

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: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/19/2021 2:47 pm
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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.		Date: 3/19/2021 Time: 2:47 pm
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 OTTAWA REGIONAL HOSPITAL & HEALTHCAR (14-0110) 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	-153,738	-55,248	0	0	1.00
2.00	Subprovider - IPF	0	-1,125	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	-154,863	-55,248	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: 14-0110		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 2:47 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1100 EAST NORRIS DRIVE			PO Box:				1.00	
2.00	City: OTTAWA			State: IL		Zip Code: 61350		County: LA SALLE 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			OTTAWA REGIONAL HOSPITAL & HEALTHCAR	140110	99914	1	07/01/1966	N P O 3.00
4.00	Subprovider - IPF			OTTAWA REGIONAL PSYCHIATRIC UNIT	14S110	16974	4	05/01/1984	N P O 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.			812	988	0	0	2,245	116 24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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	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.			0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 2:47 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 2:47 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	170,350	0	271,783 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0110		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 2:47 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 06101				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		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0110		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 3/19/2021 2:47 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	01/29/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	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	Y	12/14/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		Y	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVERNMENT REPORTING SENIOR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	85	31,110	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)		85	31,110	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,830	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)		90	32,940	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	7	2,555		0	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)		97			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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,940	611	10,115			1.00
2.00	HMO and other (see instructions)	827	3,233				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,940	611	10,115			7.00
8.00	INTENSIVE CARE UNIT	569	54	1,069			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		147	852			13.00
14.00	Total (see instructions)	4,509	812	12,036	0.00	450.78	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	578	131	1,726	0.00	13.61	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	464.39	27.00
28.00	Observation Bed Days		498	2,094			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	116	166			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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,420	147	3,365	1.00
2.00 HMO and other (see instructions)			205	779		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	1,420	147	3,365	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	33	316	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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	39,191,695	95,826	39,287,521	1,179,774.00	33.30
2.00	Non-physician anesthetist Part A		66,242	0	66,242	556.00	119.14
3.00	Non-physician anesthetist Part B		418,130	0	418,130	3,484.00	120.01
4.00	Physician-Part A - Administrative		386,802	0	386,802	1,822.00	212.30
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		3,319,524	0	3,319,524	17,163.00	193.41
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)		933,884	76,930	1,010,814	29,475.00	34.29
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		728,536	0	728,536	9,465.00	76.97
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		224,746	0	224,746	3,035.00	74.05
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		8,782,375	0	8,782,375	247,527.00	35.48
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,591,371	0	9,591,371		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		265,984	0	265,984		
20.00	Non-physician anesthetist Part A		8,387	0	8,387		
21.00	Non-physician anesthetist Part B		52,705	0	52,705		
22.00	Physician Part A - Administrative		29,267	0	29,267		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		274,828	0	274,828		
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)		2,980,641	0	2,980,641		
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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	27,200	0	27,200	383.00	71.02	26.00
27.00	Administrative & General	5.00	1,907,374	-12,092	1,895,282	42,070.00	45.05	27.00
28.00	Administrative & General under contract (see inst.)		841,898	0	841,898	5,900.00	142.69	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,344,855	-8,044	1,336,811	46,274.00	28.89	30.00
31.00	Laundry & Linen Service	8.00	31,566	-189	31,377	2,021.00	15.53	31.00
32.00	Housekeeping	9.00	1,040,679	-6,610	1,034,069	69,728.00	14.83	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	824,469	-562,142	262,327	16,202.00	16.19	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	556,706	556,706	33,685.00	16.53	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,528,597	-9,143	1,519,454	36,733.00	41.36	38.00
39.00	Central Services and Supply	14.00	346,199	-367	345,832	17,860.00	19.36	39.00
40.00	Pharmacy	15.00	865,202	-23,116	842,086	19,600.00	42.96	40.00
41.00	Medical Records & Medical Records Library	16.00	407,979	-2,440	405,539	14,306.00	28.35	41.00
42.00	Social Service	17.00	66,501	-398	66,103	1,869.00	35.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/19/2021 2:47 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,229,697	95,826	36,325,523	1,164,471.00	31.19	1.00
2.00	Excluded area salaries (see instructions)	933,884	76,930	1,010,814	29,475.00	34.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,295,813	18,896	35,314,709	1,134,996.00	31.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,735,657	0	9,735,657	260,027.00	37.44	4.00
5.00	Subtotal wage-related costs (see inst.)	12,601,279	0	12,601,279	0.00	35.68	5.00
6.00	Total (sum of lines 3 thru 5)	57,632,749	18,896	57,651,645	1,395,023.00	41.33	6.00
7.00	Total overhead cost (see instructions)	9,232,519	-67,835	9,164,684	306,631.00	29.89	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/19/2021 2:47 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,608,989	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)	5,384,493	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)	103,387	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	251,059	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	2,748,902	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	9,404	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	116,308	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,222,542	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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	728,536	10,222,542	1.00
2.00	Hospital	728,536	10,222,542	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0110

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

Worksheet S-10

Date/Time Prepared:
3/19/2021 2:47 pm

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.208362	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			11,598,154	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			90,616,420	6.00
7.00	Medicaid cost (line 1 times line 6)			18,881,019	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)			7,282,865	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)			7,282,865	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)	6,817,141	2,110,065	8,927,206	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,420,433	2,110,065	3,530,498	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,420,433	2,110,065	3,530,498	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)			6,150,087	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			440,206	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			677,240	27.01
28.00	Non-Medicare bad debt expense (see instructions)			5,472,847	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,377,367	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,907,865	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,190,730	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0110

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

Worksheet A

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	61,650	61,650	955,859	1,017,509	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,666,204	2,666,204	893,779	3,559,983	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,200	2,058,699	8,861,753	10,947,652	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,907,374	23,599,345	-4,533,944	20,972,775	5.00
7.00	00700	OPERATION OF PLANT	1,344,855	3,626,520	-1,259,653	3,711,722	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,566	315,285	-8,937	337,914	8.00
9.00	00900	HOUSEKEEPING	1,040,679	533,293	-268,956	1,305,016	9.00
10.00	01000	DIETARY	824,469	759,205	-1,142,082	441,592	10.00
11.00	01100	CAFETERIA	0	0	928,368	928,368	11.00
13.00	01300	NURSING ADMINISTRATION	1,528,597	437,484	-292,831	1,673,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	346,199	471,033	-111,671	705,561	14.00
15.00	01500	PHARMACY	865,202	727,871	-158,500	1,434,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	407,979	98,240	-89,208	417,011	16.00
17.00	01700	SOCIAL SERVICE	66,501	95,611	947,281	1,109,393	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,721,804	4,225,861	-3,407,234	8,540,431	30.00
31.00	03100	INTENSIVE CARE UNIT	982,430	416,899	-193,067	1,206,262	31.00
40.00	04000	SUBPROVIDER - IPF	819,826	166,872	-83,135	903,563	40.00
43.00	04300	NURSERY	0	0	395,633	395,633	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,145,385	3,591,932	-2,397,908	2,339,409	50.00
51.00	05100	RECOVERY ROOM	822,569	228,253	-172,050	878,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18	49	1,179,573	1,179,640	52.00
53.00	05300	ANESTHESIOLOGY	2,328,059	288,271	-203,332	2,412,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,545,555	3,380,098	583,062	7,508,715	54.00
58.00	05800	MRI	267,083	106,089	-60,630	312,542	58.00
60.00	06000	LABORATORY	2,117,968	2,550,598	-281,391	4,387,175	60.00
65.00	06500	RESPIRATORY THERAPY	951,118	430,053	-178,208	1,202,963	65.00
66.00	06600	PHYSICAL THERAPY	2,099,800	624,925	-436,047	2,288,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	242,680	64,336	-21,409	285,607	67.00
68.00	06800	SPEECH PATHOLOGY	107,421	22,060	-1,925	127,556	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	181,959	181,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,324	4,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-112,352	1,318,576	1,206,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,181,257	1,181,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,604,492	210,720	4,815,212	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,610,278	1,272,491	-1,233,459	1,649,310	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,220,327	696,650	-457,802	2,459,175	76.01
76.02	03610	SLEEP LAB	153,840	59,252	69,023	282,115	76.02
76.97	07697	CARDIAC REHABILITATION	176,274	33,589	643,674	853,537	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	86,087	215,496	-101,055	200,528	90.00
91.00	09100	EMERGENCY	3,288,494	7,169,859	-912,996	9,545,357	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	0	1,559,614	0	1,559,614	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,077,637	67,045,827	347,411	106,470,875	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,078	82,418	-3,827	95,669	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,401,653	-373,453	1,028,200	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	96,980	109,305	29,869	236,154	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	39,191,695	68,639,203	0	107,830,898	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0110

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

Worksheet A

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,686,163	2,703,672	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	664,290	4,224,273	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-978,991	9,968,661	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,762,488	15,210,287	5.00
7.00	00700	OPERATION OF PLANT	-4,016	3,707,706	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	337,914	8.00
9.00	00900	HOUSEKEEPING	-6,000	1,299,016	9.00
10.00	01000	DIETARY	0	441,592	10.00
11.00	01100	CAFETERIA	-299,830	628,538	11.00
13.00	01300	NURSING ADMINISTRATION	774,274	2,447,524	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	705,561	14.00
15.00	01500	PHARMACY	0	1,434,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,779	414,232	16.00
17.00	01700	SOCIAL SERVICE	-145,508	963,885	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,216,206	6,324,225	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,206,262	31.00
40.00	04000	SUBPROVIDER - IPF	-168,887	734,676	40.00
43.00	04300	NURSERY	0	395,633	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,339,409	50.00
51.00	05100	RECOVERY ROOM	0	878,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,179,640	52.00
53.00	05300	ANESTHESIOLOGY	-2,266,003	146,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-659,992	6,848,723	54.00
58.00	05800	MRI	0	312,542	58.00
60.00	06000	LABORATORY	-41,351	4,345,824	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,202,963	65.00
66.00	06600	PHYSICAL THERAPY	-47,069	2,241,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	-16,414	269,193	67.00
68.00	06800	SPEECH PATHOLOGY	0	127,556	68.00
69.00	06900	ELECTROCARDIOLOGY	0	181,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-2,445	1,203,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,181,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-612,867	4,202,345	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,649,310	75.00
76.00	03160	STRESS TESTING	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,273,110	1,186,065	76.01
76.02	03610	SLEEP LAB	0	282,115	76.02
76.97	07697	CARDIAC REHABILITATION	0	853,537	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	200,528	90.00
91.00	09100	EMERGENCY	-5,242,034	4,303,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,559,614	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-18,180,877	88,289,998	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	95,669	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,028,200	192.00
194.00	07950	CARDINAL SLEEP	0	0	194.00
194.01	07951	OTHER NRCC	0	236,154	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-18,180,877	89,650,021	200.00

