,346	56.00
57.00	05700	CT SCAN	219,777	49,760,665	0.004417	5,182,819	22,893	57.00
58.00	05800	MRI	169,580	7,592,319	0.022336	962,434	21,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	309,439	69,865,128	0.004429	11,064,371	49,004	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,020	968,344	0.011380	296,703	3,376	63.00
65.00	06500	RESPIRATORY THERAPY	158,530	14,202,960	0.011162	3,825,799	42,704	65.00
66.00	06600	PHYSICAL THERAPY	43,598	4,033,433	0.010809	911,526	9,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,072	2,204,116	0.012736	614,978	7,832	67.00
68.00	06800	SPEECH PATHOLOGY	17,996	579,836	0.031036	207,956	6,454	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	77,495	13,149,063	0.005894	2,943,549	17,349	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,490	638,505	0.052451	197,771	10,373	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,492	7,006,692	0.015341	1,551,618	23,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	502,084	105,079,820	0.004778	9,247,147	44,183	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	576,349	65,205,271	0.008839	6,083,899	53,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	244,089	5,109,791	0.047769	579,112	27,664	92.00
200.00		Total (lines 50 through 199)	5,016,062	438,890,128		52,442,583	519,689	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/29/2021 7:51 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	15,250	0.00	5,452		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	1,635	0.00	616		31.00	
43.00	04300	NURSERY			0	911	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	17,796		6,068		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

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

Worksheet D
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	34,005,909	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	2,225,589	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,278,411	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,445,113	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,424,256	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,448,211	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	5,789,980	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	2,521,977	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,319,151	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	6,721,237	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	2,314,351	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	49,760,665	0.000000	57.00
58.00	05800	MRI	0	0	0	7,592,319	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,865,128	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	968,344	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,202,960	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,033,433	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,204,116	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	579,836	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	13,149,063	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	638,505	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,006,692	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,079,820	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	65,205,271	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,109,791	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	438,890,128		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,124,437	0	5,204,538	0	50.00
50.01	03330	ENDOSCOPY	0.000000	48,843	0	907,876	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	199,138	0	101,533	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	21,070	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,620,902	0	1,137,969	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,207,512	0	1,518,260	0	54.00
54.01	03630	ULTRASOUND	0.000000	305,351	0	823,063	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	858	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,398	0	4,769,809	0	55.00
55.01	03480	ONCOLOGY	0.000000	4,534	0	1,725,964	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	238,858	0	463,871	0	56.00
57.00	05700	CT SCAN	0.000000	5,182,819	0	7,432,467	0	57.00
58.00	05800	MRI	0.000000	962,434	0	1,297,453	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	11,064,371	0	4,997,839	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	296,703	0	152,104	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,825,799	0	1,119,027	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	911,526	0	6,643	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	614,978	0	2,816	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	207,956	0	2,761	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	2,943,549	0	1,508,646	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	197,771	0	46,195	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,551,618	0	1,053,581	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	9,247,147	0	28,401,359	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	6,083,899	0	5,922,543	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	579,112	0	349,649	0	92.00
200.00		Total (lines 50 through 199)		52,442,583	0	68,945,966	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 3/29/2021 7:51 am		
				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	0.151146	5,204,538	0	0	786,645	50.00
50.01	03330	ENDOSCOPY	0.890052	907,876	0	0	808,057	50.01
51.00	05100	RECOVERY ROOM	0.561140	101,533	0	0	56,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.905943	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027129	1,137,969	0	0	30,872	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208621	1,518,260	0	0	316,741	54.00
54.01	03630	ULTRASOUND	0.142785	823,063	0	0	117,521	54.01
54.02	03440	MAMMOGRAPHY	0.277784	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101386	4,769,809	0	0	483,592	55.00
55.01	03480	ONCOLOGY	0.229907	1,725,964	0	0	396,811	55.01
56.00	05600	RADIOISOTOPE	0.180663	463,871	0	0	83,804	56.00
57.00	05700	CT SCAN	0.026734	7,432,467	0	0	198,700	57.00
58.00	05800	MRI	0.082494	1,297,453	0	0	107,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.081791	4,997,839	0	0	408,778	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.332393	152,104	0	0	50,558	63.00
65.00	06500	RESPIRATORY THERAPY	0.192105	1,119,027	0	0	214,971	65.00
66.00	06600	PHYSICAL THERAPY	0.242531	6,643	0	0	1,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.225411	2,816	0	0	635	67.00
68.00	06800	SPEECH PATHOLOGY	0.291750	2,761	0	0	806	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.069463	1,508,646	0	0	104,795	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.019690	46,195	0	0	47,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323340	1,053,581	0	0	340,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117999	28,401,359	0	137,728	3,351,332	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.133270	5,922,543	0	0	789,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.609593	349,649	0	0	213,144	92.00
200.00		Subtotal (see instructions)		68,945,966	0	137,728	8,910,446	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		68,945,966	0	137,728	8,910,446	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 3/29/2021 7:51 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	03330	ENDOSCOPY	0	0					50.01
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
54.01	03630	ULTRASOUND	0	0					54.01
54.02	03440	MAMMOGRAPHY	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
55.01	03480	ONCOLOGY	0	0					55.01
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
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
69.01	03140	CARDIOLOGY	0	0					69.01
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	16,252					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	16,252					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	16,252					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/29/2021 7:51 am

