

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: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/19/2021 3:36 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: 3:36 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 OSF HEART OF MARY MEDICAL CENTER (14-0113) 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	812,750	-36,826	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-52,532	157		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	760,218	-36,669	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: 14-0113		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 3:36 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1400 WEST PARK STREET			PO Box:				1.00			
2.00	City: URBANA			State: IL		Zip Code: 61801		County: CHAMPAIGN			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			OSF HEART OF MARY MEDICAL CENTER	140113	16580	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			OSF HEART OF MARY MEDICAL CENTER	14T113	16580	5	10/01/1983	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019	09/30/2020		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		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	1,327	0	0	2,046	70		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0113

Period:
From 10/01/2019
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	177	161	0	0	133		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	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.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

Worksheet S-2
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MCRIF32 - 16.9.172.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 3:36 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		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	35,961	180,000	17,986118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0113		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/19/2021 3:36 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.							Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	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: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/19/2021 3:36 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)	Y		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	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.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/13/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/19/2021 3:36 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			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.	PATRICIA	RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3142315544	PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/19/2021 3:36 pm

		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 3:36 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	164	60,024	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)		164	60,024	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,490	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)		179	65,514	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,150		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		204			0	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)		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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 3:36 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)	3,925	407	14,032			1.00
2.00	HMO and other (see instructions)	3,094	3,373				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	723	294				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)	3,925	407	14,032			7.00
8.00	INTENSIVE CARE UNIT	686	46	1,355			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		359	949			13.00
14.00	Total (see instructions)	4,611	812	16,336	7.55	464.60	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,560	177	4,452	0.00	28.93	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)				7.55	493.53	27.00
28.00	Observation Bed Days		314	1,972			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	70	171			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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/19/2021 3:36 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	1,159	97	4,204	1.00
2.00 HMO and other (see instructions)			657	800		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				15		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	1,159	97	4,204	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	221	11	256	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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 3:36 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	37,131,722	369,567	37,501,289	1,248,685.00	30.03
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		11,425	0	11,425	112.00	102.01
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,449,410	6,385	6,455,795	260,951.00	24.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,155,208	0	1,155,208	12,845.00	89.93
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		101,087	0	101,087	902.00	112.07
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		10,334,839	0	10,334,839	291,283.00	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)		9,018,818	0	9,018,818		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,168,881	0	2,168,881		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,606	0	1,606		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,507,530	0	3,507,530		
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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/19/2021 3:36 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	20,700	0	20,700	291.00	71.13	26.00
27.00	Administrative & General	5.00	2,492,033	5,444	2,497,477	73,544.00	33.96	27.00
28.00	Administrative & General under contract (see inst.)		964,934	0	964,934	6,704.00	143.93	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,000,793	2,643	1,003,436	29,286.00	34.26	30.00
31.00	Laundry & Linen Service	8.00	98,829	-337	98,492	5,328.00	18.49	31.00
32.00	Housekeeping	9.00	849,940	-3,598	846,342	53,474.00	15.83	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	925,560	-396,330	529,230	28,805.00	18.37	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	394,691	394,691	27,012.00	14.61	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,328,325	1,107	1,329,432	37,959.00	35.02	38.00
39.00	Central Services and Supply	14.00	486,536	-427	486,109	22,364.00	21.74	39.00
40.00	Pharmacy	15.00	1,352,763	3,573	1,356,336	25,288.00	53.64	40.00
41.00	Medical Records & Medical Records Library	16.00	217,338	574	217,912	10,214.00	21.33	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/19/2021 3:36 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)	38,096,656	369,567	38,466,223	1,255,389.00	30.64	1.00
2.00	Excluded area salaries (see instructions)	6,449,410	6,385	6,455,795	260,951.00	24.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,647,246	363,182	32,010,428	994,438.00	32.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,591,134	0	11,591,134	305,030.00	38.00	4.00
5.00	Subtotal wage-related costs (see inst.)	12,527,954	0	12,527,954	0.00	39.14	5.00
6.00	Total (sum of lines 3 thru 5)	55,766,334	363,182	56,129,516	1,299,468.00	43.19	6.00
7.00	Total overhead cost (see instructions)	9,737,751	7,340	9,745,091	320,269.00	30.43	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
3/19/2021 3:36 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,427,217	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)	6,438,657	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)	82,260	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	369,273	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	2,724,161	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	147,737	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,189,305	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: 14-0113

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 3/19/2021 3:36 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	1,155,208	11,189,305	1.00
2.00	Hospital	1,155,208	11,189,305	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 3/19/2021 3:36 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)			0.239833 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	4,832,950		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	61,890,573		6.00
7.00	Medicaid cost (line 1 times line 6)	14,843,402		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	10,010,452		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,010,452		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)	8,062,766	1,196,554	9,259,320 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,933,717	1,196,554	3,130,271 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)	1,933,717	1,196,554	3,130,271 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,771,986		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	262,723		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	404,188		27.01
28.00	Non-Medicare bad debt expense (see instructions)	4,367,798		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,189,007		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,319,278		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,329,730		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,501,142	3,501,142	104,934	3,606,076	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,132,367	5,132,367	281,010	5,413,377	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,700	2,495,412	2,516,112	8,350,892	10,867,004	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,492,033	30,524,122	33,016,155	-3,147,312	29,868,843	5.00
7.00	00700	OPERATION OF PLANT	1,000,793	4,310,840	5,311,633	-961,197	4,350,436	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	98,829	362,444	461,273	-25,424	435,849	8.00
9.00	00900	HOUSEKEEPING	849,940	449,638	1,299,578	-168,142	1,131,436	9.00
10.00	01000	DIETARY	925,560	1,500,087	2,425,647	-1,150,400	1,275,247	10.00
11.00	01100	CAFETERIA	0	0	0	946,304	946,304	11.00
13.00	01300	NURSING ADMINISTRATION	1,328,325	401,289	1,729,614	-330,172	1,399,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,536	366,772	853,308	-118,339	734,969	14.00
15.00	01500	PHARMACY	1,352,763	2,773,170	4,125,933	-1,935,648	2,190,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	217,338	48,430	265,768	-45,911	219,857	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,165,736	1,165,736	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,179,723	1,179,723	0	1,179,723	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	149,392	149,392	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,567,216	7,036,296	15,603,512	-3,466,334	12,137,178	30.00
31.00	03100	INTENSIVE CARE UNIT	2,097,513	1,203,293	3,300,806	-432,142	2,868,664	31.00
41.00	04100	SUBPROVIDER - IRF	1,950,719	2,293,363	4,244,082	-405,850	3,838,232	41.00
43.00	04300	NURSERY	205,898	402,120	608,018	611,761	1,219,779	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,825,708	4,446,622	6,272,330	-1,435,452	4,836,878	50.00
50.01	05001	ENDOSCOPY	99,749	-599	99,150	4,184	103,334	50.01
51.00	05100	RECOVERY ROOM	321,012	67,199	388,211	-54,205	334,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	432	2,019	2,451	1,164,176	1,166,627	52.00
53.00	05300	ANESTHESIOLOGY	23,109	2,481,239	2,504,348	-12,137	2,492,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	615,101	1,043,909	1,659,010	664,849	2,323,859	54.00
54.01	03630	ULTRASOUND	231,104	62,219	293,323	26,639	319,962	54.01
54.02	03440	MAMMOGRAPHY	53,844	39,838	93,682	-23,129	70,553	54.02
56.00	05600	RADIOISOTOPE	93,325	138,494	231,819	-1,749	230,070	56.00
57.00	05700	CT SCAN	386,249	165,438	551,687	-87,173	464,514	57.00
58.00	05800	MRI	104,417	34,926	139,343	320	139,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,152,940	4,663,073	5,816,013	-4,477,024	1,338,989	59.00
60.00	06000	LABORATORY	1,447,371	2,251,254	3,698,625	-166,821	3,531,804	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	255,414	255,414	0	255,414	63.00
64.00	06400	INTRAVENOUS THERAPY	180,167	85,215	265,382	-45,192	220,190	64.00
65.00	06500	RESPIRATORY THERAPY	887,960	448,811	1,336,771	-146,492	1,190,279	65.00
66.00	06600	PHYSICAL THERAPY	0	395,709	395,709	82,556	478,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	201,020	201,020	41,938	242,958	67.00
68.00	06800	SPEECH PATHOLOGY	0	58,612	58,612	12,228	70,840	68.00
69.01	03140	CARDIOLOGY	415,160	127,652	542,812	-79,429	463,383	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-163,196	-163,196	2,483,928	2,320,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,781,812	2,781,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,560	102,560	1,966,638	2,069,198	73.00
76.97	07697	CARDIAC REHABILITATION	319,424	60,803	380,227	-48,346	331,881	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,881,796	1,655,714	4,537,510	-552,659	3,984,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,148,707	2,958,474	7,107,181	-1,013,539	6,093,642	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,465,404	1,465,404	0	1,465,404	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,781,738	87,028,331	123,810,069	509,079	124,319,148	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,669	26,158	49,827	-1,808	48,019	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	996,154	996,154	-448,176	547,978	192.02
192.03	19203	FOUNDATION	0	290,133	290,133	0	290,133	192.03
192.04	19204	OUTREACH PROGRAMS	299,916	1,043,707	1,343,623	-54,330	1,289,293	192.04
194.00	07950	INDUSTRIAL MEDICINE	26,399	6,093	32,492	-4,765	27,727	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	37,131,722	89,390,576	126,522,298	0	126,522,298	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
3/19/2021 3:36 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	349,237	3,955,313	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	205,139	5,618,516	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-14,161	10,852,843	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,243,094	19,625,749	5.00
7.00	00700	OPERATION OF PLANT	-17,493	4,332,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	435,849	8.00
9.00	00900	HOUSEKEEPING	0	1,131,436	9.00
10.00	01000	DIETARY	-4,833	1,270,414	10.00
11.00	01100	CAFETERIA	-265,003	681,301	11.00
13.00	01300	NURSING ADMINISTRATION	921,897	2,321,339	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	734,969	14.00
15.00	01500	PHARMACY	-10,544	2,179,741	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,670	199,187	16.00
17.00	01700	SOCIAL SERVICE	-302,112	863,624	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,179,723	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-9,287	140,105	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,630,028	8,507,150	30.00
31.00	03100	INTENSIVE CARE UNIT	-145,682	2,722,982	31.00
41.00	04100	SUBPROVIDER - IRF	-7,150	3,831,082	41.00
43.00	04300	NURSERY	-620,235	599,544	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-211,736	4,625,142	50.00
50.01	05001	ENDOSCOPY	0	103,334	50.01
51.00	05100	RECOVERY ROOM	0	334,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,166,627	52.00
53.00	05300	ANESTHESIOLOGY	-2,281,000	211,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-834,192	1,489,667	54.00
54.01	03630	ULTRASOUND	0	319,962	54.01
54.02	03440	MAMMOGRAPHY	0	70,553	54.02
56.00	05600	RADIOISOTOPE	0	230,070	56.00
57.00	05700	CT SCAN	0	464,514	57.00
58.00	05800	MRI	0	139,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,338,989	59.00
60.00	06000	LABORATORY	-26,962	3,504,842	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	255,414	63.00
64.00	06400	INTRAVENOUS THERAPY	0	220,190	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,190,279	65.00
66.00	06600	PHYSICAL THERAPY	0	478,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	242,958	67.00
68.00	06800	SPEECH PATHOLOGY	0	70,840	68.00
69.01	03140	CARDIOLOGY	0	463,383	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,320,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,781,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-102,560	1,966,638	73.00
76.97	07697	CARDIAC REHABILITATION	-8,872	323,009	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-545,128	3,439,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-87,936	6,005,706	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,465,404	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,377,809	104,941,339	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,019	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	192.01
192.02	19202	REAL ESTATE	0	547,978	192.02
192.03	19203	FOUNDATION	0	290,133	192.03
192.04	19204	OUTREACH PROGRAMS	0	1,289,293	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	27,727	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-19,377,809	107,144,489	200.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - PROPERTY INSURANCE					
1.00 OTHER CAP REL COSTS	3.00	0	146,884		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	233,938		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
0		0	380,822		
B - CAFETERIA					
1.00 CAFETERIA	11.00	394,691	551,613		1.00
0		394,691	551,613		
C - MOB EXPENSE					
1.00 ADMINISTRATIVE & GENERAL	5.00	0	298,784		1.00
2.00 I&R SERVICES-OTHER PRGM	22.00	0	149,392		2.00
COSTS APPRV					
0		0	448,176		
D - RADIOLOGY ADMINISTRATION					
1.00 ULTRASOUND	54.01	65,547	107		1.00
2.00 RADIOISOTOPE	56.00	12,714	21		2.00
3.00 CT SCAN	57.00	9,764	16		3.00
4.00 MRI	58.00	24,207	39		4.00
0		112,232	183		
E - ALTERNATIVE BIRTHING CTR					
1.00 NURSERY	43.00	327,559	41,992		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	1,031,889	132,286		2.00
0		1,359,448	174,278		
F - PHARMACY					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	1,966,638		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
0		0	1,966,638		
G - CLINICAL ENGINEERING					
1.00 RADIOLOGY-DIAGNOSTIC	54.00	0	932,560		1.00
2.00 LABORATORY	60.00	0	111,509		2.00
0		0	1,044,069		
H - SHORT TERM DISABILITY					
1.00 ADMINISTRATIVE & GENERAL	5.00	0	1,138		1.00
2.00 LAUNDRY & LINEN SERVICE	8.00	0	598		2.00
3.00 HOUSEKEEPING	9.00	0	5,843		3.00
4.00 DIETARY	10.00	0	4,084		4.00
5.00 NURSING ADMINISTRATION	13.00	0	2,401		5.00
6.00 CENTRAL SERVICES & SUPPLY	14.00	0	1,712		6.00
7.00 ADULTS & PEDIATRICS	30.00	0	9,640		7.00
8.00 INTENSIVE CARE UNIT	31.00	0	995		8.00
9.00 SUBPROVIDER - IRF	41.00	0	10,407		9.00
10.00 NURSERY	43.00	0	5,825		10.00
11.00 OPERATING ROOM	50.00	0	16,180		11.00
12.00 CT SCAN	57.00	0	4,521		12.00
13.00 CARDIAC CATHETERIZATION	59.00	0	4,999		13.00
14.00 LABORATORY	60.00	0	2,163		14.00
15.00 RESPIRATORY THERAPY	65.00	0	5,261		15.00
16.00 EMERGENCY	91.00	0	6,400		16.00
17.00 AMBULANCE SERVICES	95.00	0	243		17.00
0		0	82,410		
I - EMPLOYEE BENEFITS					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,472,549		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