RECLASSIFICATIONS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	106,036		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	106,036		
	B - DELIVERY ROOM AND NURSERY					
1.00	NURSERY	43.00	324,724	70,909		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,126,046	245,891		2.00
	0		1,450,770	316,800		
	C - EKG HOLTER, STRESS,EEG					
1.00	ELECTROCARDIOLOGY	69.00	181,959	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	4,324	0		2.00
3.00	CARDIAC REHABILITATION	76.97	224,762	450,233		3.00
	0		411,045	450,233		
	D - VACATION ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	234,264		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	234,264		
	E - MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	734,703		1.00
2.00	OPERATION OF PLANT	7.00	0	248,159		2.00
3.00	SOCIAL SERVICE	17.00	0	954,274		3.00
4.00	PHYSICAL THERAPY	66.00	0	96,427		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	10,865		5.00
6.00	SPEECH PATHOLOGY	68.00	0	4,582		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	147,245		7.00
	0		0	2,196,255		
	F - C-SECTION					
1.00	OPERATING ROOM	50.00	157,885	34,477		1.00
	0		157,885	34,477		
	G - MOB HOSPITAL STORAGE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	26,986		1.00
	0		0	26,986		
	H - PSYCH ADMIN					
1.00	SUBPROVIDER - IPF	40.00	83,220	0		1.00
	0		83,220	0		
	I - NORRIS BUILDING OVERHEAD					
1.00	OTHER CAP REL COSTS	3.00	0	77,709		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	55,420		2.00
3.00	OPERATION OF PLANT	7.00	0	12,941		3.00
4.00	CLINIC	90.00	0	8,348		4.00
5.00		0.00	0	0		5.00
	0		0	154,418		

RECLASSIFICATIONS

Provider CCN: 14-0110

Period:
From 10/01/2019
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - MERCURY CIRCLE BUILDING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,664	1.00	
2.00	OPERATION OF PLANT	7.00	0	68,021	2.00	
3.00	SLEEP LAB	76.02	0	18,500	3.00	
4.00	OTHER NRCC	194.01	0	9,876	4.00	
			0	110,061		
	K - RADIOLOGY SPACE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,044	1.00	
			0	2,044		
	L - MED SUPPLIES SOLD IMPLANTS AND DRUGS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,356,751	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	
			0	1,356,751		
	M - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,181,257	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	
			0	1,181,257		
	N - DRUG CHARGES TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	65,303	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
			0	65,303		
	O - OSFMG SHARED HOSP AND PALL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,275	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	15,522	2.00	
3.00	ADULTS & PEDIATRICS	30.00	97,221	0	3.00	
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	450	4.00	
			97,221	38,247		
	P - DISABILITY RECLASS					
1.00	HOUSEKEEPING	9.00	0	385	1.00	
2.00	DIETARY	10.00	0	504	2.00	
3.00	PHARMACY	15.00	0	17,941	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	22,192	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	4,985	5.00	
6.00	SUBPROVIDER - IPF	40.00	0	704	6.00	
7.00	OPERATING ROOM	50.00	0	3,679	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,081	8.00	
9.00	PHYSICAL THERAPY	66.00	0	20,425	9.00	
10.00	ASC (NON-DISTINCT PART)	75.00	0	5,657	10.00	
11.00	EMERGENCY	91.00	0	5,638	11.00	
			0	91,191		
	Q - OSFMG / SFMC ED SHARED COST					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	311,832	1.00	
2.00	EMERGENCY	91.00	324,060	0	2.00	
	TOTALS		324,060	311,832		
	R - STREATOR EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	690,374	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	753,594	2.00	
3.00	OTHER CAP REL COSTS	3.00	0	32,116	3.00	
4.00	OTHER CAP REL COSTS	3.00	0	58,704	4.00	
5.00	OPERATION OF PLANT	7.00	0	314,365	5.00	
6.00	SLEEP LAB	76.02	0	85,498	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,643	7.00	
8.00	OTHER NRCC	194.01	0	45,645	8.00	
9.00		0.00	0	0	9.00	
			0	2,009,939		
	S - BIOMED/HTM COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,398,458	1.00	
2.00	LABORATORY	60.00	0	163,531	2.00	
			0	1,561,989		

RECLASSIFICATIONS

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

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	T - REHAB ADMINISTRATION					
1.00	OCCUPATIONAL THERAPY	67.00	26,519	283	1.00	
2.00	SPEECH PATHOLOGY	68.00	11,184	119	2.00	
			37,703	402		
	U - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,496,832	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
	TOTALS		0	7,496,832		
	V - PROPERTY TAX					
1.00	OTHER CAP REL COSTS	3.00	0	130,655	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	
	TOTALS		0	130,655		
	W - CAFETERIA					
1.00	CAFETERIA	11.00	556,706	371,662	1.00	
	TOTALS		556,706	371,662		
	X - RADIOLOGY BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	61,847	1.00	
	TOTALS		0	61,847		
500.00	Grand Total: Increases		3,118,610	18,309,481	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0110

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

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	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - INSURANCE							
1.00		0.00	0	0	12			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	98,485	0			2.00
3.00	NURSING ADMINISTRATION	13.00	0	7,551	0			3.00
	0		0	106,036				
	B - DELIVERY ROOM AND NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,450,770	316,800	0			1.00
2.00		0.00	0	0	0			2.00
	0		1,450,770	316,800				
	C - EKG HOLTER, STRESS, EEG							
1.00	ASC (NON-DISTINCT PART)	75.00	411,045	450,233	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
	0		411,045	450,233				
	D - VACATION ACCRUAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	12,092	0	0			1.00
2.00	OPERATION OF PLANT	7.00	8,044	0	0			2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	189	0	0			3.00
4.00	HOUSEKEEPING	9.00	6,225	0	0			4.00
5.00	DIETARY	10.00	4,932	0	0			5.00
6.00	NURSING ADMINISTRATION	13.00	9,143	0	0			6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	367	0	0			7.00
8.00	PHARMACY	15.00	5,175	0	0			8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	2,440	0	0			9.00
10.00	SOCIAL SERVICE	17.00	398	0	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	47,210	0	0			11.00
12.00	INTENSIVE CARE UNIT	31.00	5,876	0	0			12.00
13.00	SUBPROVIDER - IPF	40.00	4,904	0	0			13.00
14.00	OPERATING ROOM	50.00	6,851	0	0			14.00
15.00	RECOVERY ROOM	51.00	4,920	0	0			15.00
16.00	ANESTHESIOLOGY	53.00	13,925	0	0			16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	21,208	0	0			17.00
18.00	MRI	58.00	1,598	0	0			18.00
19.00	LABORATORY	60.00	12,669	0	0			19.00
20.00	RESPIRATORY THERAPY	65.00	5,689	0	0			20.00
21.00	PHYSICAL THERAPY	66.00	12,560	0	0			21.00
22.00	OCCUPATIONAL THERAPY	67.00	1,452	0	0			22.00
23.00	SPEECH PATHOLOGY	68.00	643	0	0			23.00
24.00	ASC (NON-DISTINCT PART)	75.00	9,632	0	0			24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	13,281	0	0			25.00
26.00	SLEEP LAB	76.02	920	0	0			26.00
27.00	CARDIAC REHABILITATION	76.97	1,054	0	0			27.00
28.00	CLINIC	90.00	515	0	0			28.00
29.00	EMERGENCY	91.00	19,670	0	0			29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	102	0	0			30.00
31.00	OTHER NRCC	194.01	580	0	0			31.00
	TOTALS		234,264	0				
	E - MINISTRY ALLOCATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,196,255	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	2,196,255				
	F - C-SECTION							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	157,885	34,477	0			1.00
	0		157,885	34,477				
	G - MOB HOSPITAL STORAGE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,986	0			1.00
	0		0	26,986				
	H - PSYCH ADMIN							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	83,220	0	0			1.00
	0		83,220	0				
	I - NORRIS BUILDING OVERHEAD							
1.00		0.00	0	0	13			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	PHYSICIANS' PRIVATE OFFICES	192.00	0	154,418	0			5.00

RECLASSIFICATIONS

Provider CCN: 14-0110

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

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Date/Time Prepared:
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	Decreases							3/19/2021 2:47 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	0		0	154,418				
	J - MERCURY CIRCLE BUILDING							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	110,061	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
	0		0	110,061				
	K - RADIOLOGY SPACE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,044	0			1.00
	0		0	2,044				
	L - MED SUPPLIES SOLD IMPLANTS AND DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	36,151	0			1.00
2.00	OPERATING ROOM	50.00	0	1,269,473	0			2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	44,534	0			3.00
4.00	EMERGENCY	91.00	0	6,593	0			4.00
	0		0	1,356,751				
	M - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	1,087,881	0			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	605	0			2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,828	0			3.00
4.00	ASC (NON-DISTINCT PART)	75.00	0	1,043	0			4.00
5.00	CLINIC	90.00	0	89,900	0			5.00
	0		0	1,181,257				
	N - DRUG CHARGES TO PATIENTS							
1.00	PHARMACY	15.00	0	259	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	0	9,647	0			2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,746	0			3.00
4.00	OPERATING ROOM	50.00	0	199	0			4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,433	0			5.00
6.00	MRI	58.00	0	226	0			6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	38,175	0			7.00
8.00	ASC (NON-DISTINCT PART)	75.00	0	3,514	0			8.00
9.00	CLINIC	90.00	0	104	0			9.00
	0		0	65,303				
	O - OSFMG SHARED HOSP AND PALL							
1.00	ADULTS & PEDIATRICS	30.00	0	135,468	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	9			4.00
	0		0	135,468				
	P - DISABILITY RECLASS							
1.00	HOUSEKEEPING	9.00	385	0	0			1.00
2.00	DIETARY	10.00	504	0	0			2.00
3.00	PHARMACY	15.00	17,941	0	0			3.00
4.00	ADULTS & PEDIATRICS	30.00	22,192	0	0			4.00
5.00	INTENSIVE CARE UNIT	31.00	4,985	0	0			5.00
6.00	SUBPROVIDER - IPF	40.00	704	0	0			6.00
7.00	OPERATING ROOM	50.00	3,679	0	0			7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	9,081	0	0			8.00
9.00	PHYSICAL THERAPY	66.00	20,425	0	0			9.00
10.00	ASC (NON-DISTINCT PART)	75.00	5,657	0	0			10.00
11.00	EMERGENCY	91.00	5,638	0	0			11.00
	0		91,191	0				
	Q - OSFMG / SFMC ED SHARED COST							
1.00	EMERGENCY	91.00	0	635,892	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	635,892				
	R - STREATOR EXPENSES							
1.00		0.00	0	0	9			1.00
2.00		0.00	0	0	9			2.00
3.00		0.00	0	0	12			3.00
4.00		0.00	0	0	13			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	ADMINISTRATIVE & GENERAL	5.00	0	2,009,939	0			9.00
	0		0	2,009,939				
	S - BIOMED/HTM COST							
1.00	OPERATION OF PLANT	7.00	0	1,561,989	0			1.00
2.00		0.00	0	0	0			2.00
	0		0	1,561,989				