			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	1,633,333	0	1,633,333	15,250	107.10	30.00
31.00	INTENSIVE CARE UNIT	253,964		253,964	1,635	155.33	31.00
43.00	NURSERY	56,677		56,677	911	62.21	43.00
200.00	Total (lines 30 through 199)	1,943,974		1,943,974	17,796		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				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/29/2021 7:51 am

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	678,998	34,005,909	0.019967	0	0 50.00
50.01	03330	ENDOSCOPY	248,787	2,225,589	0.111785	0	0 50.01
51.00	05100	RECOVERY ROOM	53,799	1,278,411	0.042083	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	298,077	3,445,113	0.086522	0	0 52.00
53.00	05300	ANESTHESIOLOGY	79,173	11,424,256	0.006930	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	412,544	11,448,211	0.036036	0	0 54.00
54.01	03630	ULTRASOUND	69,145	5,789,980	0.011942	0	0 54.01
54.02	03440	MAMMOGRAPHY	224,171	2,521,977	0.088887	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	287,138	12,319,151	0.023308	0	0 55.00
55.01	03480	ONCOLOGY	142,487	6,721,237	0.021200	0	0 55.01
56.00	05600	RADIOISOTOPE	22,732	2,314,351	0.009822	0	0 56.00
57.00	05700	CT SCAN	219,777	49,760,665	0.004417	0	0 57.00
58.00	05800	MRI	169,580	7,592,319	0.022336	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	309,439	69,865,128	0.004429	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,020	968,344	0.011380	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	158,530	14,202,960	0.011162	0	0 65.00
66.00	06600	PHYSICAL THERAPY	43,598	4,033,433	0.010809	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	28,072	2,204,116	0.012736	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	17,996	579,836	0.031036	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140	CARDIOLOGY	77,495	13,149,063	0.005894	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,490	638,505	0.052451	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,492	7,006,692	0.015341	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	502,084	105,079,820	0.004778	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	576,349	65,205,271	0.008839	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,109,791	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	4,771,973	438,890,128		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0093		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/29/2021 7:51 am	
					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	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	15,250	0.00	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT			0	1,635	0.00	0	0	31.00
43.00	04300	NURSERY			0	911	0.00	0	0	43.00
200.00		Total (lines 30 through 199)			0	17,796		0	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
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: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Title V		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0093

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

Worksheet D
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

			Title V		Hospital	Cost		
	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)	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	34,005,909	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	2,225,589	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,278,411	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,445,113	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,424,256	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,448,211	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	5,789,980	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	2,521,977	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,319,151	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	6,721,237	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	2,314,351	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	49,760,665	0.000000	57.00
58.00	05800	MRI	0	0	0	7,592,319	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,865,128	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	968,344	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,202,960	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,033,433	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,204,116	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	579,836	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	13,149,063	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	638,505	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,006,692	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,079,820	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	65,205,271	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,109,791	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	438,890,128		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/29/2021 7:51 am