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
TOTALS			0	7,472,549		
J - IMPLANT SUPPLIES						
1.00	IMPL. DEV. CHARGED TO	72.00	0	2,792,532		1.00
	PATIENTS					
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,431		2.00
3.00	ENDOSCOPY	50.01	0	7,289		3.00
4.00		0.00	0	0		4.00
0			0	2,803,252		
K - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	2,483,928		1.00
	PATIENT					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
0			0	2,483,928		
L - MINISTRY ALLOCATIONS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	923,440		1.00
2.00	OPERATION OF PLANT	7.00	0	306,521		2.00
3.00	PHARMACY	15.00	0	180,070		3.00
4.00	SOCIAL SERVICE	17.00	0	1,165,736		4.00
5.00	PHYSICAL THERAPY	66.00	0	82,556		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	41,938		6.00
7.00	SPEECH PATHOLOGY	68.00	0	12,228		7.00
0			0	2,712,489		
M - PHYSICIAN COST						
1.00	NURSERY	43.00	0	300,000		1.00
TOTALS			0	300,000		
O - SHARED HOSP AND PALLI						
1.00	CAP REL COSTS-MVBLE EQUIP					1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	52,627		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	183,499		3.00
4.00	ADULTS & PEDIATRICS	30.00	353,959	0		4.00
5.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,122		5.00
TOTALS			353,959	241,248		
P - SHARED EMERGENCY ROOM						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	294		1.00
TOTALS			0	294		
Q - VACATION ACCRUAL						
1.00		0.00	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	6,582	0		2.00
3.00	OPERATION OF PLANT	7.00	2,643	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	261	0		4.00
5.00	HOUSEKEEPING	9.00	2,245	0		5.00
6.00	DIETARY	10.00	2,445	0		6.00
7.00	NURSING ADMINISTRATION	13.00	3,508	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	1,285	0		8.00
9.00	PHARMACY	15.00	3,573	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	574	0		10.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	ADULTS & PEDIATRICS	30.00	22,628	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	5,540	0	12.00
13.00	SUBPROVIDER - IRF	41.00	5,152	0	13.00
14.00	NURSERY	43.00	544	0	14.00
15.00	OPERATING ROOM	50.00	4,822	0	15.00
16.00	ENDOSCOPY	50.01	263	0	16.00
17.00	RECOVERY ROOM	51.00	848	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	1	0	18.00
19.00	ANESTHESIOLOGY	53.00	61	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	1,625	0	20.00
21.00	ULTRASOUND	54.01	610	0	21.00
22.00	MAMMOGRAPHY	54.02	142	0	22.00
23.00	RADIOISOTOPE	56.00	246	0	23.00
24.00	CT SCAN	57.00	1,020	0	24.00
25.00	MRI	58.00	276	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	3,045	0	26.00
27.00	LABORATORY	60.00	3,823	0	27.00
28.00	INTRAVENOUS THERAPY	64.00	476	0	28.00
29.00	RESPIRATORY THERAPY	65.00	2,345	0	29.00
30.00	CARDIOLOGY	69.01	1,097	0	30.00
31.00	CARDIAC REHABILITATION	76.97	844	0	31.00
32.00	EMERGENCY	91.00	7,611	0	32.00
33.00	AMBULANCE SERVICES	95.00	10,958	0	33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	63	0	34.00
35.00	OUTREACH PROGRAMS	192.04	792	0	35.00
36.00	INDUSTRIAL MEDICINE	194.00	70	0	36.00
	TOTALS		98,018	0	
500.00	Grand Total: Increases		2,318,348	20,661,949	500.00

RECLASSIFICATIONS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	156,554	0		3.00
4.00	AMBULANCE SERVICES	95.00	0	224,268	0		4.00
			0	380,822			
	B - CAFETERIA						
1.00	DIETARY	10.00	394,691	551,613	0		1.00
			394,691	551,613			
	C - MOB EXPENSE						
1.00	REAL ESTATE	192.02	0	448,176	0		1.00
2.00		0.00	0	0	0		2.00
			0	448,176			
	D - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	112,232	183	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
			112,232	183			
	E - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	1,359,448	174,278	0		1.00
2.00		0.00	0	0	0		2.00
			1,359,448	174,278			
	F - PHARMACY						
1.00	PHARMACY	15.00	0	1,893,731	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	22,324	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	8,824	0		3.00
4.00	NURSERY	43.00	0	16	0		4.00
5.00	OPERATING ROOM	50.00	0	4,620	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	77	0		6.00
7.00	RADIOISOTOPE	56.00	0	1,496	0		7.00
8.00	CT SCAN	57.00	0	13,832	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	15,177	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	421	0		10.00
11.00	EMERGENCY	91.00	0	6,120	0		11.00
			0	1,966,638			
	G - CLINICAL ENGINEERING						
1.00	OPERATION OF PLANT	7.00	0	1,044,069	0		1.00
2.00		0.00	0	0	0		2.00
			0	1,044,069			
	H - SHORT TERM DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,138	0	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	598	0	0		2.00
3.00	HOUSEKEEPING	9.00	5,843	0	0		3.00
4.00	DIETARY	10.00	4,084	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	2,401	0	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	1,712	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	9,640	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	995	0	0		8.00
9.00	SUBPROVIDER - IRF	41.00	10,407	0	0		9.00
10.00	NURSERY	43.00	5,825	0	0		10.00
11.00	OPERATING ROOM	50.00	16,180	0	0		11.00
12.00	CT SCAN	57.00	4,521	0	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	4,999	0	0		13.00
14.00	LABORATORY	60.00	2,163	0	0		14.00
15.00	RESPIRATORY THERAPY	65.00	5,261	0	0		15.00
16.00	EMERGENCY	91.00	6,400	0	0		16.00
17.00	AMBULANCE SERVICES	95.00	243	0	0		17.00
			82,410	0			
	I - EMPLOYEE BENEFITS						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	467,134	0		2.00
3.00	OPERATION OF PLANT	7.00	0	226,292	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	25,685	0		4.00
5.00	HOUSEKEEPING	9.00	0	170,387	0		5.00
6.00	DIETARY	10.00	0	206,541	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	333,680	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	123,055	0		8.00
9.00	PHARMACY	15.00	0	225,560	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	46,485	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,689,650	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	420,875	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	411,002	0		13.00
14.00	NURSERY	43.00	0	58,318	0		14.00