RECLASSIFICATIONS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
3/19/2021 2:47 pm

Decreases						07/10/2021 11:17 PM	
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
T - REHAB ADMINISTRATION							
1.00	PHYSICAL THERAPY	66.00	37,703	402	0		1.00
2.00		0.00	0	0	0		2.00
			37,703	402			
U - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	316,663	0		1.00
2.00	OPERATION OF PLANT	7.00	0	324,140	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	8,748	0		3.00
4.00	HOUSEKEEPING	9.00	0	262,731	0		4.00
5.00	DIETARY	10.00	0	208,782	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	276,137	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	111,304	0		7.00
8.00	PHARMACY	15.00	0	153,066	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	86,768	0		9.00
10.00	SOCIAL SERVICE	17.00	0	6,595	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,508,409	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	185,445	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	161,451	0		13.00
14.00	OPERATING ROOM	50.00	0	225,866	0		14.00
15.00	RECOVERY ROOM	51.00	0	167,130	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	189,407	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	722,347	0		18.00
19.00	MRI	58.00	0	58,806	0		19.00
20.00	LABORATORY	60.00	0	432,253	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	172,519	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	481,809	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	57,624	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	17,167	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	313,458	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	361,301	0		26.00
27.00	SLEEP LAB	76.02	0	34,055	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	30,267	0		28.00
29.00	CLINIC	90.00	0	18,884	0		29.00
30.00	EMERGENCY	91.00	0	574,901	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,725	0		31.00
32.00	OTHER NRCC	194.01	0	25,072	0		32.00
	TOTALS		0	7,496,832			
V - PROPERTY TAX							
1.00		0.00	0	0	13		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,102	0		2.00
3.00	OPERATION OF PLANT	7.00	0	8,966	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	109,587	0		4.00
	TOTALS		0	130,655			
W - CAFETERIA							
1.00	DIETARY	10.00	556,706	371,662	0		1.00
	TOTALS		556,706	371,662			
X - RADIOLOGY BENEFITS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,847	0		1.00
	TOTALS		0	61,847			
500.00	Grand Total: Decreases		3,022,784	18,405,307			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,227,906	0	0	0	0	1.00
2.00	Land Improvements	2,878,933	150,731	0	150,731	0	2.00
3.00	Buildings and Fixtures	64,073,042	1,416,951	0	1,416,951	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	33,673,663	796,263	0	796,263	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	103,853,544	2,363,945	0	2,363,945	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	103,853,544	2,363,945	0	2,363,945	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,227,906	0				1.00
2.00	Land Improvements	3,029,664	0				2.00
3.00	Buildings and Fixtures	65,489,993	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	34,469,926	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	106,217,489	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	106,217,489	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	61,650	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,666,204	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,727,854	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	61,650				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,666,204				2.00
3.00	Total (sum of lines 1-2)	0	2,727,854				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	65,489,993	0	65,489,993	0.655163	90,512	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	34,469,926	0	34,469,926	0.344837	47,640	2.00
3.00	Total (sum of lines 1-2)	99,959,919	0	99,959,919	1.000000	138,152	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	174,973	0	265,485	2,438,187	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	92,095	0	139,735	4,084,538	0	2.00
3.00	Total (sum of lines 1-2)	267,068	0	405,220	6,522,725	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	90,512	174,973	0	2,703,672	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	47,640	92,095	0	4,224,273	2.00
3.00	Total (sum of lines 1-2)	0	138,152	267,068	0	6,927,945	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0110

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				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	-10,767,494			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	-784,440			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-299,830	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	-1,879	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	-69,142	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	1,417,739	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	599,396	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	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	AMORTIZED CAPITALIZED INTEREST	A	-26,219	CAP REL COSTS-BLDG & FIXT	1.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0110

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
			Basis/Code (2)	Amount			
			1.00	2.00	3.00	4.00	5.00
33.01	PHYSICIAN RECRUITING EXPENSE	A		-6,000	HOUSEKEEPING	9.00	0 33.01
33.02	PHYSICIAN RECRUITING EXPENSE	A		-6,000	ANESTHESIOLOGY	53.00	0 33.02
33.03	PHYSICIAN RECRUITING EXPENSE	A		-900	SUBPROVIDER - IPF	40.00	0 33.03
33.04	PHYSICIAN RECRUITING EXPENSE	A		-900	MEDICAL RECORDS & LIBRARY	16.00	0 33.04
33.05	PHYSICIAN RECRUITING EXPENSE	A		-3,900	ADULTS & PEDIATRICS	30.00	0 33.05
33.06	TRUSTEE FEES	A		9,501	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07	ADVERTISING	A		-1,094	ADULTS & PEDIATRICS	30.00	0 33.07
33.08	ADVERTISING	A		-354	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	AHA LOBBYING DUES	A		-4,524	ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10	IHA LOBBYING DUES	A		-19,635	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11	PATIENT TRANSPORTATION	A		-4,927	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12	ROTARY FEES	A		-240	ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13	MEDICAID ASSESSMENT	A		-3,844,776	ADMINISTRATIVE & GENERAL	5.00	0 33.13
33.14	WORKING CAPITAL INTEREST	A		-1,559,614	INTEREST EXPENSE	113.00	0 33.14
33.15	MISCELLANEOUS REVENUES - A&G	B		-26,583	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	MISCELLANEOUS REVENUES - PT	B		-47,069	PHYSICAL THERAPY	66.00	0 33.16
33.17	OTHER REVENUE- NURSING ADMIN	B		-150	NURSING ADMINISTRATION	13.00	0 33.17
33.18	CLINICA LAB OTHER REVENUES	B		-26,760	LABORATORY	60.00	0 33.18
33.19	CONTRACT PHARMACY	A		-612,867	DRUGS CHARGED TO PATIENTS	73.00	0 33.19
33.20	RENTAL INCOME	B		-15,759	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	COMMUNITY EDUCATION REVENUES	B		-11,027	NURSING ADMINISTRATION	13.00	0 33.21
33.22	COMMUNITY EDUCATION REVENUES	B		-120	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23	DONATION	A		-25,210	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24	OTHER REVENUE	B		-16,414	OCCUPATIONAL THERAPY	67.00	0 33.24
33.25	UNEMPLOYMENT COMP	B		9,389	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	SALARIED PHYS PART B OFFSET	A		-432,306	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
33.27	MOONLIGHTING RESIDENT	A		-18,343	EMERGENCY	91.00	0 33.27
33.28	OCC MED	A		-21,327	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.28
33.29	SHARED HOSP AND PALL PART B OFFSET	A		-1,916	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.29
33.30	RADIOLOGY PART B OFFSET	A		-61,847	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.30
33.31	OSFMG / SFMC ED SHARED BENEFITS	A		-263,144	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.31
34.00	PSYCHIATRY SALARIES	A		-551,369	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 34.00
34.01	PSYCHIATRY BENEFITS	A		-132,468	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.01
34.02	CRNA SALARIES	A		-484,372	ANESTHESIOLOGY	53.00	0 34.02
34.03	CRNA BENEFITS	A		-65,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.03
34.04	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 34.04
34.05	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 34.05
34.06	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 34.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-18,180,877			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: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 2:47 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY POOLED - BLDG	294,643	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY POOLED - EQUIPMENT	1,140,466	1,075,572	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	734,703	734,703	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED ADMIN	8,714,687	11,517,265	3.01
3.02	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - POOLED A&G	114,692	114,692	3.02
3.03	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED ENGINE	248,159	248,159	3.03
3.04	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED BIOMED	375,068	375,068	3.04
3.05	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHG - POOLED IMAGIN	818,981	818,981	3.05
3.06	60.00	LABORATORY	MINISTRY CHG - POOLED LAB	95,769	95,769	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED REHAB	96,427	96,427	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED REHAB	10,865	10,865	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED REHAB	4,582	4,582	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	592,926	592,926	3.10
4.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	4,295,881	3,480,533	4.00
4.01	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	785,451	0	4.01
4.02	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL CA	808,766	954,274	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL CL	106,909	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL CA	110,213	0	4.04
4.05	7.00	OPERATION OF PLANT	SFI - ENGINEERING	33,726	28,166	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	SFI - IMAGING	73,642	61,503	4.06
4.07	60.00	LABORATORY	SFI - LAB	8,611	7,192	4.07
4.08	7.00	OPERATION OF PLANT	PCI - HTM - ENGINEERING	227,640	237,216	4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	PCI - HTM - IMAGING	497,065	517,974	4.09
4.10	71.00	MEDICAL SUPPLIES CHARGED TO	PCI - HTM - LAB	58,125	60,570	4.10
4.11	60.00	LABORATORY	SYSTEMS LAB	767,730	767,730	4.11
4.12	0.00			0	0	4.12
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,015,727	21,800,167	5.00

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

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

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

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

6.00	B		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: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 2:47 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	294,643	9		1.00
2.00	64,894	9		2.00
3.00	0	0		3.00
3.01	-2,802,578	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	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
4.00	815,348	0		4.00
4.01	785,451	0		4.01
4.02	-145,508	0		4.02
4.03	106,909	0		4.03
4.04	110,213	0		4.04
4.05	5,560	0		4.05
4.06	12,139	0		4.06
4.07	1,419	0		4.07
4.08	-9,576	0		4.08
4.09	-20,909	0		4.09
4.10	-2,445	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
5.00	-784,440			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0110