				Title V		Hospital		Cost	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0.000000	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0.000000	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/29/2021 7:51 am	
		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)			15,250	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,250	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)			12,971	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)			5,452	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)			20,843,384	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)			20,843,384	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)			20,843,384	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)			1,366.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,451,685	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)			7,451,685	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

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

Worksheet D-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	4,347,204	1,635	2,658.84	616	1,637,845
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)					6,872,576
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,962,106
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					679,592
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					519,689
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,199,281
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,762,825
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					2,279
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,366.78
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,114,892

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

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

Worksheet D-1

Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,633,333	20,843,384	0.078362	3,114,892	244,089
91.00	Nursing School cost	0	20,843,384	0.000000	3,114,892	0
92.00	Allied health cost	0	20,843,384	0.000000	3,114,892	0
93.00	All other Medical Education	0	20,843,384	0.000000	3,114,892	0

Health Financial Systems		OSF SACRED HEART MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/29/2021 7:51 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,575,169	30.00
31.00	03100	INTENSIVE CARE UNIT		2,077,287	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151146	5,124,437	50.00
50.01	03330	ENDOSCOPY	0.890052	48,843	50.01
51.00	05100	RECOVERY ROOM	0.561140	199,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.905943	21,070	52.00
53.00	05300	ANESTHESIOLOGY	0.027129	1,620,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208621	1,207,512	54.00
54.01	03630	ULTRASOUND	0.142785	305,351	54.01
54.02	03440	MAMMOGRAPHY	0.277784	858	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101386	1,398	55.00
55.01	03480	ONCOLOGY	0.229907	4,534	55.01
56.00	05600	RADIOISOTOPE	0.180663	238,858	56.00
57.00	05700	CT SCAN	0.026734	5,182,819	57.00
58.00	05800	MRI	0.082494	962,434	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.081791	11,064,371	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.332393	296,703	63.00
65.00	06500	RESPIRATORY THERAPY	0.192105	3,825,799	65.00
66.00	06600	PHYSICAL THERAPY	0.242531	911,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.225411	614,978	67.00
68.00	06800	SPEECH PATHOLOGY	0.291750	207,956	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.069463	2,943,549	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.019690	197,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323340	1,551,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117999	9,247,147	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.133270	6,083,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.609593	579,112	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		52,442,583	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)		52,442,583	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/29/2021 7:51 am
		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)		11,671,834	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)		47,627	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		167.77	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.48	31.00
32.00	Sum of lines 30 and 31		29.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.19	33.00
34.00	Disproportionate share adjustment (see instructions)		384,879	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/29/2021 7:51 am	
		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	0.000284926		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,379,305	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,379,305	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,379,305		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	14,483,645			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)			14,483,645	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			986,833	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			15,470,478	59.00
60.00	Primary payer payments			6,053	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,464,425	61.00
62.00	Deductibles billed to program beneficiaries			1,527,372	62.00
63.00	Coinsurance billed to program beneficiaries			46,574	63.00
64.00	Allowable bad debts (see instructions)			347,239	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			225,705	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			272,932	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			14,116,184	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-5,337	70.93
70.94	HRR adjustment amount (see instructions)			-131,892	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/29/2021 7:51 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,978,955	71.00
71.01	Sequestration adjustment (see instructions)		162,156	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		13,451,465	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)		365,334	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		487,004	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/29/2021 7:51 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,252	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,910,446	2.00
3.00	OPPS payments		7,503,062	3.00
4.00	Outlier payment (see instructions)		39,532	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)		16,252	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		137,728	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)		137,728	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)		137,728	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		121,476	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)		16,252	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		7,542,594	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,491,636	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)		6,067,210	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)		6,067,210	30.00
31.00	Primary payer payments		1,987	31.00
32.00	Subtotal (line 30 minus line 31)		6,065,223	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)		238,360	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		154,934	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		164,205	36.00
37.00	Subtotal (see instructions)		6,220,157	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,220,157	40.00
40.01	Sequestration adjustment (see instructions)		72,154	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		6,186,436	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)		-38,433	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: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/29/2021 7:51 am

		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		13,451,465		6,186,436	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)		13,451,465		6,186,436	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		365,334		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		38,433	6.02
7.00	Total Medicare program liability (see instructions)		13,816,799		6,148,003	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: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/29/2021 7:51 am