RECLASSIFICATIONS

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

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	OPERATING ROOM	50.00	0	432,236	0		15.00
16.00	ENDOSCOPY	50.01	0	3,368	0		16.00
17.00	RECOVERY ROOM	51.00	0	55,053	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	12,198	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	156,844	0		19.00
20.00	ULTRASOUND	54.01	0	39,625	0		20.00
21.00	MAMMOGRAPHY	54.02	0	12,559	0		21.00
22.00	RADIOISOTOPE	56.00	0	13,234	0		22.00
23.00	CT SCAN	57.00	0	84,141	0		23.00
24.00	MRI	58.00	0	24,202	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	221,023	0		25.00
26.00	LABORATORY	60.00	0	282,153	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	43,520	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	148,837	0		28.00
29.00	CARDIOLOGY	69.01	0	80,526	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	49,190	0		30.00
31.00	EMERGENCY	91.00	0	547,119	0		31.00
32.00	AMBULANCE SERVICES	95.00	0	800,229	0		32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,871	0		33.00
34.00	OUTREACH PROGRAMS	192.04	0	55,122	0		34.00
35.00	INDUSTRIAL MEDICINE	194.00	0	4,835	0		35.00
36.00	INDUSTRIAL MEDICINE				0		36.00
	TOTALS		0	7,472,549			
J - IMPLANT SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	1,448	0		1.00
2.00	OPERATING ROOM	50.00	0	931,077	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,860,007	0		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,720	0		4.00
	0		0	2,803,252			
K - MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	566	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	7,983	0		2.00
3.00	OPERATING ROOM	50.00	0	72,341	0		3.00
4.00	MAMMOGRAPHY	54.02	0	10,712	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,383,862	0		5.00
6.00	INTRAVENOUS THERAPY	64.00	0	1,727	0		6.00
7.00	EMERGENCY	91.00	0	6,737	0		7.00
	0		0	2,483,928			
L - MINISTRY ALLOCATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,712,489	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	2,712,489			
M - PHYSICIAN COST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	300,000	0		1.00
	TOTALS		0	300,000			
O - SHARED HOSP AND PALLI							
1.00	ADULTS & PEDIATRICS	30.00	0	595,207	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	9		5.00
	TOTALS		0	595,207			
P - SHARED EMERGENCY ROOM							
1.00	EMERGENCY	91.00	0	294	0		1.00
	TOTALS		0	294			
Q - VACATION ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	98,018	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
3/19/2021 3:36 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
	TOTALS		0	98,018			
500.00	Grand Total: Decreases		1,948,781	21,031,516			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/19/2021 3:36 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	16,389,900	0	0	0	0	1.00	
2.00	Land Improvements	1,647,000	0	0	0	0	2.00	
3.00	Buildings and Fixtures	56,812,632	1,158,151	0	1,158,151	0	3.00	
4.00	Building Improvements	183,500	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	20,898,099	2,259,566	0	2,259,566	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	95,931,131	3,417,717	0	3,417,717	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	95,931,131	3,417,717	0	3,417,717	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,389,900	0				1.00	
2.00	Land Improvements	1,647,000	0				2.00	
3.00	Buildings and Fixtures	57,970,783	0				3.00	
4.00	Building Improvements	183,500	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	23,157,665	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	99,348,848	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	99,348,848	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/19/2021 3:36 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	3,501,142	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,132,367	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,633,509	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	3,501,142				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,132,367				2.00
3.00	Total (sum of lines 1-2)	0	8,633,509				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/19/2021 3:36 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	58,154,283	0	58,154,283	0.714400	104,934	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,248,666	0	23,248,666	0.285600	41,950	2.00
3.00	Total (sum of lines 1-2)	81,402,949	0	81,402,949	1.000000	146,884	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	0	0	104,934	3,850,379	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	41,950	5,342,628	0	2.00
3.00	Total (sum of lines 1-2)	0	0	146,884	9,193,007	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	104,934	0	0	3,955,313	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	275,888	0	0	5,618,516	2.00
3.00	Total (sum of lines 1-2)	0	380,822	0	0	9,573,829	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,201,915			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,118,053			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-265,003	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	-20,670	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)	A	-106,706	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	2,512	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	184,724	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OCCUPATIONAL MEDICINE	A	-14,161	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
3/19/2021 3:36 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
34.00 RENT REVENUES - ADMIN	B	-18,574	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 RENT REVENUES - MEDICAL EDUCATION	B	-9,287	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	35.00
36.00 OTHER REVENUES - ADMIN	B	-251	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 OTHER REVENUES - CARDIAC REHAB	B	-8,872	CARDIAC REHABILITATION	76.97	0	37.00
38.00 OTHER REVENUES - ED	B	-66,180	EMERGENCY	91.00	0	38.00
39.00 OTHER REVENUES - AMBULANCE	B	-87,936	AMBULANCE SERVICES	95.00	0	39.00
40.00 LOBBYING EXPENSES	A	-28,187	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 PROVIDER TAX	A	-7,024,915	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 INTERCOMPANY INTEREST	A	-1,465,404	INTEREST EXPENSE	113.00	9	42.00
43.00 OTHER REVENUES - PHARMACY	B	-10,544	PHARMACY	15.00	9	43.00
43.01 OTHER REVENUES - SURGERY	B	-7,736	OPERATING ROOM	50.00	0	43.01
43.02 OTHER REVENUES - NURSING ADMIN	B	-2,399	NURSING ADMINISTRATION	13.00	0	43.02
43.03 OTHER REVENUES - REVENUE CYCLE	B	-245	ADMINISTRATIVE & GENERAL	5.00	0	43.03
43.04 OTHER REVENUES - LAB	B	-205	LABORATORY	60.00	0	43.04
43.05 340B PHARMACY REVENUES	A	-102,560	DRUGS CHARGED TO PATIENTS	73.00	0	43.05
43.06 MARKETING	A	-409	ADMINISTRATIVE & GENERAL	5.00	0	43.06
43.07 OTHER REVENUES - DIETARY	B	-4,833	DIETARY	10.00	0	43.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,377,809				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: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 3:36 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	346,725	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,342,060	1,321,645	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G MA	10,962,588	11,572,792	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	923,440	923,440	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY CHG - POOLED ENGINE	306,521	306,521	3.02
3.03	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHG - POOLED PHARMA	652,365	652,365	3.03
3.04	7.00	OPERATION OF PLANT	BIOMED EXPENSE - ENGINEERING	421,075	427,554	3.04
3.05	54.00	RADIOLOGY-DIAGNOSTIC	BIOMED EXPENSE - RADIOLOGY	560,624	569,250	3.05
3.06	60.00	LABORATORY	BIOMED EXPENSE - LAB	67,036	68,067	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED PT	82,556	82,556	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED OT	41,938	41,938	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED ST	12,228	12,228	3.09
4.00	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL -	924,296	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL -	1,807,213	4,261,152	4.01
4.02	17.00	SOCIAL SERVICE	MINISTRY CHG - FUNCTIONAL -	863,624	1,165,736	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL -	253,207	253,207	4.03
4.04	31.00	INTENSIVE CARE UNIT	EICU	298,844	298,844	4.04
4.05	7.00	OPERATION OF PLANT	PCI / SFI - HTS ENGINEERING	261,861	272,875	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI - HTS IMAGING	41,688	43,442	4.06
4.07	60.00	LABORATORY	PCI / SFI - HTS LABORATORY	348,644	363,310	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	PCI / SFI CREDENTIALING	80,096	79,760	4.08
4.09	0.00			0	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,598,629	22,716,682	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
3/19/2021 3:36 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	346,725	9		1.00
2.00	20,415	9		2.00
3.00	-610,204	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	-6,479	0		3.04
3.05	-8,626	0		3.05
3.06	-1,031	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
4.00	924,296	0		4.00
4.01	-2,453,939	0		4.01
4.02	-302,112	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	-11,014	0		4.05
4.06	-1,754	0		4.06
4.07	-14,666	0		4.07
4.08	336	0		4.08
4.09	0	0		4.09
5.00	-2,118,053			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: 14-0113