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

Worksheet A-8-2

Date/Time Prepared:
3/19/2021 2:47 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,211,212	2,211,212	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	167,987	167,987	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,903,733	1,634,274	269,459	239,400	1,113	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	651,222	651,222	0	0	0	4.00
5.00	60.00	LABORATORY	124,334	16,010	108,324	260,300	1,744	5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	743,183	699,734	43,449	181,300	246	6.00
7.00	91.00	EMERGENCY	5,223,691	5,223,691	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			11,025,362	10,604,130	421,232		3,103	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	128,102	6,405	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	218,252	10,913	0	0	0	5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,442	1,072	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			367,796	18,390	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	30.00	ADULTS & PEDIATRICS	0	0	0	2,211,212		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	167,987		2.00
3.00	53.00	ANESTHESIOLOGY	0	128,102	141,357	1,775,631		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	651,222		4.00
5.00	60.00	LABORATORY	0	218,252	0	16,010		5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	21,442	22,007	721,741		6.00
7.00	91.00	EMERGENCY	0	0	0	5,223,691		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	367,796	163,364	10,767,494		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,703,672	2,703,672				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,224,273		4,224,273			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,968,661	7,518	351	9,976,530		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,210,287	377,711	1,346,655	612,966	17,547,619	5.00
7.00	00700	OPERATION OF PLANT	3,707,706	667,497	616,908	375,848	5,367,959	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	337,914	6,252	0	8,822	352,988	8.00
9.00	00900	HOUSEKEEPING	1,299,016	13,090	8,276	290,732	1,611,114	9.00
10.00	01000	DIETARY	441,592	68,201	7,943	73,754	591,490	10.00
11.00	01100	CAFETERIA	628,538	36,537	16,514	156,520	838,109	11.00
13.00	01300	NURSING ADMINISTRATION	2,447,524	30,045	145,908	427,199	3,050,676	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	705,561	31,152	0	17,130	753,843	14.00
15.00	01500	PHARMACY	1,434,573	8,064	10,517	236,755	1,689,909	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	414,232	20,741	1,394	114,019	550,386	16.00
17.00	01700	SOCIAL SERVICE	963,885	4,659	0	18,585	987,129	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,324,225	141,515	125,792	1,635,068	8,226,600	30.00
31.00	03100	INTENSIVE CARE UNIT	1,206,262	12,777	23,400	273,159	1,515,598	31.00
40.00	04000	SUBPROVIDER - IPF	734,676	27,166	482	205,087	967,411	40.00
43.00	04300	NURSERY	395,633	3,186	2,142	91,297	492,258	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,339,409	45,988	241,529	363,458	2,990,384	50.00
51.00	05100	RECOVERY ROOM	878,772	4,932	0	229,884	1,113,588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,179,640	0	0	272,206	1,451,846	52.00
53.00	05300	ANESTHESIOLOGY	146,995	0	81,685	54,962	283,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,848,723	93,968	739,185	988,328	8,670,204	54.00
58.00	05800	MRI	312,542	13,996	0	74,642	401,180	58.00
60.00	06000	LABORATORY	4,345,824	66,095	112,204	591,911	5,116,034	60.00
65.00	06500	RESPIRATORY THERAPY	1,202,963	11,410	27,168	265,810	1,507,351	65.00
66.00	06600	PHYSICAL THERAPY	2,241,609	154,491	56,429	570,491	3,023,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	269,193	7,918	552	75,278	352,941	67.00
68.00	06800	SPEECH PATHOLOGY	127,556	0	0	33,166	160,722	68.00
69.00	06900	ELECTROCARDIOLOGY	181,959	2,793	0	51,158	235,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,324	0	0	1,216	5,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,203,779	0	56,150	0	1,259,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,181,257	0	0	0	1,181,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,202,345	0	27,295	0	4,229,640	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,649,310	58,804	168,541	332,870	2,209,525	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,186,065	19,855	4,175	408,083	1,618,178	76.01
76.02	03610	SLEEP LAB	282,115	13,283	139,590	42,994	477,982	76.02
76.97	07697	CARDIAC REHABILITATION	853,537	6,238	0	112,456	972,231	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	200,528	0	0	24,059	224,587	90.00
91.00	09100	EMERGENCY	4,303,323	89,996	31,593	914,741	5,339,653	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)	88,289,998	2,045,878	3,992,378	9,944,654	87,368,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	95,669	12,183	0	4,773	112,625	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,028,200	200,279	158,832	0	1,387,311	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	236,154	445,332	73,063	27,103	781,652	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	89,650,021	2,703,672	4,224,273	9,976,530	89,650,021	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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	17,547,619					5.00
7.00	00700	OPERATION OF PLANT	1,306,406	6,674,365				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,907	25,274	464,169			8.00
9.00	00900	HOUSEKEEPING	392,098	52,919	0	2,056,131		9.00
10.00	01000	DIETARY	143,952	275,722	0	67,499	1,078,663	10.00
11.00	01100	CAFETERIA	203,971	147,709	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	742,446	121,465	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	183,464	125,938	0	0	0	14.00
15.00	01500	PHARMACY	411,275	32,603	0	22,500	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	133,948	83,851	0	45,000	0	16.00
17.00	01700	SOCIAL SERVICE	240,239	18,834	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,002,116	572,110	182,692	523,549	704,726	30.00
31.00	03100	INTENSIVE CARE UNIT	368,853	51,652	31,437	101,249	54,633	31.00
40.00	04000	SUBPROVIDER - IPF	235,440	109,825	0	56,249	280,358	40.00
43.00	04300	NURSERY	119,801	12,879	0	0	189	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	727,773	185,916	36,989	213,748	0	50.00
51.00	05100	RECOVERY ROOM	271,015	19,939	0	6,058	12,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	353,337	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	69,030	0	0	11,250	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,110,059	379,889	17,385	179,998	967	54.00
58.00	05800	MRI	97,636	56,583	0	33,750	0	58.00
60.00	06000	LABORATORY	1,245,094	267,207	0	62,307	0	60.00
65.00	06500	RESPIRATORY THERAPY	366,846	46,129	0	45,000	0	65.00
66.00	06600	PHYSICAL THERAPY	735,715	624,571	38,046	62,307	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	85,896	32,010	0	51,057	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,115	0	0	28,557	0	68.00
69.00	06900	ELECTROCARDIOLOGY	57,414	11,290	0	11,250	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,348	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	306,630	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,484	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,029,372	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	537,734	237,730	34,863	89,999	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	393,818	80,267	0	89,999	0	76.01
76.02	03610	SLEEP LAB	116,327	53,700	0	45,000	0	76.02
76.97	07697	CARDIAC REHABILITATION	236,613	25,220	0	11,250	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	54,658	0	34,740	22,500	0	90.00
91.00	09100	EMERGENCY	1,299,517	363,830	86,764	231,055	25,500	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)	16,992,347	4,015,062	462,916	2,011,131	1,078,663	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,410	49,254	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	337,631	809,679	1,253	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	190,231	1,800,370	0	45,000	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,547,619	6,674,365	464,169	2,056,131	1,078,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,189,789					11.00
13.00	01300	NURSING ADMINISTRATION	45,601	3,960,188				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,784	0	1,068,029			14.00
15.00	01500	PHARMACY	24,490		1,013	2,181,790		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,445	110,457	464	0	941,551	16.00
17.00	01700	SOCIAL SERVICE	2,340	0	1,179	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	270,901	1,695,990	92,428	0	55,287	30.00
31.00	03100	INTENSIVE CARE UNIT	34,708	219,711	18,195	0	8,536	31.00
40.00	04000	SUBPROVIDER - IPF	30,106	190,489	415	0	8,724	40.00
43.00	04300	NURSERY	11,881	0	0	0	2,171	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,543	332,477	36,815	0	73,200	50.00
51.00	05100	RECOVERY ROOM	28,260	178,923	10,394	0	11,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,384	223,982	0	0	10,818	52.00
53.00	05300	ANESTHESIOLOGY	17,237	0	3,358	0	30,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,581	0	123,289	0	218,362	54.00
58.00	05800	MRI	9,385	0	6,248	0	27,217	58.00
60.00	06000	LABORATORY	100,952	0	49,789	0	156,515	60.00
65.00	06500	RESPIRATORY THERAPY	37,360	0	39,283	0	14,935	65.00
66.00	06600	PHYSICAL THERAPY	66,400	0	6,097	0	28,893	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,229	0	1,033	0	4,211	67.00
68.00	06800	SPEECH PATHOLOGY	4,056	0	365	0	1,786	68.00
69.00	06900	ELECTROCARDIOLOGY	6,422	0	0	0	8,887	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	272,319	0	24,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	235,152	0	19,828	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,149	2,181,790	92,851	73.00
75.00	07500	ASC (NON-DISTINCT PART)	43,001	272,111	87,172	0	32,117	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	53,531	0	1,255	0	5,070	76.01
76.02	03610	SLEEP LAB	6,604	0	2,120	0	3,608	76.02
76.97	07697	CARDIAC REHABILITATION	14,949	0	328	0	20,702	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,874	0	9,323	0	1,810	90.00
91.00	09100	EMERGENCY	116,291	736,048	67,710	0	80,056	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)	1,183,471	3,960,188	1,067,893	2,181,790	941,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,014	0	114	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	22	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	5,304	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,189,789	3,960,188	1,068,029	2,181,790	941,551	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,249,721					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,368	0	14,399,767	0	14,399,767	30.00
31.00	03100	INTENSIVE CARE UNIT	11,328	0	2,415,900	0	2,415,900	31.00
40.00	04000	SUBPROVIDER - IPF	11,578	0	1,890,595	0	1,890,595	40.00
43.00	04300	NURSERY	2,881	0	642,060	0	642,060	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97,140	0	4,746,985	0	4,746,985	50.00
51.00	05100	RECOVERY ROOM	15,016	0	1,666,798	0	1,666,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,356	0	2,089,723	0	2,089,723	52.00
53.00	05300	ANESTHESIOLOGY	40,125	0	454,879	0	454,879	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	290,018	0	12,125,752	0	12,125,752	54.00
58.00	05800	MRI	36,118	0	668,117	0	668,117	58.00
60.00	06000	LABORATORY	207,703	0	7,205,601	0	7,205,601	60.00
65.00	06500	RESPIRATORY THERAPY	19,819	0	2,076,723	0	2,076,723	65.00
66.00	06600	PHYSICAL THERAPY	38,342	0	4,623,391	0	4,623,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,588	0	541,965	0	541,965	67.00
68.00	06800	SPEECH PATHOLOGY	2,370	0	236,971	0	236,971	68.00
69.00	06900	ELECTROCARDIOLOGY	11,793	0	342,966	0	342,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,044	0	7,044	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,400	0	1,895,693	0	1,895,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,313	0	1,750,034	0	1,750,034	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,217	0	7,659,019	0	7,659,019	73.00
75.00	07500	ASC (NON-DISTINCT PART)	42,621	0	3,586,873	0	3,586,873	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,728	0	2,248,846	0	2,248,846	76.01
76.02	03610	SLEEP LAB	4,787	0	710,128	0	710,128	76.02
76.97	07697	CARDIAC REHABILITATION	27,472	0	1,308,765	0	1,308,765	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,402	0	353,894	0	353,894	90.00
91.00	09100	EMERGENCY	106,238	0	8,452,662	0	8,452,662	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)	1,249,721	0	84,101,151	0	84,101,151	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190,417	0	190,417	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,535,896	0	2,535,896	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	0	2,822,557	0	2,822,557	194.01
200.00		Cross Foot Adjustments		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)	1,249,721	0	89,650,021	0	89,650,021	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,518	351	7,869	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	377,711	1,346,655	1,724,366	5.00
7.00	00700	OPERATION OF PLANT	0	667,497	616,908	1,284,405	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,252	0	6,252	8.00
9.00	00900	HOUSEKEEPING	0	13,090	8,276	21,366	9.00
10.00	01000	DIETARY	0	68,201	7,943	76,144	10.00
11.00	01100	CAFETERIA	0	36,537	16,514	53,051	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,045	145,908	175,953	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,152	0	31,152	14.00
15.00	01500	PHARMACY	74,471	8,064	10,517	93,052	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,741	1,394	22,135	16.00
17.00	01700	SOCIAL SERVICE	0	4,659	0	4,659	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	141,515	125,792	267,307	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,777	23,400	36,177	31.00
40.00	04000	SUBPROVIDER - IPF	0	27,166	482	27,648	40.00
43.00	04300	NURSERY	0	3,186	2,142	5,328	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	45,988	241,529	287,517	50.00
51.00	05100	RECOVERY ROOM	0	4,932	0	4,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	81,685	81,685	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	527,549	93,968	739,185	1,360,702	54.00
58.00	05800	MRI	0	13,996	0	13,996	58.00
60.00	06000	LABORATORY	19,713	66,095	112,204	198,012	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,410	27,168	38,578	65.00
66.00	06600	PHYSICAL THERAPY	0	154,491	56,429	210,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,918	552	8,470	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,793	0	2,793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	56,150	56,150	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	27,295	27,295	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	58,804	168,541	227,345	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	19,855	4,175	24,030	76.01
76.02	03610	SLEEP LAB	0	13,283	139,590	152,873	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,238	0	6,238	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	89,996	31,593	121,589	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	621,733	2,045,878	3,992,378	6,659,989	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,183	0	12,183	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	220,053	200,279	158,832	579,164	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	445,332	73,063	518,395	194.01
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)	841,786	2,703,672	4,224,273	7,769,731	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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	1,724,850					5.00
7.00	00700	OPERATION OF PLANT	128,412	1,413,114				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,444	5,351	20,054			8.00
9.00	00900	HOUSEKEEPING	38,541	11,204	0	71,341		9.00
10.00	01000	DIETARY	14,150	58,377	0	2,342	151,071	10.00
11.00	01100	CAFETERIA	20,049	31,273	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	72,978	25,717	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,033	26,664	0	0	0	14.00
15.00	01500	PHARMACY	40,426	6,903	0	781	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,166	17,753	0	1,561	0	16.00
17.00	01700	SOCIAL SERVICE	23,614	3,988	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	196,797	121,129	7,893	18,166	98,701	30.00
31.00	03100	INTENSIVE CARE UNIT	36,256	10,936	1,358	3,513	7,652	31.00
40.00	04000	SUBPROVIDER - IPF	23,142	23,252	0	1,952	39,265	40.00
43.00	04300	NURSERY	11,776	2,727	0	0	26	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,536	39,363	1,598	7,416	0	50.00
51.00	05100	RECOVERY ROOM	26,639	4,222	0	210	1,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,731	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,785	0	0	390	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	207,427	80,431	751	6,245	135	54.00
58.00	05800	MRI	9,597	11,980	0	1,171	0	58.00
60.00	06000	LABORATORY	122,386	56,574	0	2,162	0	60.00
65.00	06500	RESPIRATORY THERAPY	36,059	9,767	0	1,561	0	65.00
66.00	06600	PHYSICAL THERAPY	72,317	132,236	1,644	2,162	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,443	6,777	0	1,772	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,845	0	0	991	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,643	2,390	0	390	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,140	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,258	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,181	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	52,856	50,333	1,506	3,123	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	38,710	16,994	0	3,123	0	76.01
76.02	03610	SLEEP LAB	11,434	11,370	0	1,561	0	76.02
76.97	07697	CARDIAC REHABILITATION	23,258	5,340	0	390	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,373	0	1,501	781	0	90.00
91.00	09100	EMERGENCY	127,735	77,031	3,749	8,017	3,571	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)	1,670,270	850,082	20,000	69,780	151,071	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,694	10,428	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,187	171,427	54	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	18,699	381,177	0	1,561	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,724,850	1,413,114	20,054	71,341	151,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	104,497					11.00
13.00	01300	NURSING ADMINISTRATION	4,005	278,990				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	420	0	76,283			14.00
15.00	01500	PHARMACY	2,151	0	72	143,572		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,532	7,782	33	0	64,052	16.00
17.00	01700	SOCIAL SERVICE	206	0	84	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,792	119,479	6,601	0	3,768	30.00
31.00	03100	INTENSIVE CARE UNIT	3,048	15,478	1,300	0	582	31.00
40.00	04000	SUBPROVIDER - IPF	2,644	13,420	30	0	595	40.00
43.00	04300	NURSERY	1,044	0	0	0	148	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,615	23,423	2,629	0	4,989	50.00
51.00	05100	RECOVERY ROOM	2,482	12,605	742	0	771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,108	15,779	0	0	737	52.00
53.00	05300	ANESTHESIOLOGY	1,514	0	240	0	2,061	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,908	0	8,806	0	14,763	54.00
58.00	05800	MRI	824	0	446	0	1,855	58.00
60.00	06000	LABORATORY	8,866	0	3,556	0	10,667	60.00
65.00	06500	RESPIRATORY THERAPY	3,281	0	2,806	0	1,018	65.00
66.00	06600	PHYSICAL THERAPY	5,832	0	435	0	1,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	811	0	74	0	287	67.00
68.00	06800	SPEECH PATHOLOGY	356	0	26	0	122	68.00
69.00	06900	ELECTROCARDIOLOGY	564	0	0	0	606	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	19,452	0	1,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,795	0	1,351	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	154	143,572	6,328	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,777	19,170	6,226	77	2,189	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,701	0	90	0	346	76.01
76.02	03610	SLEEP LAB	580	0	151	0	246	76.02
76.97	07697	CARDIAC REHABILITATION	1,313	0	23	0	1,411	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	340	0	666	0	123	90.00
91.00	09100	EMERGENCY	10,214	51,854	4,836	0	5,456	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)	103,942	278,990	76,273	143,572	64,052	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89	0	8	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	466	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	104,497	278,990	76,283	143,572	64,052	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	32,566					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,920		866,836	0	866,836	30.00
31.00	03100	INTENSIVE CARE UNIT	296		116,812	0	116,812	31.00
40.00	04000	SUBPROVIDER - IPF	303		132,413	0	132,413	40.00
43.00	04300	NURSERY	75		21,196	0	21,196	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,541		445,914	0	445,914	50.00
51.00	05100	RECOVERY ROOM	393		54,899	0	54,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	376		54,946	0	54,946	52.00
53.00	05300	ANESTHESIOLOGY	1,050		93,768	0	93,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,457		1,699,405	0	1,699,405	54.00
58.00	05800	MRI	945		40,873	0	40,873	58.00
60.00	06000	LABORATORY	5,434		408,124	0	408,124	60.00
65.00	06500	RESPIRATORY THERAPY	519		93,799	0	93,799	65.00
66.00	06600	PHYSICAL THERAPY	1,003		428,968	0	428,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	146		26,839	0	26,839	67.00
68.00	06800	SPEECH PATHOLOGY	62		5,428	0	5,428	68.00
69.00	06900	ELECTROCARDIOLOGY	309		12,735	0	12,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		148	0	148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	848		108,254	0	108,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	688		47,092	0	47,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,224		281,754	0	281,754	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,115		367,903	0	367,903	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	176		88,492	0	88,492	76.01
76.02	03610	SLEEP LAB	125		178,374	0	178,374	76.02
76.97	07697	CARDIAC REHABILITATION	719		38,781	0	38,781	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63		8,866	0	8,866	90.00
91.00	09100	EMERGENCY	2,779		417,553	0	417,553	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)	32,566	0	6,040,172	0	6,040,172	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		25,406	0	25,406	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		783,834	0	783,834	192.00
194.00	07950	CARDINAL SLEEP	0		0	0	0	194.00
194.01	07951	OTHER NRCC	0		920,319	0	920,319	194.01
200.00		Cross Foot Adjustments		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)	32,566	0	7,769,731	0	7,769,731	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	405,661					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,086,448				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,128	340	35,484,339			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,672	1,302,715	2,180,188	-17,547,619	72,102,402	5.00
7.00	00700	OPERATION OF PLANT	100,152	596,780	1,336,811	0	5,367,959	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	0	31,377	0	352,988	8.00
9.00	00900	HOUSEKEEPING	1,964	8,006	1,034,069	0	1,611,114	9.00
10.00	01000	DIETARY	10,233	7,684	262,327	0	591,490	10.00
11.00	01100	CAFETERIA	5,482	15,975	556,706	0	838,109	11.00
13.00	01300	NURSING ADMINISTRATION	4,508	141,148	1,519,454	0	3,050,676	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,674	0	60,926	0	753,843	14.00
15.00	01500	PHARMACY	1,210	10,174	842,086	0	1,689,909	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,112	1,349	405,539	0	550,386	16.00
17.00	01700	SOCIAL SERVICE	699	0	66,103	0	987,129	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,233	121,688	5,815,582	0	8,226,600	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	22,637	971,568	0	1,515,598	31.00
40.00	04000	SUBPROVIDER - IPF	4,076	466	729,451	0	967,411	40.00
43.00	04300	NURSERY	478	2,072	324,724	0	492,258	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,900	233,649	1,292,740	0	2,990,384	50.00
51.00	05100	RECOVERY ROOM	740	0	817,649	0	1,113,588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	968,179	0	1,451,846	52.00
53.00	05300	ANESTHESIOLOGY	0	79,020	195,487	0	283,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,099	715,068	3,515,266	0	8,670,204	54.00
58.00	05800	MRI	2,100	0	265,485	0	401,180	58.00
60.00	06000	LABORATORY	9,917	108,543	2,105,299	0	5,116,034	60.00
65.00	06500	RESPIRATORY THERAPY	1,712	26,282	945,429	0	1,507,351	65.00
66.00	06600	PHYSICAL THERAPY	23,180	54,588	2,029,111	0	3,023,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,188	534	267,748	0	352,941	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	117,963	0	160,722	68.00
69.00	06900	ELECTROCARDIOLOGY	419	0	181,959	0	235,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,324	0	5,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	54,318	0	0	1,259,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,181,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,404	0	0	4,229,640	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,823	163,042	1,183,946	0	2,209,525	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,979	4,039	1,451,461	0	1,618,178	76.01
76.02	03610	SLEEP LAB	1,993	135,036	152,920	0	477,982	76.02
76.97	07697	CARDIAC REHABILITATION	936	0	399,981	0	972,231	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	85,572	0	224,587	90.00
91.00	09100	EMERGENCY	13,503	30,562	3,253,533	0	5,339,653	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)	306,965	3,862,119	35,370,963	-17,547,619	69,820,814	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,828	0	16,976	0	112,625	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,050	153,650	0	0	1,387,311	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	66,818	70,679	96,400	0	781,652	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,703,672	4,224,273	9,976,530		17,547,619	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.664856	1.033727	0.281153		0.243371	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,869		1,724,850	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000222		0.023922	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: 14-0110