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

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

Provider CCN: 14-0093

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

Worksheet G

Date/Time Prepared:
3/29/2021 7:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,473,839	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	73,861,604	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,092,227	0	0	0	6.00
7.00	Inventory	2,085,258	0	0	0	7.00
8.00	Prepaid expenses	224,195	0	0	0	8.00
9.00	Other current assets	1,068,339	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)	14,621,008	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,025,000	0	0	0	12.00
13.00	Land improvements	1,102,099	0	0	0	13.00
14.00	Accumulated depreciation	-325,038	0	0	0	14.00
15.00	Buildings	41,975,720	0	0	0	15.00
16.00	Accumulated depreciation	-5,794,389	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	13,517,833	0	0	0	23.00
24.00	Accumulated depreciation	-6,507,775	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	2,300,672	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	48,294,122	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,040,627	5,136,751	73,980	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	7,620,889	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,661,516	5,136,751	73,980	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	71,576,646	5,136,751	73,980	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,827,106	0	0	0	37.00
38.00	Salaries, wages, and fees payable	112,964	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	36,298,008	0	0	0	40.00
41.00	Deferred income	125,569	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	91,516	0	0	0	43.00
44.00	Other current liabilities	16,866,680	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	56,321,843	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	2,320,471	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,320,471	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	58,642,314	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	12,934,332				52.00
53.00	Specific purpose fund		5,136,751			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			73,980		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	12,934,332	5,136,751	73,980	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	71,576,646	5,136,751	73,980	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

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

Worksheet G-1

Date/Time Prepared:
3/29/2021 7:51 am

		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		29,512,025		1,419,782		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-15,930,155				2.00
3.00	Total (sum of line 1 and line 2)		13,581,870		1,419,782		3.00
4.00	Additions TEMP RESTR ASSETS - FOUND	0		3,716,969		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		3,716,969		10.00
11.00	Subtotal (line 3 plus line 10)		13,581,870		5,136,751		11.00
12.00	EQUITY TRANSFER	0		0		0	12.00
13.00	OTHER CHANGE	647,538		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)		647,538		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,934,332		5,136,751		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	73,980		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)	73,980		0			3.00
4.00	Additions TEMP RESTR ASSETS - FOUND		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	73,980		0			11.00
12.00	EQUITY TRANSFER		0				12.00
13.00	OTHER CHANGE		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)	73,980		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/29/2021 7:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	44,276,570		44,276,570	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	44,276,570		44,276,570	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,230,194		6,230,194	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,230,194		6,230,194	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,506,764		50,506,764	17.00
18.00	Ancillary services	117,076,718	251,498,348	368,575,066	18.00
19.00	Outpatient services	14,547,482	55,767,581	70,315,063	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	111,175	4,339	115,514	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	182,242,139	307,270,268	489,512,407	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		98,961,254		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)		98,961,254		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0093

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

Worksheet G-3

Date/Time Prepared:
3/29/2021 7:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	489,512,407	1.00
2.00	Less contractual allowances and discounts on patients' accounts	408,302,128	2.00
3.00	Net patient revenues (line 1 minus line 2)	81,210,279	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	98,961,254	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,750,975	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	31,228	6.00
7.00	Income from investments	232,010	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	208,767	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	194,865	17.00
18.00	Revenue from sale of medical records and abstracts	39,574	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	57,837	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	101,088	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	603,998	24.00
24.50	COVID-19 PHE Funding	9,295,570	24.50
25.00	Total other income (sum of lines 6-24)	10,764,937	25.00
26.00	Total (line 5 plus line 25)	-6,986,038	26.00
27.00	STATE AND FEDERAL TAXES	100	27.00
27.01	EQUITY TRANSFER	8,944,017	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	8,944,117	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-15,930,155	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/29/2021 7:51 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		924,077	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		6,757	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)		40.34	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.48	8.00
9.00	Sum of lines 7 and 8		29.06	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.06	10.00
11.00	Disproportionate share adjustment (see instructions)		55,999	11.00
12.00	Total prospective capital payments (see instructions)		986,833	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