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

Worksheet A-8-2

Date/Time Prepared:
3/19/2021 3:36 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	3,630,028	3,630,028	0	211,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	145,682	145,682	0	211,500	0	2.00
3.00	41.00	SUBPROVIDER - IRF	7,150	7,150	0	211,500	0	3.00
4.00	43.00	NURSERY	620,235	620,235	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	204,000	204,000	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	2,281,000	2,281,000	0	239,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	823,812	823,812	0	271,900	0	7.00
8.00	60.00	LABORATORY	11,060	11,060	0	260,300	0	8.00
9.00	91.00	EMERGENCY	478,948	478,948	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,201,915	8,201,915	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,630,028		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	145,682		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	7,150		3.00
4.00	43.00	NURSERY	0	0	0	620,235		4.00
5.00	50.00	OPERATING ROOM	0	0	0	204,000		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	2,281,000		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	823,812		7.00
8.00	60.00	LABORATORY	0	0	0	11,060		8.00
9.00	91.00	EMERGENCY	0	0	0	478,948		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	8,201,915		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,955,313	3,955,313			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,618,516		5,618,516		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,852,843	6,546	0	10,859,389	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,625,749	366,889	3,180,974	723,604	5.00
7.00	00700	OPERATION OF PLANT	4,332,943	990,008	3,100	290,730	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	435,849	9,921	0	28,536	8.00
9.00	00900	HOUSEKEEPING	1,131,436	56,293	1,831	245,214	9.00
10.00	01000	DIETARY	1,270,414	123,313	0	153,336	10.00
11.00	01100	CAFETERIA	681,301	26,296	0	114,355	11.00
13.00	01300	NURSING ADMINISTRATION	2,321,339	21,891	138,568	385,182	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	734,969	116,746	72,589	140,842	14.00
15.00	01500	PHARMACY	2,179,741	46,444	13,540	392,977	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	199,187	71,220	0	63,137	16.00
17.00	01700	SOCIAL SERVICE	863,624	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,179,723	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	140,105	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,507,150	562,054	93,080	2,194,638	30.00
31.00	03100	INTENSIVE CARE UNIT	2,722,982	82,273	70,545	609,038	31.00
41.00	04100	SUBPROVIDER - IRF	3,831,082	174,722	3,438	563,667	41.00
43.00	04300	NURSERY	599,544	39,102	1,441	153,031	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,625,142	282,067	685,287	525,679	50.00
50.01	05001	ENDOSCOPY	103,334	48,208	15,325	28,977	50.01
51.00	05100	RECOVERY ROOM	334,006	26,755	12,532	93,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,166,627	217,434	77,863	299,099	52.00
53.00	05300	ANESTHESIOLOGY	211,211	7,851	45,946	6,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,489,667	96,435	66,570	146,169	54.00
54.01	03630	ULTRASOUND	319,962	7,402	19,882	86,127	54.01
54.02	03440	MAMMOGRAPHY	70,553	39,857	3,213	15,642	54.02
56.00	05600	RADIOISOTOPE	230,070	14,754	0	30,794	56.00
57.00	05700	CT SCAN	464,514	10,788	29,872	113,724	57.00
58.00	05800	MRI	139,663	10,308	40,424	37,347	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,989	63,400	374,075	333,480	59.00
60.00	06000	LABORATORY	3,504,842	100,494	12,272	419,834	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	255,414	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	220,190	0	0	52,338	64.00
65.00	06500	RESPIRATORY THERAPY	1,190,279	14,988	24,829	256,427	65.00
66.00	06600	PHYSICAL THERAPY	478,265	36,604	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	242,958	23,737	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	70,840	1,937	0	0	68.00
69.01	03140	CARDIOLOGY	463,383	18,486	45,828	120,604	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,320,732	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,781,812	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,966,638	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	323,009	32,230	3,558	92,793	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,439,723	118,643	71,546	835,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,005,706	0	510,388	1,205,126	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,941,339	3,866,096	5,618,516	10,757,719	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,019	13,439	0	6,876	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	547,978	0	0	0	192.02
192.03	19203	FOUNDATION	290,133	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,289,293	75,778	0	87,125	192.04
194.00	07950	INDUSTRIAL MEDICINE	27,727	0	0	7,669	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	107,144,489	3,955,313	5,618,516	10,859,389	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
3/19/2021 3:36 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	23,897,216					5.00
7.00	00700	OPERATION OF PLANT	1,612,370	7,229,151				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	136,156	27,671	638,133			8.00
9.00	00900	HOUSEKEEPING	411,871	157,011	0	2,003,656		9.00
10.00	01000	DIETARY	444,105	343,939	0	97,827	2,432,934	10.00
11.00	01100	CAFETERIA	235,952	73,344	0	20,861	0	11.00
13.00	01300	NURSING ADMINISTRATION	823,004	61,058	0	17,367	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	305,764	325,625	11,282	92,617	0	14.00
15.00	01500	PHARMACY	755,751	129,539	0	36,845	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	95,748	198,645	0	56,501	0	16.00
17.00	01700	SOCIAL SERVICE	247,914	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	338,655	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	40,219	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,260,154	1,567,663	173,270	445,888	1,170,923	30.00
31.00	03100	INTENSIVE CARE UNIT	1,000,368	229,473	24,459	65,269	191,178	31.00
41.00	04100	SUBPROVIDER - IRF	1,312,713	487,328	41,887	138,610	523,052	41.00
43.00	04300	NURSERY	227,675	109,063	3,243	31,021	76	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,756,302	786,732	57,951	223,770	3,912	50.00
50.01	05001	ENDOSCOPY	56,220	134,459	28,857	38,244	570	50.01
51.00	05100	RECOVERY ROOM	133,928	74,623	15,159	21,225	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	505,525	606,458	61,773	172,495	20,892	52.00
53.00	05300	ANESTHESIOLOGY	78,001	21,898	27,643	6,228	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	516,381	268,974	9,873	76,504	0	54.00
54.01	03630	ULTRASOUND	124,405	20,647	0	5,873	0	54.01
54.02	03440	MAMMOGRAPHY	37,107	111,167	1,692	31,619	0	54.02
56.00	05600	RADIOISOTOPE	79,120	41,151	0	11,705	0	56.00
57.00	05700	CT SCAN	177,663	30,088	12,086	8,558	0	57.00
58.00	05800	MRI	65,376	28,752	0	8,178	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	605,687	176,833	4,794	50,296	15,650	59.00
60.00	06000	LABORATORY	1,159,000	280,293	3,526	79,724	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,320	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	78,233	0	13,257	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	426,726	41,805	0	11,891	0	65.00
66.00	06600	PHYSICAL THERAPY	147,800	102,095	9,308	29,039	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	76,558	66,206	0	18,831	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,892	5,403	0	1,537	0	68.00
69.01	03140	CARDIOLOGY	186,103	51,560	63,465	14,665	449,286	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	666,196	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	798,555	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	564,549	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	129,635	89,895	847	25,569	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,281,799	330,914	59,657	94,122	57,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,216,477	0	14,104	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,209,977	6,980,312	638,133	1,932,879	2,432,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,616	37,482	0	10,661	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	157,304	0	0	0	0	192.02
192.03	19203	FOUNDATION	83,286	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	416,872	211,357	0	60,116	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	10,161	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,897,216	7,229,151	638,133	2,003,656	2,432,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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	1,152,109					11.00
13.00	01300	NURSING ADMINISTRATION	42,393	3,810,802				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,295	0	1,825,729			14.00
15.00	01500	PHARMACY	28,574	0	4,262	3,587,673		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,477	0	0	0	695,915	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,852	1,217,977	94,057	0	69,695	30.00
31.00	03100	INTENSIVE CARE UNIT	66,986	311,575	46,982	0	12,974	31.00
41.00	04100	SUBPROVIDER - IRF	67,688	314,843	11,965	740	10,249	41.00
43.00	04300	NURSERY	16,864	78,438	2,871	0	4,335	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,770	291,965	407,829	0	75,339	50.00
50.01	05001	ENDOSCOPY	2,342	10,894	3,088	574	2,694	50.01
51.00	05100	RECOVERY ROOM	9,603	44,666	1,978	875	3,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,493	155,788	0	12	6,640	52.00
53.00	05300	ANESTHESIOLOGY	1,405	6,537	34,713	23,814	28,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,503	86,064	2,139	0	8,547	54.00
54.01	03630	ULTRASOUND	7,026	32,683	3,886	9	6,117	54.01
54.02	03440	MAMMOGRAPHY	1,874	8,715	1,194	103	1,286	54.02
56.00	05600	RADIOISOTOPE	2,811	13,073	375	32,219	4,564	56.00
57.00	05700	CT SCAN	12,882	59,918	10,937	0	39,240	57.00
58.00	05800	MRI	3,279	15,252	1,557	0	7,193	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,259	154,698	0	25,989	56,652	59.00
60.00	06000	LABORATORY	66,752	310,486	8,898	0	84,551	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,998	63.00
64.00	06400	INTRAVENOUS THERAPY	4,919	22,878	7,447	0	1,554	64.00
65.00	06500	RESPIRATORY THERAPY	29,980	139,446	39,563	113	23,055	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,611	0	10,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	580	0	7,655	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	157	0	1,514	68.00
69.01	03140	CARDIOLOGY	12,413	57,739	3,294	1,712	20,024	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	502,817	0	22,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	562,268	0	29,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,459,641	67,694	73.00
76.97	07697	CARDIAC REHABILITATION	10,540	49,024	917	0	1,130	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	92,047	428,143	32,133	0	58,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	211,966	0	38,158	41,872	28,521	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,138,993	3,810,802	1,825,676	3,587,673	695,915	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,405	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	11,008	0	53	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	703	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,152,109	3,810,802	1,825,729	3,587,673	695,915	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
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	1,111,538					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,518,378				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		180,324			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	750,294	1,378,056	163,659	21,910,410	-1,541,715	30.00
31.00	03100	INTENSIVE CARE UNIT	72,452	0	0	5,506,554	0	31.00
41.00	04100	SUBPROVIDER - IRF	238,049	0	0	7,720,033	0	41.00
43.00	04300	NURSERY	50,743	0	0	1,317,447	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	9,784,745	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	473,786	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	771,715	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,324,099	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	500,665	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,785,826	0	54.00
54.01	03630	ULTRASOUND	0	0	0	634,019	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	324,022	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	460,636	0	56.00
57.00	05700	CT SCAN	0	0	0	970,270	0	57.00
58.00	05800	MRI	0	0	0	357,329	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,233,802	0	59.00
60.00	06000	LABORATORY	0	0	0	6,030,672	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	330,732	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	400,816	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,517	299	2,201,918	-2,816	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	814,930	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	436,525	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	102,280	0	68.00
69.01	03140	CARDIOLOGY	0	111,377	13,227	1,633,166	-124,604	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,511,994	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,172,141	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,058,522	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	759,147	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	6,900,342	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	10,272,318		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,111,538	1,491,950	177,185	103,700,861	-1,669,135	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	137,498	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,428	3,139	29,567	-29,567	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	705,282	0	192.02
192.03	19203	FOUNDATION	0	0	0	373,419	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	2,151,602	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	46,260	0	194.00
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)	1,111,538	1,518,378	180,324	107,144,489	-1,698,702	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description		Total	
		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	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
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
54.01	03630	ULTRASOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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
192.01	19201	COVENANT OUTPATIENT PHARMACY	192.01
192.02	19202	REAL ESTATE	192.02
192.03	19203	FOUNDATION	192.03
192.04	19204	OUTREACH PROGRAMS	192.04
194.00	07950	INDUSTRIAL MEDICINE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	6,546	0	6,546	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	298,784	366,889	3,180,974	3,846,647	5.00
7.00	00700	OPERATION OF PLANT	14,890	990,008	3,100	1,007,998	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,921	0	9,921	8.00
9.00	00900	HOUSEKEEPING	0	56,293	1,831	58,124	9.00
10.00	01000	DIETARY	0	123,313	0	123,313	10.00
11.00	01100	CAFETERIA	0	26,296	0	26,296	11.00
13.00	01300	NURSING ADMINISTRATION	0	21,891	138,568	160,459	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	116,746	72,589	189,335	14.00
15.00	01500	PHARMACY	6,153	46,444	13,540	66,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,220	0	71,220	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	149,392	0	0	149,392	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,933	562,054	93,080	728,067	30.00
31.00	03100	INTENSIVE CARE UNIT	25,372	82,273	70,545	178,190	31.00
41.00	04100	SUBPROVIDER - IRF	76,607	174,722	3,438	254,767	41.00
43.00	04300	NURSERY	0	39,102	1,441	40,543	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	-4,556	282,067	685,287	962,798	50.00
50.01	05001	ENDOSCOPY	0	48,208	15,325	63,533	50.01
51.00	05100	RECOVERY ROOM	0	26,755	12,532	39,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	217,434	77,863	295,297	52.00
53.00	05300	ANESTHESIOLOGY	0	7,851	45,946	53,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,435	66,570	163,005	54.00
54.01	03630	ULTRASOUND	0	7,402	19,882	27,284	54.01
54.02	03440	MAMMOGRAPHY	0	39,857	3,213	43,070	54.02
56.00	05600	RADIOISOTOPE	0	14,754	0	14,754	56.00
57.00	05700	CT SCAN	0	10,788	29,872	40,660	57.00
58.00	05800	MRI	0	10,308	40,424	50,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	63,400	374,075	437,475	59.00
60.00	06000	LABORATORY	0	100,494	12,272	112,766	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,988	24,829	39,817	65.00
66.00	06600	PHYSICAL THERAPY	0	36,604	0	36,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,737	0	23,737	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,937	0	1,937	68.00