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	247,709				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	416,320			8.00
9.00	00900	HOUSEKEEPING	1,964	0	2,376		9.00
10.00	01000	DIETARY	10,233	0	78	45,727	10.00
11.00	01100	CAFETERIA	5,482	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,508	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,674	0	0	0	14.00
15.00	01500	PHARMACY	1,210	0	26	210	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,112	0	52	0	16.00
17.00	01700	SOCIAL SERVICE	699	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,233	163,859	605	29,875	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	28,196	117	2,316	31.00
40.00	04000	SUBPROVIDER - IPF	4,076	0	65	11,885	40.00
43.00	04300	NURSERY	478	0	0	8	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,900	33,176	247	0	50.00
51.00	05100	RECOVERY ROOM	740	0	7	521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,099	15,593	208	41	54.00
58.00	05800	MRI	2,100	0	39	0	58.00
60.00	06000	LABORATORY	9,917	0	72	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,712	0	52	0	65.00
66.00	06600	PHYSICAL THERAPY	23,180	34,124	72	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,188	0	59	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	33	0	68.00
69.00	06900	ELECTROCARDIOLOGY	419	0	13	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,823	31,269	104	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,979	0	104	0	76.01
76.02	03610	SLEEP LAB	1,993	0	52	0	76.02
76.97	07697	CARDIAC REHABILITATION	936	0	13	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	31,159	26	0	90.00
91.00	09100	EMERGENCY	13,503	77,820	267	1,081	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)	149,013	415,196	2,324	45,727	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,828	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,050	1,124	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	66,818	0	52	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,674,365	464,169	2,056,131	1,078,663	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.944378	1.114933	865.375000	23.589192	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,413,114	20,054	71,341	151,071	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.704734	0.048170	30.025673	3.303759	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: 14-0110

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS SUPPLIED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	500,614					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,362,083				14.00
15.00	01500	PHARMACY	0	5,087	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,963	2,332	0	403,625,379		16.00
17.00	01700	SOCIAL SERVICE	0	5,921	0	0	403,625,379	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	214,393	464,039	0	23,697,786	23,697,786	30.00
31.00	03100	INTENSIVE CARE UNIT	27,774	91,351	0	3,658,962	3,658,962	31.00
40.00	04000	SUBPROVIDER - IPF	24,080	2,085	0	3,739,534	3,739,534	40.00
43.00	04300	NURSERY	0	0	0	930,652	930,652	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,029	184,832	0	31,375,985	31,375,985	50.00
51.00	05100	RECOVERY ROOM	22,618	52,181	0	4,850,133	4,850,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,314	0	0	4,637,089	4,637,089	52.00
53.00	05300	ANESTHESIOLOGY	0	16,858	0	12,960,395	12,960,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	618,975	0	93,642,807	93,642,807	54.00
58.00	05800	MRI	0	31,368	0	11,665,972	11,665,972	58.00
60.00	06000	LABORATORY	0	249,965	0	67,087,557	67,087,557	60.00
65.00	06500	RESPIRATORY THERAPY	0	197,220	0	6,401,595	6,401,595	65.00
66.00	06600	PHYSICAL THERAPY	0	30,609	0	12,384,330	12,384,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,187	0	1,805,065	1,805,065	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,834	0	765,430	765,430	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,809,215	3,809,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,367,186	0	10,465,012	10,465,012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,180,588	0	8,499,047	8,499,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,791	100	39,798,806	39,798,806	73.00
75.00	07500	ASC (NON-DISTINCT PART)	34,398	437,650	0	13,766,542	13,766,542	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,302	0	2,173,155	2,173,155	76.01
76.02	03610	SLEEP LAB	0	10,643	0	1,546,328	1,546,328	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,649	0	8,873,515	8,873,515	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	46,808	0	775,924	775,924	90.00
91.00	09100	EMERGENCY	93,045	339,938	0	34,314,543	34,314,543	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)	500,614	5,361,399	100	403,625,379	403,625,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	574	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	110	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,960,188	1,068,029	2,181,790	941,551	1,249,721	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.910662	0.199182	21,817.900000	0.002333	0.003096	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	278,990	76,283	143,572	64,052	32,566	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.557296	0.014226	1,435.720000	0.000159	0.000081	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: 14-0110