69.01	03140	CARDIOLOGY	115	18,486	45,828	64,429	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	32,230	3,558	35,788	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	118,643	71,546	190,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	458,748	0	510,388	969,136	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,098,438	3,866,096	5,618,516	10,583,050	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,439	0	13,439	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	547,770	0	0	547,770	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	75,778	0	75,778	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,646,208	3,955,313	5,618,516	11,220,037	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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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	3,847,084					5.00
7.00	00700	OPERATION OF PLANT	259,568	1,267,742				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,919	4,853	36,710			8.00
9.00	00900	HOUSEKEEPING	66,305	27,534	0	152,111		9.00
10.00	01000	DIETARY	71,494	60,315	0	7,427	262,642	10.00
11.00	01100	CAFETERIA	37,985	12,862	0	1,584	0	11.00
13.00	01300	NURSING ADMINISTRATION	132,492	10,707	0	1,318	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,224	57,103	649	7,031	0	14.00
15.00	01500	PHARMACY	121,665	22,717	0	2,797	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,414	34,835	0	4,289	0	16.00
17.00	01700	SOCIAL SERVICE	39,911	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	54,519	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,475	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	524,814	274,915	9,967	33,851	126,405	30.00
31.00	03100	INTENSIVE CARE UNIT	161,045	40,242	1,407	4,955	20,638	31.00
41.00	04100	SUBPROVIDER - IRF	211,328	85,460	2,410	10,523	56,465	41.00
43.00	04300	NURSERY	36,652	19,126	187	2,355	8	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	282,739	137,965	3,334	16,988	422	50.00
50.01	05001	ENDOSCOPY	9,051	23,579	1,660	2,903	62	50.01
51.00	05100	RECOVERY ROOM	21,561	13,086	872	1,611	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,382	106,352	3,554	13,095	2,255	52.00
53.00	05300	ANESTHESIOLOGY	12,557	3,840	1,590	473	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,130	47,169	568	5,808	0	54.00
54.01	03630	ULTRASOUND	20,027	3,621	0	446	0	54.01
54.02	03440	MAMMOGRAPHY	5,974	19,495	97	2,400	0	54.02
56.00	05600	RADIOISOTOPE	12,737	7,216	0	889	0	56.00
57.00	05700	CT SCAN	28,601	5,276	695	650	0	57.00
58.00	05800	MRI	10,525	5,042	0	621	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	97,507	31,010	276	3,818	1,689	59.00
60.00	06000	LABORATORY	186,582	49,154	203	6,052	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,803	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,594	0	763	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,697	7,331	0	903	0	65.00
66.00	06600	PHYSICAL THERAPY	23,794	17,904	535	2,205	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,325	11,610	0	1,430	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,363	948	0	117	0	68.00
69.01	03140	CARDIOLOGY	29,960	9,042	3,651	1,113	48,502	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	107,248	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	128,556	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,884	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	20,869	15,764	49	1,941	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	206,351	58,031	3,432	7,145	6,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	356,821	0	811	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,736,448	1,224,104	36,710	146,738	262,642	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,158	6,573	0	809	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	25,324	0	0	0	0	192.02
192.03	19203	FOUNDATION	13,408	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	67,110	37,065	0	4,564	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	1,636	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,847,084	1,267,742	36,710	152,111	262,642	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 3:36 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	78,796					11.00
13.00	01300	NURSING ADMINISTRATION	2,899	308,108				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,730	0	305,157			14.00
15.00	01500	PHARMACY	1,954	0	712	216,219		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	785	0	0	0	126,581	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,912	98,476	15,721	0	12,695	30.00
31.00	03100	INTENSIVE CARE UNIT	4,581	25,191	7,853	0	2,363	31.00
41.00	04100	SUBPROVIDER - IRF	4,629	25,455	2,000	45	1,867	41.00
43.00	04300	NURSERY	1,153	6,342	480	0	790	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,293	23,606	68,165	0	13,723	50.00
50.01	05001	ENDOSCOPY	160	881	516	35	491	50.01
51.00	05100	RECOVERY ROOM	657	3,611	331	53	567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,291	12,596	0	1	1,210	52.00
53.00	05300	ANESTHESIOLOGY	96	528	5,802	1,435	5,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,265	6,958	358	0	1,557	54.00
54.01	03630	ULTRASOUND	481	2,642	650	1	1,114	54.01
54.02	03440	MAMMOGRAPHY	128	705	200	6	234	54.02
56.00	05600	RADIOISOTOPE	192	1,057	63	1,942	831	56.00
57.00	05700	CT SCAN	881	4,844	1,828	0	7,148	57.00
58.00	05800	MRI	224	1,233	260	0	1,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,275	12,508	0	1,566	10,319	59.00
60.00	06000	LABORATORY	4,565	25,103	1,487	0	15,220	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	364	63.00
64.00	06400	INTRAVENOUS THERAPY	336	1,850	1,245	0	283	64.00
65.00	06500	RESPIRATORY THERAPY	2,050	11,274	6,613	7	4,199	65.00
66.00	06600	PHYSICAL THERAPY	0	0	269	0	1,859	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	97	0	1,394	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	26	0	276	68.00
69.01	03140	CARDIOLOGY	849	4,668	551	103	3,647	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	84,042	0	4,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	93,977	0	5,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	208,502	12,331	73.00
76.97	07697	CARDIAC REHABILITATION	721	3,964	153	0	206	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,295	34,616	5,371	0	10,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,497	0	6,378	2,523	5,195	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,899	308,108	305,148	216,219	126,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	753	0	9	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	48	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	78,796	308,108	305,157	216,219	126,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	24.00	25.00
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	39,911				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	54,519			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		155,867		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,941			1,871,074	0 30.00
31.00	03100	INTENSIVE CARE UNIT	2,601			449,434	0 31.00
41.00	04100	SUBPROVIDER - IRF	8,547			663,836	0 41.00
43.00	04300	NURSERY	1,822			109,550	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			1,514,351	0 50.00
50.01	05001	ENDOSCOPY	0			102,889	0 50.01
51.00	05100	RECOVERY ROOM	0			81,692	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			518,214	0 52.00
53.00	05300	ANESTHESIOLOGY	0			85,351	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			309,906	0 54.00
54.01	03630	ULTRASOUND	0			56,318	0 54.01
54.02	03440	MAMMOGRAPHY	0			72,318	0 54.02
56.00	05600	RADIOISOTOPE	0			39,700	0 56.00
57.00	05700	CT SCAN	0			90,652	0 57.00
58.00	05800	MRI	0			69,970	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			598,644	0 59.00
60.00	06000	LABORATORY	0			401,386	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0			0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0			12,167	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0			17,103	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			141,046	0 65.00
66.00	06600	PHYSICAL THERAPY	0			83,170	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			50,593	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			6,667	0 68.00
69.01	03140	CARDIOLOGY	0			166,588	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			195,343	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			227,908	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			311,717	0 73.00
76.97	07697	CARDIAC REHABILITATION	0			79,511	0 76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0			528,862	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			1,356,089	0 95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,911	0	0	10,212,049	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			24,079	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			0	0 192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0			0	0 192.01
192.02	19202	REAL ESTATE	0			573,094	0 192.02
192.03	19203	FOUNDATION	0			13,408	0 192.03
192.04	19204	OUTREACH PROGRAMS	0			185,332	0 192.04
194.00	07950	INDUSTRIAL MEDICINE	0			1,689	0 194.00
200.00		Cross Foot Adjustments		54,519	155,867	210,386	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	39,911	54,519	155,867	11,220,037	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description		Total	
		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	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
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
54.01	03630	ULTRASOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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
192.01	19201	COVENANT OUTPATIENT PHARMACY	192.01
192.02	19202	REAL ESTATE	192.02
192.03	19203	FOUNDATION	192.03
192.04	19204	OUTREACH PROGRAMS	192.04
194.00	07950	INDUSTRIAL MEDICINE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 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	387,921					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,291,749				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	642	0	37,480,589			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,983	2,429,813	2,497,477	-23,897,216	83,247,273	5.00
7.00	00700	OPERATION OF PLANT	97,096	2,368	1,003,436	0	5,616,781	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	973	0	98,492	0	474,306	8.00
9.00	00900	HOUSEKEEPING	5,521	1,399	846,342	0	1,434,774	9.00
10.00	01000	DIETARY	12,094	0	529,230	0	1,547,063	10.00
11.00	01100	CAFETERIA	2,579	0	394,691	0	821,952	11.00
13.00	01300	NURSING ADMINISTRATION	2,147	105,846	1,329,432	0	2,866,980	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,450	55,448	486,109	0	1,065,146	14.00
15.00	01500	PHARMACY	4,555	10,343	1,356,336	0	2,632,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,985	0	217,912	0	333,544	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	863,624	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,179,723	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	140,105	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,124	71,100	7,574,715	0	11,356,922	30.00
31.00	03100	INTENSIVE CARE UNIT	8,069	53,886	2,102,058	0	3,484,838	31.00
41.00	04100	SUBPROVIDER - IRF	17,136	2,626	1,945,464	0	4,572,909	41.00
43.00	04300	NURSERY	3,835	1,101	528,176	0	793,118	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,664	523,462	1,814,350	0	6,118,175	50.00
50.01	05001	ENDOSCOPY	4,728	11,706	100,012	0	195,844	50.01
51.00	05100	RECOVERY ROOM	2,624	9,573	321,860	0	466,547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,325	59,476	1,032,322	0	1,761,023	52.00
53.00	05300	ANESTHESIOLOGY	770	35,096	23,170	0	271,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,458	50,850	504,494	0	1,798,841	54.00
54.01	03630	ULTRASOUND	726	15,187	297,261	0	433,373	54.01
54.02	03440	MAMMOGRAPHY	3,909	2,454	53,986	0	129,265	54.02
56.00	05600	RADIOISOTOPE	1,447	0	106,285	0	275,618	56.00
57.00	05700	CT SCAN	1,058	22,818	392,512	0	618,898	57.00
58.00	05800	MRI	1,011	30,878	128,900	0	227,742	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,218	285,740	1,150,986	0	2,109,944	59.00
60.00	06000	LABORATORY	9,856	9,374	1,449,031	0	4,037,442	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	255,414	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	180,643	0	272,528	64.00
65.00	06500	RESPIRATORY THERAPY	1,470	18,966	885,044	0	1,486,523	65.00
66.00	06600	PHYSICAL THERAPY	3,590	0	0	0	514,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	0	0	0	266,695	67.00
68.00	06800	SPEECH PATHOLOGY	190	0	0	0	72,777	68.00
69.01	03140	CARDIOLOGY	1,813	35,006	416,257	0	648,301	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,320,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,781,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,966,638	73.00
76.97	07697	CARDIAC REHABILITATION	3,161	2,718	320,268	0	451,590	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,636	54,651	2,883,007	0	4,465,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	389,864	4,159,422	0	7,721,220	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	379,171	4,291,749	37,129,680	-23,897,216	80,853,236	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,318	0	23,732	0	68,334	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	547,978	192.02
192.03	19203	FOUNDATION	0	0	0	0	290,133	192.03
192.04	19204	OUTREACH PROGRAMS	7,432	0	300,708	0	1,452,196	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	26,469	0	35,396	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,955,313	5,618,516	10,859,389		23,897,216	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.196182	1.309144	0.289734		0.287063	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 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	
204.00		Cost to be allocated (per Wkst. B, Part II)			6,546		3,847,084	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000175		0.046213	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEAL S)	CAFETERIA (TOTAL EMPL FTE)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	254,200					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	973	474,761				8.00
9.00	00900	HOUSEKEEPING	5,521	0	247,706			9.00
10.00	01000	DIETARY	12,094	0	12,094	64,050		10.00
11.00	01100	CAFETERIA	2,579	0	2,579	0	4,919	11.00
13.00	01300	NURSING ADMINISTRATION	2,147	0	2,147	0	181	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,450	8,394	11,450	0	108	14.00
15.00	01500	PHARMACY	4,555	0	4,555	0	122	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,985	0	6,985	0	49	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,124	128,910	55,124	30,826	1,118	30.00
31.00	03100	INTENSIVE CARE UNIT	8,069	18,197	8,069	5,033	286	31.00
41.00	04100	SUBPROVIDER - IRF	17,136	31,163	17,136	13,770	289	41.00
43.00	04300	NURSERY	3,835	2,413	3,835	2	72	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,664	43,115	27,664	103	268	50.00
50.01	05001	ENDOSCOPY	4,728	21,469	4,728	15	10	50.01
51.00	05100	RECOVERY ROOM	2,624	11,278	2,624	0	41	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,325	45,958	21,325	550	143	52.00
53.00	05300	ANESTHESIOLOGY	770	20,566	770	0	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,458	7,345	9,458	0	79	54.00
54.01	03630	ULTRASOUND	726	0	726	0	30	54.01
54.02	03440	MAMMOGRAPHY	3,909	1,259	3,909	0	8	54.02
56.00	05600	RADIOISOTOPE	1,447	0	1,447	0	12	56.00
57.00	05700	CT SCAN	1,058	8,992	1,058	0	55	57.00
58.00	05800	MRI	1,011	0	1,011	0	14	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,218	3,567	6,218	412	142	59.00
60.00	06000	LABORATORY	9,856	2,623	9,856	0	285	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,863	0	0	21	64.00
65.00	06500	RESPIRATORY THERAPY	1,470	0	1,470	0	128	65.00
66.00	06600	PHYSICAL THERAPY	3,590	6,925	3,590	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	0	2,328	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	190	0	190	0	0	68.00
69.01	03140	CARDIOLOGY	1,813	47,217	1,813	11,828	53	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	3,161	630	3,161	0	45	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,636	44,384	11,636	1,511	393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	10,493	0	0	905	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	245,450	474,761	238,956	64,050	4,863	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,318	0	1,318	0	6	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	7,432	0	7,432	0	47	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	3	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,229,151	638,133	2,003,656	2,432,934	1,152,109	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.438832	1.344114	8.088847	37.984918	234.216101	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,267,742	36,710	152,111	262,642	78,796	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEAL S)	CAFETERIA (TOTAL EMPL FTE)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	4.987183	0.077323	0.614079	4.100578	16.018703	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	3,498					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,032,788				14.00
15.00	01500	PHARMACY	0	21,087	2,095,108			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	425,428,694		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	20,788	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,118	465,347	0	42,600,788	14,032	30.00
31.00	03100	INTENSIVE CARE UNIT	286	232,442	0	7,930,491	1,355	31.00
41.00	04100	SUBPROVIDER - IRF	289	59,195	432	6,264,693	4,452	41.00
43.00	04300	NURSERY	72	14,204	0	2,649,701	949	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	268	2,017,737	0	46,050,956	0	50.00
50.01	05001	ENDOSCOPY	10	15,276	335	1,646,533	0	50.01
51.00	05100	RECOVERY ROOM	41	9,786	511	1,901,383	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143	0	7	4,058,829	0	52.00
53.00	05300	ANESTHESIOLOGY	6	171,741	13,907	17,545,652	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79	10,585	0	5,224,314	0	54.00
54.01	03630	ULTRASOUND	30	19,226	5	3,739,028	0	54.01
54.02	03440	MAMMOGRAPHY	8	5,909	60	785,961	0	54.02
56.00	05600	RADIOISOTOPE	12	1,853	18,815	2,789,758	0	56.00
57.00	05700	CT SCAN	55	54,110	0	23,985,185	0	57.00
58.00	05800	MRI	14	7,704	0	4,396,778	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	142	0	15,177	34,628,549	0	59.00
60.00	06000	LABORATORY	285	44,021	0	51,734,795	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,221,088	0	63.00
64.00	06400	INTRAVENOUS THERAPY	21	36,845	0	949,808	0	64.00
65.00	06500	RESPIRATORY THERAPY	128	195,736	66	14,092,118	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,970	0	6,239,706	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,872	0	4,678,853	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	778	0	925,552	0	68.00
69.01	03140	CARDIOLOGY	53	16,297	1,000	12,239,768	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,487,693	0	13,599,682	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,781,812	0	18,035,387	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,020,341	41,377,870	0	73.00
76.97	07697	CARDIAC REHABILITATION	45	4,539	0	690,688	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	393	158,977	0	36,011,420	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	188,785	24,452	17,433,360	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,498	9,032,527	2,095,108	425,428,694	20,788	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	261	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,810,802	1,825,729	3,587,673	695,915	1,111,538	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,089.423099	0.202122	1.712405	0.001636	53.470175	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	308,108	305,157	216,219	126,581	39,911	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description		NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	88.081189	0.033783	0.103202	0.000298	1.919906	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			21.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	19,304		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		19,304	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	17,520	17,520	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	32	32	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
69.01	03140	CARDIOLOGY	1,416	1,416	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,968	18,968	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	336	336	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,518,378	180,324	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	78.656133	9.341276	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	54,519	155,867		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.824233	8.074337		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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 3:36 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,368,695		20,368,695	0	20,368,695	30.00
31.00	03100	INTENSIVE CARE UNIT	5,506,554		5,506,554	0	5,506,554	31.00
41.00	04100	SUBPROVIDER - IRF	7,720,033		7,720,033	0	7,720,033	41.00
43.00	04300	NURSERY	1,317,447		1,317,447	0	1,317,447	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,784,745		9,784,745	0	9,784,745	50.00
50.01	05001	ENDOSCOPY	473,786		473,786	0	473,786	50.01
51.00	05100	RECOVERY ROOM	771,715		771,715	0	771,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,324,099		3,324,099	0	3,324,099	52.00
53.00	05300	ANESTHESIOLOGY	500,665		500,665	0	500,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,785,826		2,785,826	0	2,785,826	54.00
54.01	03630	ULTRASOUND	634,019		634,019	0	634,019	54.01
54.02	03440	MAMMOGRAPHY	324,022		324,022	0	324,022	54.02
56.00	05600	RADIOISOTOPE	460,636		460,636	0	460,636	56.00
57.00	05700	CT SCAN	970,270		970,270	0	970,270	57.00
58.00	05800	MRI	357,329		357,329	0	357,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,233,802		3,233,802	0	3,233,802	59.00
60.00	06000	LABORATORY	6,030,672		6,030,672	0	6,030,672	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	330,732		330,732	0	330,732	63.00
64.00	06400	INTRAVENOUS THERAPY	400,816		400,816	0	400,816	64.00
65.00	06500	RESPIRATORY THERAPY	2,199,102	0	2,199,102	0	2,199,102	65.00
66.00	06600	PHYSICAL THERAPY	814,930	0	814,930	0	814,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	436,525	0	436,525	0	436,525	67.00
68.00	06800	SPEECH PATHOLOGY	102,280	0	102,280	0	102,280	68.00
69.01	03140	CARDIOLOGY	1,508,562		1,508,562	0	1,508,562	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,511,994		3,511,994	0	3,511,994	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,172,141		4,172,141	0	4,172,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,058,522		6,058,522	0	6,058,522	73.00
76.97	07697	CARDIAC REHABILITATION	759,147		759,147	0	759,147	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,900,342		6,900,342	0	6,900,342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,509,824		2,509,824	0	2,509,824	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,272,318		10,272,318	0	10,272,318	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	104,541,550	0	104,541,550	0	104,541,550	200.00
201.00		Less Observation Beds	2,509,824		2,509,824	0	2,509,824	201.00
202.00		Total (see instructions)	102,031,726	0	102,031,726	0	102,031,726	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/19/2021 3:36 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	38,074,239		38,074,239			30.00
31.00	03100	INTENSIVE CARE UNIT	7,930,491		7,930,491			31.00
41.00	04100	SUBPROVIDER - IRF	6,264,693		6,264,693			41.00
43.00	04300	NURSERY	2,649,701		2,649,701			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,737,966	28,312,990	46,050,956	0.212476	0.000000	50.00
50.01	05001	ENDOSCOPY	460,791	1,185,742	1,646,533	0.287748	0.000000	50.01
51.00	05100	RECOVERY ROOM	780,581	1,120,802	1,901,383	0.405870	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,041,689	17,140	4,058,829	0.818980	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,093,598	9,452,054	17,545,652	0.028535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,073,204	3,151,110	5,224,314	0.533242	0.000000	54.00
54.01	03630	ULTRASOUND	1,635,306	2,103,722	3,739,028	0.169568	0.000000	54.01
54.02	03440	MAMMOGRAPHY	730	785,231	785,961	0.412262	0.000000	54.02
56.00	05600	RADIOISOTOPE	896,063	1,893,695	2,789,758	0.165117	0.000000	56.00
57.00	05700	CT SCAN	7,291,270	16,693,915	23,985,185	0.040453	0.000000	57.00
58.00	05800	MRI	1,859,187	2,537,591	4,396,778	0.081271	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,579,025	18,049,524	34,628,549	0.093385	0.000000	59.00
60.00	06000	LABORATORY	23,630,645	28,104,150	51,734,795	0.116569	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	645,183	575,905	1,221,088	0.270850	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	183,415	766,393	949,808	0.421997	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,841,721	1,250,397	14,092,118	0.156052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,669,975	1,569,731	6,239,706	0.130604	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,132,310	546,543	4,678,853	0.093297	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	843,766	81,786	925,552	0.110507	0.000000	68.00
69.01	03140	CARDIOLOGY	5,850,505	6,389,263	12,239,768	0.123251	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,873,911	6,725,771	13,599,682	0.258241	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,210,244	8,825,143	18,035,387	0.231331	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,078,477	15,299,393	41,377,870	0.146419	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	272,868	417,820	690,688	1.099117	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,793,690	28,217,730	36,011,420	0.191615	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,303,451	3,223,098	4,526,549	0.554467	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	17,433,360	17,433,360	0.589233	0.000000	95.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	220,698,695	204,729,999	425,428,694			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	220,698,695	204,729,999	425,428,694			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/19/2021 3:36 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212476		50.00
50.01	05001	ENDOSCOPY	0.287748		50.01
51.00	05100	RECOVERY ROOM	0.405870		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.818980		52.00
53.00	05300	ANESTHESIOLOGY	0.028535		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.533242		54.00
54.01	03630	ULTRASOUND	0.169568		54.01
54.02	03440	MAMMOGRAPHY	0.412262		54.02
56.00	05600	RADIOISOTOPE	0.165117		56.00
57.00	05700	CT SCAN	0.040453		57.00
58.00	05800	MRI	0.081271		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093385		59.00
60.00	06000	LABORATORY	0.116569		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.270850		63.00
64.00	06400	INTRAVENOUS THERAPY	0.421997		64.00
65.00	06500	RESPIRATORY THERAPY	0.156052		65.00
66.00	06600	PHYSICAL THERAPY	0.130604		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.093297		67.00
68.00	06800	SPEECH PATHOLOGY	0.110507		68.00
69.01	03140	CARDIOLOGY	0.123251		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258241		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231331		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146419		73.00
76.97	07697	CARDIAC REHABILITATION	1.099117		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.191615		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.554467		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.589233		95.00
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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,368,695		20,368,695	0	20,368,695	30.00
31.00	03100	INTENSIVE CARE UNIT	5,506,554		5,506,554	0	5,506,554	31.00
41.00	04100	SUBPROVIDER - IRF	7,720,033		7,720,033	0	7,720,033	41.00
43.00	04300	NURSERY	1,317,447		1,317,447	0	1,317,447	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,784,745		9,784,745	0	9,784,745	50.00
50.01	05001	ENDOSCOPY	473,786		473,786	0	473,786	50.01
51.00	05100	RECOVERY ROOM	771,715		771,715	0	771,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,324,099		3,324,099	0	3,324,099	52.00
53.00	05300	ANESTHESIOLOGY	500,665		500,665	0	500,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,785,826		2,785,826	0	2,785,826	54.00
54.01	03630	ULTRASOUND	634,019		634,019	0	634,019	54.01
54.02	03440	MAMMOGRAPHY	324,022		324,022	0	324,022	54.02
56.00	05600	RADIOISOTOPE	460,636		460,636	0	460,636	56.00
57.00	05700	CT SCAN	970,270		970,270	0	970,270	57.00
58.00	05800	MRI	357,329		357,329	0	357,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,233,802		3,233,802	0	3,233,802	59.00
60.00	06000	LABORATORY	6,030,672		6,030,672	0	6,030,672	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	330,732		330,732	0	330,732	63.00
64.00	06400	INTRAVENOUS THERAPY	400,816		400,816	0	400,816	64.00
65.00	06500	RESPIRATORY THERAPY	2,199,102	0	2,199,102	0	2,199,102	65.00
66.00	06600	PHYSICAL THERAPY	814,930	0	814,930	0	814,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	436,525	0	436,525	0	436,525	67.00
68.00	06800	SPEECH PATHOLOGY	102,280	0	102,280	0	102,280	68.00
69.01	03140	CARDIOLOGY	1,508,562		1,508,562	0	1,508,562	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,511,994		3,511,994	0	3,511,994	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,172,141		4,172,141	0	4,172,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,058,522		6,058,522	0	6,058,522	73.00
76.97	07697	CARDIAC REHABILITATION	759,147		759,147	0	759,147	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,900,342		6,900,342	0	6,900,342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,509,824		2,509,824	0	2,509,824	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,272,318		10,272,318	0	10,272,318	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	104,541,550	0	104,541,550	0	104,541,550	200.00
201.00		Less Observation Beds	2,509,824		2,509,824		2,509,824	201.00
202.00		Total (see instructions)	102,031,726	0	102,031,726	0	102,031,726	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0113		Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 3/19/2021 3:36 pm	
				Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,074,239		38,074,239			30.00
31.00	03100	INTENSIVE CARE UNIT	7,930,491		7,930,491			31.00
41.00	04100	SUBPROVIDER - IRF	6,264,693		6,264,693			41.00
43.00	04300	NURSERY	2,649,701		2,649,701			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,737,966	28,312,990	46,050,956	0.212476	0.000000	50.00
50.01	05001	ENDOSCOPY	460,791	1,185,742	1,646,533	0.287748	0.000000	50.01
51.00	05100	RECOVERY ROOM	780,581	1,120,802	1,901,383	0.405870	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,041,689	17,140	4,058,829	0.818980	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,093,598	9,452,054	17,545,652	0.028535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,073,204	3,151,110	5,224,314	0.533242	0.000000	54.00
54.01	03630	ULTRASOUND	1,635,306	2,103,722	3,739,028	0.169568	0.000000	54.01
54.02	03440	MAMMOGRAPHY	730	785,231	785,961	0.412262	0.000000	54.02
56.00	05600	RADIOISOTOPE	896,063	1,893,695	2,789,758	0.165117	0.000000	56.00
57.00	05700	CT SCAN	7,291,270	16,693,915	23,985,185	0.040453	0.000000	57.00
58.00	05800	MRI	1,859,187	2,537,591	4,396,778	0.081271	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,579,025	18,049,524	34,628,549	0.093385	0.000000	59.00
60.00	06000	LABORATORY	23,630,645	28,104,150	51,734,795	0.116569	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	645,183	575,905	1,221,088	0.270850	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	183,415	766,393	949,808	0.421997	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,841,721	1,250,397	14,092,118	0.156052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,669,975	1,569,731	6,239,706	0.130604	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,132,310	546,543	4,678,853	0.093297	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	843,766	81,786	925,552	0.110507	0.000000	68.00
69.01	03140	CARDIOLOGY	5,850,505	6,389,263	12,239,768	0.123251	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,873,911	6,725,771	13,599,682	0.258241	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,210,244	8,825,143	18,035,387	0.231331	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,078,477	15,299,393	41,377,870	0.146419	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	272,868	417,820	690,688	1.099117	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,793,690	28,217,730	36,011,420	0.191615	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,303,451	3,223,098	4,526,549	0.554467	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	17,433,360	17,433,360	0.589233	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	220,698,695	204,729,999	425,428,694			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	220,698,695	204,729,999	425,428,694			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part I Date/Time Prepared: 3/19/2021 3:36 pm		
				Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,871,074	0	1,871,074	16,004	116.91	30.00	
31.00	INTENSIVE CARE UNIT	449,434		449,434	1,355	331.69	31.00	
41.00	SUBPROVIDER - IRF	663,836	0	663,836	4,452	149.11	41.00	
43.00	NURSERY	109,550		109,550	949	115.44	43.00	
200.00	Total (lines 30 through 199)	3,093,894		3,093,894	22,760		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	3,925	458,872					30.00
31.00	INTENSIVE CARE UNIT	686	227,539					31.00
41.00	SUBPROVIDER - IRF	2,560	381,722					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	7,171	1,068,133					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/19/2021 3:36 pm