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03160	STRESS TESTING	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.02	03610	SLEEP LAB	76.02
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	CARDINAL SLEEP	194.00
194.01	07951	OTHER NRCC	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	14,399,767		14,399,767	0	14,399,767	30.00
31.00	03100	INTENSIVE CARE UNIT	2,415,900		2,415,900	0	2,415,900	31.00
40.00	04000	SUBPROVIDER - IPF	1,890,595		1,890,595	0	1,890,595	40.00
43.00	04300	NURSERY	642,060		642,060	0	642,060	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,746,985		4,746,985	0	4,746,985	50.00
51.00	05100	RECOVERY ROOM	1,666,798		1,666,798	0	1,666,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,089,723		2,089,723	0	2,089,723	52.00
53.00	05300	ANESTHESIOLOGY	454,879		454,879	141,357	596,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,125,752		12,125,752	0	12,125,752	54.00
58.00	05800	MRI	668,117		668,117	0	668,117	58.00
60.00	06000	LABORATORY	7,205,601		7,205,601	0	7,205,601	60.00
65.00	06500	RESPIRATORY THERAPY	2,076,723	0	2,076,723	0	2,076,723	65.00
66.00	06600	PHYSICAL THERAPY	4,623,391	0	4,623,391	0	4,623,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	541,965	0	541,965	0	541,965	67.00
68.00	06800	SPEECH PATHOLOGY	236,971	0	236,971	0	236,971	68.00
69.00	06900	ELECTROCARDIOLOGY	342,966		342,966	0	342,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,044		7,044	0	7,044	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,895,693		1,895,693	0	1,895,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,750,034		1,750,034	0	1,750,034	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,659,019		7,659,019	0	7,659,019	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,586,873		3,586,873	0	3,586,873	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,248,846		2,248,846	22,007	2,270,853	76.01
76.02	03610	SLEEP LAB	710,128		710,128	0	710,128	76.02
76.97	07697	CARDIAC REHABILITATION	1,308,765		1,308,765	0	1,308,765	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	353,894		353,894	0	353,894	90.00
91.00	09100	EMERGENCY	8,452,662		8,452,662	0	8,452,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,469,747		2,469,747	0	2,469,747	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	86,570,898	0	86,570,898	163,364	86,734,262	200.00
201.00		Less Observation Beds	2,469,747		2,469,747		2,469,747	201.00
202.00		Total (see instructions)	84,101,151	0	84,101,151	163,364	84,264,515	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,056,733		17,056,733			30.00	
31.00	03100	INTENSIVE CARE UNIT	3,658,962		3,658,962			31.00	
40.00	04000	SUBPROVIDER - IPF	3,739,534		3,739,534			40.00	
43.00	04300	NURSERY	930,652		930,652			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,052,175	24,323,810	31,375,985	0.151294	0.000000	50.00	
51.00	05100	RECOVERY ROOM	651,821	4,198,312	4,850,133	0.343660	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,862,147	774,942	4,637,089	0.450654	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,477,910	9,482,485	12,960,395	0.035098	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,161,372	84,481,435	93,642,807	0.129489	0.000000	54.00	
58.00	05800	MRI	867,011	10,798,961	11,665,972	0.057271	0.000000	58.00	
60.00	06000	LABORATORY	14,622,963	52,464,594	67,087,557	0.107406	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	3,934,773	2,466,822	6,401,595	0.324407	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	584,352	11,799,978	12,384,330	0.373326	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	248,555	1,556,510	1,805,065	0.300247	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	310,327	455,103	765,430	0.309592	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	942,211	2,867,004	3,809,215	0.090036	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	67,353	67,353	0.104583	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,210,151	7,254,861	10,465,012	0.181146	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,310,927	5,188,120	8,499,047	0.205909	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	11,252,395	28,546,411	39,798,806	0.192443	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	995,100	12,771,442	13,766,542	0.260550	0.000000	75.00	
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,084	2,170,071	2,173,155	1.034830	0.000000	76.01	
76.02	03610	SLEEP LAB	11,242	1,467,733	1,478,975	0.480149	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	1,688,231	7,185,284	8,873,515	0.147491	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,426	759,498	775,924	0.456094	0.000000	90.00	
91.00	09100	EMERGENCY	5,687,402	28,627,141	34,314,543	0.246329	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,411,971	4,233,434	6,645,405	0.371647	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	99,688,427	303,941,304	403,629,731			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	99,688,427	303,941,304	403,629,731			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.151294			50.00
51.00	05100	RECOVERY ROOM	0.343660			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.450654			52.00
53.00	05300	ANESTHESIOLOGY	0.046004			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129489			54.00
58.00	05800	MRI	0.057271			58.00
60.00	06000	LABORATORY	0.107406			60.00
65.00	06500	RESPIRATORY THERAPY	0.324407			65.00
66.00	06600	PHYSICAL THERAPY	0.373326			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300247			67.00
68.00	06800	SPEECH PATHOLOGY	0.309592			68.00
69.00	06900	ELECTROCARDIOLOGY	0.090036			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.104583			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.181146			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.205909			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192443			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.260550			75.00
76.00	03160	STRESS TESTING	0.000000			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.044957			76.01
76.02	03610	SLEEP LAB	0.480149			76.02
76.97	07697	CARDIAC REHABILITATION	0.147491			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.456094			90.00
91.00	09100	EMERGENCY	0.246329			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.371647			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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	14,399,767		14,399,767	0	14,399,767	30.00
31.00	03100	INTENSIVE CARE UNIT	2,415,900		2,415,900	0	2,415,900	31.00
40.00	04000	SUBPROVIDER - IPF	1,890,595		1,890,595	0	1,890,595	40.00
43.00	04300	NURSERY	642,060		642,060	0	642,060	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,746,985		4,746,985	0	4,746,985	50.00
51.00	05100	RECOVERY ROOM	1,666,798		1,666,798	0	1,666,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,089,723		2,089,723	0	2,089,723	52.00
53.00	05300	ANESTHESIOLOGY	454,879		454,879	141,357	596,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,125,752		12,125,752	0	12,125,752	54.00
58.00	05800	MRI	668,117		668,117	0	668,117	58.00
60.00	06000	LABORATORY	7,205,601		7,205,601	0	7,205,601	60.00
65.00	06500	RESPIRATORY THERAPY	2,076,723	0	2,076,723	0	2,076,723	65.00
66.00	06600	PHYSICAL THERAPY	4,623,391	0	4,623,391	0	4,623,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	541,965	0	541,965	0	541,965	67.00
68.00	06800	SPEECH PATHOLOGY	236,971	0	236,971	0	236,971	68.00
69.00	06900	ELECTROCARDIOLOGY	342,966		342,966	0	342,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,044		7,044	0	7,044	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,895,693		1,895,693	0	1,895,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,750,034		1,750,034	0	1,750,034	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,659,019		7,659,019	0	7,659,019	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,586,873		3,586,873	0	3,586,873	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,248,846		2,248,846	22,007	2,270,853	76.01
76.02	03610	SLEEP LAB	710,128		710,128	0	710,128	76.02
76.97	07697	CARDIAC REHABILITATION	1,308,765		1,308,765	0	1,308,765	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	353,894		353,894	0	353,894	90.00
91.00	09100	EMERGENCY	8,452,662		8,452,662	0	8,452,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,469,747		2,469,747	0	2,469,747	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	86,570,898	0	86,570,898	163,364	86,734,262	200.00
201.00		Less Observation Beds	2,469,747		2,469,747		2,469,747	201.00
202.00		Total (see instructions)	84,101,151	0	84,101,151	163,364	84,264,515	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XIX			Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,056,733		17,056,733			30.00	
31.00	03100	INTENSIVE CARE UNIT	3,658,962		3,658,962			31.00	
40.00	04000	SUBPROVIDER - IPF	3,739,534		3,739,534			40.00	
43.00	04300	NURSERY	930,652		930,652			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,052,175	24,323,810	31,375,985	0.151294	0.000000	50.00	
51.00	05100	RECOVERY ROOM	651,821	4,198,312	4,850,133	0.343660	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,862,147	774,942	4,637,089	0.450654	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,477,910	9,482,485	12,960,395	0.035098	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,161,372	84,481,435	93,642,807	0.129489	0.000000	54.00	
58.00	05800	MRI	867,011	10,798,961	11,665,972	0.057271	0.000000	58.00	
60.00	06000	LABORATORY	14,622,963	52,464,594	67,087,557	0.107406	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	3,934,773	2,466,822	6,401,595	0.324407	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	584,352	11,799,978	12,384,330	0.373326	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	248,555	1,556,510	1,805,065	0.300247	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	310,327	455,103	765,430	0.309592	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	942,211	2,867,004	3,809,215	0.090036	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	67,353	67,353	0.104583	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,210,151	7,254,861	10,465,012	0.181146	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,310,927	5,188,120	8,499,047	0.205909	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	11,252,395	28,546,411	39,798,806	0.192443	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	995,100	12,771,442	13,766,542	0.260550	0.000000	75.00	
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,084	2,170,071	2,173,155	1.034830	0.000000	76.01	
76.02	03610	SLEEP LAB	11,242	1,467,733	1,478,975	0.480149	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	1,688,231	7,185,284	8,873,515	0.147491	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,426	759,498	775,924	0.456094	0.000000	90.00	
91.00	09100	EMERGENCY	5,687,402	28,627,141	34,314,543	0.246329	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,411,971	4,233,434	6,645,405	0.371647	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	99,688,427	303,941,304	403,629,731			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	99,688,427	303,941,304	403,629,731			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03160	STRESS TESTING	0.000000			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.01
76.02	03610	SLEEP LAB	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	866,836	0	866,836	12,209	71.00	30.00
31.00	INTENSIVE CARE UNIT	116,812		116,812	1,069	109.27	31.00
40.00	SUBPROVIDER - IPF	132,413	0	132,413	1,726	76.72	40.00
43.00	NURSERY	21,196		21,196	852	24.88	43.00
200.00	Total (lines 30 through 199)	1,137,257		1,137,257	15,856		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,940	279,740				30.00
31.00	INTENSIVE CARE UNIT	569	62,175				31.00
40.00	SUBPROVIDER - IPF	578	44,344				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	5,087	386,259				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/19/2021 2:47 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	445,914	31,375,985	0.014212	3,455,228	49,106	50.00
51.00	05100	RECOVERY ROOM	54,899	4,850,133	0.011319	263,090	2,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,946	4,637,089	0.011849	122,914	1,456	52.00
53.00	05300	ANESTHESIOLOGY	93,768	12,960,395	0.007235	1,581,094	11,439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,699,405	93,642,807	0.018148	5,485,716	99,555	54.00
58.00	05800	MRI	40,873	11,665,972	0.003504	438,041	1,535	58.00
60.00	06000	LABORATORY	408,124	67,087,557	0.006083	7,550,097	45,927	60.00
65.00	06500	RESPIRATORY THERAPY	93,799	6,401,595	0.014652	2,118,864	31,046	65.00
66.00	06600	PHYSICAL THERAPY	428,968	12,384,330	0.034638	361,723	12,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,839	1,805,065	0.014869	151,317	2,250	67.00
68.00	06800	SPEECH PATHOLOGY	5,428	765,430	0.007091	45,878	325	68.00
69.00	06900	ELECTROCARDIOLOGY	12,735	3,809,215	0.003343	565,183	1,889	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148	67,353	0.002197	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,254	10,465,012	0.010344	1,560,168	16,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,092	8,499,047	0.005541	1,876,586	10,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	281,754	39,798,806	0.007079	5,132,306	36,332	73.00
75.00	07500	ASC (NON-DISTINCT PART)	367,903	13,766,542	0.026724	624,323	16,684	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	88,492	2,173,155	0.040721	620	25	76.01
76.02	03610	SLEEP LAB	178,374	1,478,975	0.120607	5,481	661	76.02
76.97	07697	CARDIAC REHABILITATION	38,781	8,873,515	0.004370	1,117,777	4,885	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,866	775,924	0.011426	8,296	95	90.00
91.00	09100	EMERGENCY	417,553	34,314,543	0.012168	3,004,139	36,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	148,674	6,645,405	0.022372	1,462,280	32,714	92.00
200.00		Total (lines 50 through 199)	5,051,589	378,243,850		36,931,121	414,521	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0110		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/19/2021 2:47 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00
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	12,209	0.00	3,940	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	1,069	0.00	569	31.00	
40.00	04000	SUBPROVIDER - IPF	0		0	1,726	0.00	578	40.00	
43.00	04300	NURSERY			0	852	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	15,856		5,087	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
40.00	04000	SUBPROVIDER - IPF		0						40.00
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: 14-0110		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 2:47 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			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	31,375,985	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,850,133	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,637,089	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,960,395	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	93,642,807	0.000000	54.00
58.00	05800	MRI	0	0	0	11,665,972	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	67,087,557	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,401,595	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,384,330	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,805,065	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	765,430	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,809,215	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	67,353	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,465,012	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,499,047	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	39,798,806	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	13,766,542	0.000000	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,173,155	0.000000	76.01
76.02	03610	SLEEP LAB	0	0	0	1,478,975	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,873,515	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	775,924	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	34,314,543	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,645,405	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	378,243,850		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	3,455,228	0	7,782,669	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	263,090	0	1,216,707	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	122,914	0	24,530	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,581,094	0	2,682,146	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,485,716	0	26,700,521	0	54.00
58.00	05800	MRI	0.000000	438,041	0	2,551,902	0	58.00
60.00	06000	LABORATORY	0.000000	7,550,097	0	6,447,405	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,118,864	0	692,663	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	361,723	0	14,866	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	151,317	0	2,237	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	45,878	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	565,183	0	1,209,432	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,560,168	0	2,669,820	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,876,586	0	2,065,324	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,132,306	0	9,866,463	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	624,323	0	4,697,127	0	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	620	0	490,960	0	76.01
76.02	03610	SLEEP LAB	0.000000	5,481	0	628,069	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	1,117,777	0	2,575,700	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	8,296	0	296,964	0	90.00
91.00	09100	EMERGENCY	0.000000	3,004,139	0	7,647,920	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,462,280	0	1,131,841	0	92.00
200.00	Total (lines 50 through 199)			36,931,121	0	81,395,266	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.151294	7,782,669	0	0	1,177,471	50.00
51.00	05100	RECOVERY ROOM	0.343660	1,216,707	0	0	418,134	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.450654	24,530	0	0	11,055	52.00
53.00	05300	ANESTHESIOLOGY	0.035098	2,682,146	0	0	94,138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129489	26,700,521	0	0	3,457,424	54.00
58.00	05800	MRI	0.057271	2,551,902	0	0	146,150	58.00
60.00	06000	LABORATORY	0.107406	6,447,405	0	0	692,490	60.00
65.00	06500	RESPIRATORY THERAPY	0.324407	692,663	0	0	224,705	65.00
66.00	06600	PHYSICAL THERAPY	0.373326	14,866	0	0	5,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300247	2,237	0	0	672	67.00
68.00	06800	SPEECH PATHOLOGY	0.309592	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090036	1,209,432	0	0	108,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.104583	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.181146	2,669,820	0	0	483,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.205909	2,065,324	0	0	425,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192443	9,866,463	210	68,553	1,898,732	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.260550	4,697,127	0	0	1,223,836	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.034830	490,960	0	0	508,060	76.01
76.02	03610	SLEEP LAB	0.480149	628,069	0	0	301,567	76.02
76.97	07697	CARDIAC REHABILITATION	0.147491	2,575,700	0	0	379,893	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.456094	296,964	0	0	135,443	90.00
91.00	09100	EMERGENCY	0.246329	7,647,920	0	0	1,883,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.371647	1,131,841	0	0	420,645	92.00
200.00		Subtotal (see instructions)		81,395,266	210	68,553	13,997,657	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		81,395,266	210	68,553	13,997,657	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/19/2021 2:47 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40	13,193		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03160	STRESS TESTING	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.02	03610	SLEEP LAB	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	40	13,193		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	40	13,193		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:

Worksheet D

Component CCN: 14-S110

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
3/19/2021 2:47 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	445,914	31,375,985	0.014212	0	0	50.00
51.00	05100	RECOVERY ROOM	54,899	4,850,133	0.011319	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,946	4,637,089	0.011849	406	5	52.00
53.00	05300	ANESTHESIOLOGY	93,768	12,960,395	0.007235	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,699,405	93,642,807	0.018148	36,603	664	54.00
58.00	05800	MRI	40,873	11,665,972	0.003504	24,455	86	58.00
60.00	06000	LABORATORY	408,124	67,087,557	0.006083	217,046	1,320	60.00
65.00	06500	RESPIRATORY THERAPY	93,799	6,401,595	0.014652	27,822	408	65.00
66.00	06600	PHYSICAL THERAPY	428,968	12,384,330	0.034638	2,955	102	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,839	1,805,065	0.014869	1,804	27	67.00
68.00	06800	SPEECH PATHOLOGY	5,428	765,430	0.007091	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,735	3,809,215	0.003343	14,015	47	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148	67,353	0.002197	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,254	10,465,012	0.010344	976	10	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,092	8,499,047	0.005541	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	281,754	39,798,806	0.007079	215,886	1,528	73.00
75.00	07500	ASC (NON-DISTINCT PART)	367,903	13,766,542	0.026724	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	88,492	2,173,155	0.040721	328	13	76.01
76.02	03610	SLEEP LAB	178,374	1,478,975	0.120607	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	38,781	8,873,515	0.004370	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,866	775,924	0.011426	0	0	90.00
91.00	09100	EMERGENCY	417,553	34,314,543	0.012168	115,018	1,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,645,405	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,902,915	378,243,850		657,314	5,610	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0110