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)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,514,351	46,050,956	0.032884	5,032,798	165,499	50.00
50.01	05001	ENDOSCOPY	102,889	1,646,533	0.062488	227,225	14,199	50.01
51.00	05100	RECOVERY ROOM	81,692	1,901,383	0.042965	266,218	11,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,214	4,058,829	0.127676	0	0	52.00
53.00	05300	ANESTHESIOLOGY	85,351	17,545,652	0.004865	2,108,659	10,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	309,906	5,224,314	0.059320	787,613	46,721	54.00
54.01	03630	ULTRASOUND	56,318	3,739,028	0.015062	547,782	8,251	54.01
54.02	03440	MAMMOGRAPHY	72,318	785,961	0.092012	0	0	54.02
56.00	05600	RADIOISOTOPE	39,700	2,789,758	0.014231	485,847	6,914	56.00
57.00	05700	CT SCAN	90,652	23,985,185	0.003779	2,784,078	10,521	57.00
58.00	05800	MRI	69,970	4,396,778	0.015914	743,057	11,825	58.00
59.00	05900	CARDIAC CATHETERIZATION	598,644	34,628,549	0.017288	6,367,877	110,088	59.00
60.00	06000	LABORATORY	401,386	51,734,795	0.007759	7,894,453	61,253	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,167	1,221,088	0.009964	243,560	2,427	63.00
64.00	06400	INTRAVENOUS THERAPY	17,103	949,808	0.018007	31,561	568	64.00
65.00	06500	RESPIRATORY THERAPY	141,046	14,092,118	0.010009	3,681,305	36,846	65.00
66.00	06600	PHYSICAL THERAPY	83,170	6,239,706	0.013329	636,631	8,486	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,593	4,678,853	0.010813	429,268	4,642	67.00
68.00	06800	SPEECH PATHOLOGY	6,667	925,552	0.007203	116,771	841	68.00
69.01	03140	CARDIOLOGY	166,588	12,239,768	0.013610	2,315,042	31,508	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	195,343	13,599,682	0.014364	2,928,887	42,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	227,908	18,035,387	0.012637	3,069,763	38,793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	311,717	41,377,870	0.007533	7,213,982	54,343	73.00
76.97	07697	CARDIAC REHABILITATION	79,511	690,688	0.115119	78,918	9,085	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	528,862	36,011,420	0.014686	2,872,683	42,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	230,552	4,526,549	0.050933	541,101	27,560	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,992,618	353,076,210		51,405,079	756,326	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/19/2021 3:36 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
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
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	16,004	0.00	3,925	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	1,355	0.00	686	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	4,452	0.00	2,560	41.00	
43.00	04300	NURSERY		0	0	949	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	0	22,760		7,171	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
41.00	04100	SUBPROVIDER - IRF		0						41.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 3:36 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
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
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
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 14-0113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 3:36 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	46,050,956	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	1,646,533	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	1,901,383	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,058,829	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	17,545,652	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,224,314	0.000000	54.00
54.01	03630	ULTRASOUND		0	0	0	3,739,028	0.000000	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	785,961	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	2,789,758	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	23,985,185	0.000000	57.00
58.00	05800	MRI		0	0	0	4,396,778	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	34,628,549	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	51,734,795	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	1,221,088	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	949,808	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	14,092,118	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	6,239,706	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,678,853	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	925,552	0.000000	68.00
69.01	03140	CARDIOLOGY		0	0	0	12,239,768	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	13,599,682	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	18,035,387	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	41,377,870	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	690,688	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	36,011,420	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	4,526,549	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	353,076,210		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,032,798	0	5,717,217	0	50.00
50.01	05001	ENDOSCOPY	0.000000	227,225	0	274,444	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	266,218	0	195,005	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,108,659	0	1,845,051	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	787,613	0	545,311	0	54.00
54.01	03630	ULTRASOUND	0.000000	547,782	0	272,800	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	485,847	0	459,669	0	56.00
57.00	05700	CT SCAN	0.000000	2,784,078	0	2,943,598	0	57.00
58.00	05800	MRI	0.000000	743,057	0	280,223	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,367,877	0	5,738,463	0	59.00
60.00	06000	LABORATORY	0.000000	7,894,453	0	5,237,721	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	243,560	0	330,549	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	31,561	0	384,462	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,681,305	0	228,532	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	636,631	0	5,922	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	429,268	0	4,565	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	116,771	0	4,752	0	68.00
69.01	03140	CARDIOLOGY	0.000000	2,315,042	0	1,376,315	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,928,887	0	2,235,032	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,069,763	0	3,158,353	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,213,982	0	3,790,938	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	78,918	0	133,419	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	2,872,683	0	4,465,353	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	541,101	0	435,224	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		51,405,079	0	40,062,918	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 3/19/2021 3:36 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		0.212476	5,717,217	0	0	1,214,771	50.00
50.01	05001	ENDOSCOPY		0.287748	274,444	0	0	78,971	50.01
51.00	05100	RECOVERY ROOM		0.405870	195,005	0	0	79,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.818980	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.028535	1,845,051	0	0	52,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.533242	545,311	0	0	290,783	54.00
54.01	03630	ULTRASOUND		0.169568	272,800	0	0	46,258	54.01
54.02	03440	MAMMOGRAPHY		0.412262	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0.165117	459,669	0	0	75,899	56.00
57.00	05700	CT SCAN		0.040453	2,943,598	0	0	119,077	57.00
58.00	05800	MRI		0.081271	280,223	0	0	22,774	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.093385	5,738,463	0	0	535,886	59.00
60.00	06000	LABORATORY		0.116569	5,237,721	1,500	0	610,556	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.270850	330,549	0	0	89,529	63.00
64.00	06400	INTRAVENOUS THERAPY		0.421997	384,462	0	0	162,242	64.00
65.00	06500	RESPIRATORY THERAPY		0.156052	228,532	0	0	35,663	65.00
66.00	06600	PHYSICAL THERAPY		0.130604	5,922	0	0	773	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.093297	4,565	0	0	426	67.00
68.00	06800	SPEECH PATHOLOGY		0.110507	4,752	0	0	525	68.00
69.01	03140	CARDIOLOGY		0.123251	1,376,315	0	0	169,632	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.258241	2,235,032	0	0	577,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.231331	3,158,353	0	0	730,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.146419	3,790,938	0	86,609	555,065	73.00
76.97	07697	CARDIAC REHABILITATION		1.099117	133,419	0	0	146,643	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.191615	4,465,353	0	0	855,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.554467	435,224	0	0	241,317	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.589233		0			95.00
200.00		Subtotal (see instructions)			40,062,918	1,500	86,609	6,692,017	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			40,062,918	1,500	86,609	6,692,017	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/19/2021 3:36 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
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	175	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	03140	CARDIOLOGY	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,681		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	175	12,681		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	175	12,681		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Prepared: 3/19/2021 3:36 pm		
				Component CCN: 14-T113				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,514,351	46,050,956	0.032884	13,173	433	50.00
50.01	05001	ENDOSCOPY	102,889	1,646,533	0.062488	0	0	50.01
51.00	05100	RECOVERY ROOM	81,692	1,901,383	0.042965	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,214	4,058,829	0.127676	0	0	52.00
53.00	05300	ANESTHESIOLOGY	85,351	17,545,652	0.004865	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	309,906	5,224,314	0.059320	74,201	4,402	54.00
54.01	03630	ULTRASOUND	56,318	3,739,028	0.015062	62,114	936	54.01
54.02	03440	MAMMOGRAPHY	72,318	785,961	0.092012	0	0	54.02
56.00	05600	RADIOISOTOPE	39,700	2,789,758	0.014231	3,881	55	56.00
57.00	05700	CT SCAN	90,652	23,985,185	0.003779	135,473	512	57.00
58.00	05800	MRI	69,970	4,396,778	0.015914	80,937	1,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	598,644	34,628,549	0.017288	18,192	315	59.00
60.00	06000	LABORATORY	401,386	51,734,795	0.007759	1,065,986	8,271	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,167	1,221,088	0.009964	22,939	229	63.00
64.00	06400	INTRAVENOUS THERAPY	17,103	949,808	0.018007	28,842	519	64.00
65.00	06500	RESPIRATORY THERAPY	141,046	14,092,118	0.010009	640,896	6,415	65.00
66.00	06600	PHYSICAL THERAPY	83,170	6,239,706	0.013329	1,834,445	24,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,593	4,678,853	0.010813	1,769,703	19,136	67.00
68.00	06800	SPEECH PATHOLOGY	6,667	925,552	0.007203	334,370	2,408	68.00
69.01	03140	CARDIOLOGY	166,588	12,239,768	0.013610	35,116	478	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	195,343	13,599,682	0.014364	795	11	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	227,908	18,035,387	0.012637	23,803	301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	311,717	41,377,870	0.007533	1,681,588	12,667	73.00
76.97	07697	CARDIAC REHABILITATION	79,511	690,688	0.115119	51	6	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	528,862	36,011,420	0.014686	4,904	72	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,526,549	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,762,066	353,076,210		7,831,409	82,905	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 3:36 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY		0	0	0	0	0	50.01
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
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0113 Component CCN: 14-T113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 3:36 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,050,956	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	1,646,533	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,901,383	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,058,829	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,545,652	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,224,314	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	3,739,028	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	785,961	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	2,789,758	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	23,985,185	0.000000	57.00
58.00	05800	MRI	0	0	0	4,396,778	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,628,549	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	51,734,795	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,221,088	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	949,808	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,092,118	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,239,706	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,678,853	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	925,552	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	12,239,768	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,599,682	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,035,387	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	41,377,870	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	690,688	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	36,011,420	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,526,549	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	353,076,210		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/19/2021 3:36 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	13,173	0	0	0	50.00
50.01	05001	ENDOSCOPY		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	74,201	0	0	0	54.00
54.01	03630	ULTRASOUND		0.000000	62,114	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0.000000	3,881	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	135,473	0	0	0	57.00
58.00	05800	MRI		0.000000	80,937	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	18,192	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	1,065,986	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	22,939	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	28,842	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	640,896	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,834,445	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,769,703	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	334,370	0	0	0	68.00
69.01	03140	CARDIOLOGY		0.000000	35,116	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	795	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	23,803	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,681,588	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION		0.000000	51	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	4,904	0	1,050	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			7,831,409	0	1,050	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 3/19/2021 3:36 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.212476	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.287748	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.405870	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.818980	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028535	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.533242	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0.169568	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.412262	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.165117	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.040453	0	0	0	0	0	57.00
58.00	05800	MRI	0.081271	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093385	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.116569	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.270850	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.421997	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.156052	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.130604	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.093297	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.110507	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0.123251	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258241	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231331	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146419	0	3,458	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	1.099117	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.191615	1,050	0	0	0	201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.554467	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.589233		0				95.00
200.00		Subtotal (see instructions)		1,050	3,458	0	0	201	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,050	3,458	0	0	201	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 3/19/2021 3:36 pm		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	ENDOSCOPY	0	0					50.01
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03630	ULTRASOUND	0	0					54.01
54.02	03440	MAMMOGRAPHY	0	0					54.02
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.01	03140	CARDIOLOGY	0	0					69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	506	0					73.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	506	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	506	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 3:36 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,004	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,004	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)		14,032	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)		3,925	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00	
15.00	Total nursery days (title V or XIX only)		0	15.00	
16.00	Nursery days (title V or XIX only)		0	16.00	
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)		20,368,695	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00	
26.00	Total swing-bed cost (see instructions)		0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		20,368,695	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,368,695	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)		1,272.73	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,995,465	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)		4,995,465	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0113