Component CCN: 14-S110

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

Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0110 Component CCN: 14-S110		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 2:47 pm	
			Title XVIII		Subprovider - IPF		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	31,375,985	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,850,133	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,637,089	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,960,395	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	93,642,807	0.000000	54.00
58.00	05800	MRI	0	0	0	11,665,972	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	67,087,557	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,401,595	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,384,330	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,805,065	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	765,430	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,809,215	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	67,353	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,465,012	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,499,047	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	39,798,806	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	13,766,542	0.000000	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,173,155	0.000000	76.01
76.02	03610	SLEEP LAB	0	0	0	1,478,975	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,873,515	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	775,924	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	34,314,543	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,645,405	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	378,243,850		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0110 Component CCN: 14-S110		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 2:47 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	406	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	36,603	0	0	0	54.00
58.00	05800	MRI		0.000000	24,455	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	217,046	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	27,822	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,955	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,804	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	14,015	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	976	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	215,886	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03160	STRESS TESTING		0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	328	0	0	0	76.01
76.02	03610	SLEEP LAB		0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	115,018	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			657,314	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 2:47 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			12,209	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,209	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)			10,115	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			3,940	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			14,399,767	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			14,399,767	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			14,399,767	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)			1,179.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,646,994	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)			4,646,994	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0110

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 2:47 pm

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	2,415,900	1,069	2,259.96	569	1,285,917
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)					6,495,340
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,428,251
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					341,915
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					414,521
52.00	Total Program excludable cost (sum of lines 50 and 51)					756,436
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,671,815
	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)					2,094
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,179.44
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,469,747

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0110

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	866,836	14,399,767	0.060198	2,469,747	148,674	90.00
91.00	Nursing School cost	0	14,399,767	0.000000	2,469,747	0	91.00
92.00	Allied health cost	0	14,399,767	0.000000	2,469,747	0	92.00
93.00	All other Medical Education	0	14,399,767	0.000000	2,469,747	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 2:47 pm
		Title XVIII	Subprovider - IPF	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)		1,726	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,726	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)		1,726	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)		578	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)		1,890,595	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)		1,890,595	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)		1,890,595	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)		1,095.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		633,118	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)		633,118	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1
				Component CCN: 14-S110		Date/Time Prepared: 3/19/2021 2:47 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					111,967
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					745,085
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					44,344
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,610
52.00	Total Program excludable cost (sum of lines 50 and 51)					49,954
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					695,131
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)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110 Component CCN: 14-S110		Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 2:47 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	132,413	1,890,595	0.070038	0	0	90.00
91.00 Nursing School cost	0	1,890,595	0.000000	0	0	91.00
92.00 Allied health cost	0	1,890,595	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,890,595	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 2:47 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,326,669	30.00
31.00	03100	INTENSIVE CARE UNIT		1,709,119	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151294	3,455,228	50.00
51.00	05100	RECOVERY ROOM	0.343660	263,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.450654	122,914	52.00
53.00	05300	ANESTHESIOLOGY	0.046004	1,581,094	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129489	5,485,716	54.00
58.00	05800	MRI	0.057271	438,041	58.00
60.00	06000	LABORATORY	0.107406	7,550,097	60.00
65.00	06500	RESPIRATORY THERAPY	0.324407	2,118,864	65.00
66.00	06600	PHYSICAL THERAPY	0.373326	361,723	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300247	151,317	67.00
68.00	06800	SPEECH PATHOLOGY	0.309592	45,878	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090036	565,183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.104583	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.181146	1,560,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.205909	1,876,586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192443	5,132,306	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.260550	624,323	75.00
76.00	03160	STRESS TESTING	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.044957	620	76.01
76.02	03610	SLEEP LAB	0.480149	5,481	76.02
76.97	07697	CARDIAC REHABILITATION	0.147491	1,117,777	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.456094	8,296	90.00
91.00	09100	EMERGENCY	0.246329	3,004,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.371647	1,462,280	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,931,121	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)		36,931,121	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 2:47 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,251,572		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.151294	0	0	50.00
51.00	05100 RECOVERY ROOM	0.343660	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.450654	406	183	52.00
53.00	05300 ANESTHESIOLOGY	0.046004	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129489	36,603	4,740	54.00
58.00	05800 MRI	0.057271	24,455	1,401	58.00
60.00	06000 LABORATORY	0.107406	217,046	23,312	60.00
65.00	06500 RESPIRATORY THERAPY	0.324407	27,822	9,026	65.00
66.00	06600 PHYSICAL THERAPY	0.373326	2,955	1,103	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.300247	1,804	542	67.00
68.00	06800 SPEECH PATHOLOGY	0.309592	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090036	14,015	1,262	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.104583	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.181146	976	177	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.205909	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192443	215,886	41,546	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.260550	0	0	75.00
76.00	03160 STRESS TESTING	0.000000	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.044957	328	343	76.01
76.02	03610 SLEEP LAB	0.480149	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.147491	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.456094	0	0	90.00
91.00	09100 EMERGENCY	0.246329	115,018	28,332	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.371647	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		657,314	111,967	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)		657,314		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			10,685,371 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)			
2.01	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)			6,811 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)			84.28 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 21.00
22.00	IME payment adjustment (see instructions)			0 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0 22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment (sum of lines 22 and 28)			0 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.74 30.00
31.00	Percentage of Medicaid patient days (see instructions)			34.10 31.00
32.00	Sum of lines 30 and 31			37.84 32.00
33.00	Allowable disproportionate share percentage (see instructions)			20.42 33.00
34.00	Disproportionate share adjustment (see instructions)			545,488 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 2:47 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000075554		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	630,921	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	630,921	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		630,921		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)	11,868,591			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)			11,868,591	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			848,890	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)			12,717,481	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			12,717,481	61.00
62.00	Deductibles billed to program beneficiaries			1,449,888	62.00
63.00	Coinsurance billed to program beneficiaries			13,310	63.00
64.00	Allowable bad debts (see instructions)			246,713	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			160,363	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			210,253	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,414,646	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)			-18,640	70.93
70.94	HRR adjustment amount (see instructions)			-24,576	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
3/19/2021 2:47 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,371,430	71.00	
71.01	Sequestration adjustment (see instructions)		131,909	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		11,393,259	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)		-153,738	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		0	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: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/19/2021 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,233	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,997,657	2.00
3.00	OPPS payments		11,651,251	3.00
4.00	Outlier payment (see instructions)		85,845	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)		13,233	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		68,763	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)		68,763	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)		68,763	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		55,530	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)		13,233	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)		11,737,096	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)		2,314,477	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)		9,435,852	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)		9,435,852	30.00
31.00	Primary payer payments		694	31.00
32.00	Subtotal (line 30 minus line 31)		9,435,158	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)		430,527	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		279,843	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		328,952	36.00
37.00	Subtotal (see instructions)		9,715,001	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)		9,715,001	40.00
40.01	Sequestration adjustment (see instructions)		112,694	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		9,657,555	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-55,248	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: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/19/2021 2:47 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		11,393,259		9,657,555	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)		11,393,259		9,657,555	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		153,738		55,248	6.02
7.00	Total Medicare program liability (see instructions)		11,239,521		9,602,307	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0110

Period:

Worksheet E-1

Component CCN: 14-S110

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/19/2021 2:47 pm

Title XVIII

Subprovider -
IPF

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		443,401		0	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)		443,401		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1,125		0	6.02
7.00	Total Medicare program liability (see instructions)		442,276		0	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: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet E-1 Part II Date/Time Prepared: 3/19/2021 2:47 pm	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 3/19/2021 2:47 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		540,175	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		4.715847	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		540,175	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		540,175	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		540,175	18.00
19.00	Deductibles		85,316	19.00
20.00	Subtotal (line 18 minus line 19)		454,859	20.00
21.00	Coinurance		7,392	21.00
22.00	Subtotal (line 20 minus line 21)		447,467	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		447,467	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		447,467	31.00
31.01	Sequestration adjustment (see instructions)		5,191	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		443,401	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		-1,125	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 14-0110

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

Worksheet G

Date/Time Prepared:
3/19/2021 2:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,299,772	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	61,969,048	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-49,040,047	0	0	0	6.00
7.00	Inventory	2,803,073	0	0	0	7.00
8.00	Prepaid expenses	50,008	0	0	0	8.00
9.00	Other current assets	485,639	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)	17,567,493	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,227,906	0	0	0	12.00
13.00	Land improvements	3,029,664	0	0	0	13.00
14.00	Accumulated depreciation	-2,567,039	0	0	0	14.00
15.00	Buildings	65,489,994	0	0	0	15.00
16.00	Accumulated depreciation	-37,125,895	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	34,469,927	0	0	0	23.00
24.00	Accumulated depreciation	-23,274,470	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	2,885,476	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	46,135,563	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,819,605	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,468,766	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,288,371	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	82,991,427	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,959,061	0	0	0	37.00
38.00	Salaries, wages, and fees payable	106,422	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	26,299,004	0	0	0	40.00
41.00	Deferred income	-4,633	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	219,205	0	0	0	43.00
44.00	Other current liabilities	21,342,579	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,921,638	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	704,177	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	704,177	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,625,815	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	31,365,612	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	31,365,612	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	82,991,427	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0110

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

Worksheet G-1

Date/Time Prepared:
3/19/2021 2:47 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		16,061,439		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,264,409				2.00
3.00	Total (sum of line 1 and line 2)		27,325,848		0		3.00
4.00	INCREASE IN TNRA	53,898		0		0	4.00
5.00	OTHER	16,878,228		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)		16,932,126		0		10.00
11.00	Subtotal (line 3 plus line 10)		44,257,974		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	EQUITY TRANSFER	12,892,362		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)		12,892,362		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,365,612		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	INCREASE IN TNRA		0				4.00
5.00	OTHER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	EQUITY TRANSFER		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0110

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/19/2021 2:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	17,983,033		17,983,033	1.00
2.00	SUBPROVIDER - IPF	3,739,534		3,739,534	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)	21,722,567		21,722,567	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,658,962		3,658,962	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)	3,658,962		3,658,962	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	25,381,529		25,381,529	17.00
18.00	Ancillary services	66,191,100	270,321,231	336,512,331	18.00
19.00	Outpatient services	8,115,799	33,620,073	41,735,872	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	PRO FEES	5,396,827	22,196,303	27,593,130	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	105,085,255	326,137,607	431,222,862	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		107,830,898		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)		107,830,898		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0110

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

Worksheet G-3

Date/Time Prepared:
3/19/2021 2:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	431,222,862	1.00
2.00	Less contractual allowances and discounts on patients' accounts	324,288,319	2.00
3.00	Net patient revenues (line 1 minus line 2)	106,934,543	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	107,830,898	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-896,355	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	98,977	6.00
7.00	Income from investments	1,327,543	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	299,830	14.00
15.00	Revenue from rental of living quarters	320,591	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	1,849	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	284,570	24.00
24.01	COMMUNITY HEALTH EDUCATION	11,147	24.01
24.02	RISK VALUE BASED REVENUE	201,502	24.02
24.03	CONTRACT PHARMACY	1,169,751	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.50	COVID-19 PHE Funding	8,445,004	24.50
25.00	Total other income (sum of lines 6-24)	12,160,764	25.00
26.00	Total (line 5 plus line 25)	11,264,409	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,264,409	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0110	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/19/2021 2:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		848,590	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		300	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)		31.01	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		848,890	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