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 3:36 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	5,506,554	1,355	4,063.88	686	2,787,822
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)					8,119,134
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,902,421
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					686,411
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					756,326
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,442,737
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,459,684
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,972
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,272.73
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,509,824

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0113

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

Worksheet D-1

Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,871,074	20,368,695	0.091860	2,509,824	230,552
91.00	Nursing School cost	0	20,368,695	0.000000	2,509,824	0
92.00	Allied health cost	0	20,368,695	0.000000	2,509,824	0
93.00	All other Medical Education	0	20,368,695	0.000000	2,509,824	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,452	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,452	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)		4,452	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)		2,560	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)		7,720,033	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)		7,720,033	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)		7,720,033	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)		1,734.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,439,194	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)		4,439,194	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 3:36 pm
			Title XVIII	Subprovider - IRF	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)					1,008,850
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,448,044
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					381,722
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					82,905
52.00 Total Program excludable cost (sum of lines 50 and 51)					464,627
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,983,417
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: 14-0113 Component CCN: 14-T113		Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/19/2021 3:36 pm	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	663,836	7,720,033	0.085989	0	0	90.00
91.00	Nursing School cost	0	7,720,033	0.000000	0	0	91.00
92.00	Allied health cost	0	7,720,033	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,720,033	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 3:36 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		10,551,264		30.00
31.00	03100	INTENSIVE CARE UNIT		2,125,565		31.00
41.00	04100	SUBPROVIDER - IRF		942,303		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.212476	5,032,798	1,069,349	50.00
50.01	05001	ENDOSCOPY	0.287748	227,225	65,384	50.01
51.00	05100	RECOVERY ROOM	0.405870	266,218	108,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.818980	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028535	2,108,659	60,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.533242	787,613	419,988	54.00
54.01	03630	ULTRASOUND	0.169568	547,782	92,886	54.01
54.02	03440	MAMMOGRAPHY	0.412262	0	0	54.02
56.00	05600	RADIOISOTOPE	0.165117	485,847	80,222	56.00
57.00	05700	CT SCAN	0.040453	2,784,078	112,624	57.00
58.00	05800	MRI	0.081271	743,057	60,389	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093385	6,367,877	594,664	59.00
60.00	06000	LABORATORY	0.116569	7,894,453	920,248	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.270850	243,560	65,968	63.00
64.00	06400	INTRAVENOUS THERAPY	0.421997	31,561	13,319	64.00
65.00	06500	RESPIRATORY THERAPY	0.156052	3,681,305	574,475	65.00
66.00	06600	PHYSICAL THERAPY	0.130604	636,631	83,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.093297	429,268	40,049	67.00
68.00	06800	SPEECH PATHOLOGY	0.110507	116,771	12,904	68.00
69.01	03140	CARDIOLOGY	0.123251	2,315,042	285,331	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258241	2,928,887	756,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231331	3,069,763	710,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146419	7,213,982	1,056,264	73.00
76.97	07697	CARDIAC REHABILITATION	1.099117	78,918	86,740	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.191615	2,872,683	550,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.554467	541,101	300,023	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		51,405,079	8,119,134	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)		51,405,079		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/19/2021 3:36 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		3,598,225		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212476	13,173	2,799	50.00
50.01	05001 ENDOSCOPY	0.287748	0	0	50.01
51.00	05100 RECOVERY ROOM	0.405870	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.818980	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028535	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.533242	74,201	39,567	54.00
54.01	03630 ULTRASOUND	0.169568	62,114	10,533	54.01
54.02	03440 MAMMOGRAPHY	0.412262	0	0	54.02
56.00	05600 RADIOISOTOPE	0.165117	3,881	641	56.00
57.00	05700 CT SCAN	0.040453	135,473	5,480	57.00
58.00	05800 MRI	0.081271	80,937	6,578	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093385	18,192	1,699	59.00
60.00	06000 LABORATORY	0.116569	1,065,986	124,261	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.270850	22,939	6,213	63.00
64.00	06400 INTRAVENOUS THERAPY	0.421997	28,842	12,171	64.00
65.00	06500 RESPIRATORY THERAPY	0.156052	640,896	100,013	65.00
66.00	06600 PHYSICAL THERAPY	0.130604	1,834,445	239,586	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.093297	1,769,703	165,108	67.00
68.00	06800 SPEECH PATHOLOGY	0.110507	334,370	36,950	68.00
69.01	03140 CARDIOLOGY	0.123251	35,116	4,328	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.258241	795	205	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.231331	23,803	5,506	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146419	1,681,588	246,216	73.00
76.97	07697 CARDIAC REHABILITATION	1.099117	51	56	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.191615	4,904	940	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.554467	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,831,409	1,008,850	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)		7,831,409		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 3:36 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)			10,615,295	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			68,090	2.04
3.00	Managed Care Simulated Payments			6,610,860	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			173.61	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)			9.59	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)			0.09	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).			-0.50	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)			9.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			7.55	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)			7.55	12.00
13.00	Total allowable FTE count for the prior year.			8.29	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.			6.02	14.00
15.00	Sum of lines 12 through 14 divided by 3.			7.29	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			7.29	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.041991	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.046683	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.041991	21.00
22.00	IME payment adjustment (see instructions)			240,744	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			149,928	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) .			1.19	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-1.45	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)			240,744	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			149,928	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)			25.78	31.00
32.00	Sum of lines 30 and 31			32.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)			16.13	33.00
34.00	Disproportionate share adjustment (see instructions)			428,062	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 3:36 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	8,350,599,097
35.01	Factor 3 (see instructions)	0.000000000	0.000212566	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,775,053
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,775,053
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,775,053	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)	13,127,244		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		13,277,172	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		893,781	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		313,416	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		14,484,369	
60.00	Primary payer payments		0	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,484,369	
62.00	Deductibles billed to program beneficiaries		1,107,568	
63.00	Coinsurance billed to program beneficiaries		40,898	
64.00	Allowable bad debts (see instructions)		274,664	
65.00	Adjusted reimbursable bad debts (see instructions)		178,532	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		188,913	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,514,435	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-3,612	
70.94	HRR adjustment amount (see instructions)		-145,430	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,365,393	71.00
71.01	Sequestration adjustment (see instructions)		155,039	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		12,397,604	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)		812,750	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		419,103	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: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,856	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,692,017	2.00
3.00	OPPS payments		4,940,995	3.00
4.00	Outlier payment (see instructions)		32,644	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)		12,856	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		88,109	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)		88,109	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)		88,109	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75,253	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)		12,856	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)		4,973,639	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)		854,352	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)		4,132,143	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		98,435	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)		4,230,578	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,230,578	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)		129,524	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		84,191	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		90,054	36.00
37.00	Subtotal (see instructions)		4,314,769	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)		4,314,769	40.00
40.01	Sequestration adjustment (see instructions)		50,051	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		4,301,544	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)		-36,826	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		506	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		201	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		506	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,458	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)		3,458	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,458	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,952	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)		506	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		506	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)		506	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		506	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		506	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		506	40.00
40.01	Sequestration adjustment (see instructions)		6	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		343	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)		157	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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/19/2021 3:36 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,397,604		4,301,544	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,397,604		4,301,544	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		812,750		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		36,826	6.02	
7.00	Total Medicare program liability (see instructions)		13,210,354		4,264,718	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: 14-0113

Period:

Worksheet E-1

Component CCN: 14-T113

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/19/2021 3:36 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,429,544		343	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)		4,429,544		343	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		157	6.01
6.02	SETTLEMENT TO PROGRAM		52,532		0	6.02
7.00	Total Medicare program liability (see instructions)		4,377,012		500	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: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/19/2021 3:36 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: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part I Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		0	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		0	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		0	6.00
7.00	Deductibles		0	7.00
8.00	Subtotal (line 6 minus line 7)		0	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		0	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		0	18.00
18.01	Sequestration adjustment (see instructions)		0	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		0	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		0	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part III Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,081,232 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0228 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			159,984 3.00
4.00	Outlier Payments			229,900 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.163934 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,471,116 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,471,116 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,471,116 19.00
20.00	Deductibles			28,072 20.00
21.00	Subtotal (line 19 minus line 20)			4,443,044 21.00
22.00	Coinurance			14,663 22.00
23.00	Subtotal (line 21 minus line 22)			4,428,381 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,428,381 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,428,381 32.00
32.01	Sequestration adjustment (see instructions)			51,369 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,429,544 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-52,532 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			55,136 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			229,900 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113		Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 3/19/2021 3:36 pm	
		Title XVIII		Hospital	PPS	
					1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT						
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.				8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				-0.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)				8.20	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				7.55	6.00
7.00	Enter the lesser of line 5 or line 6				7.55	7.00
		Primary Care	Other	Total		
		1.00	2.00	3.00		
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	5.23	2.32	7.55		8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	5.23	2.32	7.55		9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01
11.00	Total weighted FTE count	5.23	2.32			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.85	2.44			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	4.14	1.80			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.07	2.19			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01
17.00	Adjusted rolling average FTE count	5.07	2.19			17.00
18.00	Per resident amount	107,605.02	101,892.47			18.00
19.00	Approved amount for resident costs	545,557	223,145	768,702		19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				1.99	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)				0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)				0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)				106,118.75	23.00
24.00	Multiply line 22 time line 23				0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)				768,702	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions)	7,171	3,817	0		26.00
27.00	Total Inpatient Days (see instructions)	20,010	20,010	20,010		27.00
28.00	Ratio of inpatient days to total inpatient days	0.358371	0.190755	0.000000		28.00
29.00	Program direct GME amount	275,481	146,634	0	422,115	29.00
29.01	Percent reduction for MA DGME		7.00	7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		10,264	0	10,264	30.00
31.00	Net Program direct GME amount				411,851	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 3/19/2021 3:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			21,350,465	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			21,350,465	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			6,705,580	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			6,705,580	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			28,056,045	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.760993	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.239007	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			411,851	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			313,416	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			98,435	50.00

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

Provider CCN: 14-0113

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

Worksheet G

Date/Time Prepared:
3/19/2021 3:36 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	2,266,776	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	69,637,229	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-55,871,773	0	0	0	6.00
7.00	Inventory	3,009,674	0	0	0	7.00
8.00	Prepaid expenses	319,635	0	0	0	8.00
9.00	Other current assets	967,755	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)	20,329,296	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,389,900	0	0	0	12.00
13.00	Land improvements	1,647,000	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	57,970,783	0	0	0	15.00
16.00	Accumulated depreciation	-8,882,948	0	0	0	16.00
17.00	Leasehold improvements	183,500	0	0	0	17.00
18.00	Accumulated depreciation	-568,214	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	23,248,667	0	0	0	23.00
24.00	Accumulated depreciation	-8,676,026	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	1,522,047	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	82,834,709	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,422,851	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	7,588,155	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,011,006	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	112,175,011	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,204,157	0	0	0	37.00
38.00	Salaries, wages, and fees payable	53,808	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	36,972,992	0	0	0	40.00
41.00	Deferred income	364,749	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	67,194	0	0	0	43.00
44.00	Other current liabilities	18,479,530	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	60,142,430	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	3,913,190	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,913,190	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	64,055,620	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	48,119,391	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)	48,119,391	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	112,175,011	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0113

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

Worksheet G-1

Date/Time Prepared:
3/19/2021 3:36 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		76,094,758		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-26,789,970				2.00
3.00	Total (sum of line 1 and line 2)		49,304,788		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		49,304,788		0		11.00
12.00	CHANGE IN NET ASSETS	1,185,397		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,185,397		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		48,119,391		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			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	CHANGE IN NET ASSETS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0113

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/19/2021 3:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	38,074,239		38,074,239	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,264,693		6,264,693	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	44,338,932		44,338,932	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,930,491		7,930,491	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,930,491		7,930,491	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,269,423		52,269,423	17.00
18.00	Ancillary services	160,956,054	155,904,444	316,860,498	18.00
19.00	Outpatient services	9,097,141	31,440,828	40,537,969	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	0	17,433,360	17,433,360	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	121,046	1,050	122,096	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	222,443,664	204,779,682	427,223,346	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		126,522,298		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)		126,522,298		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0113

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

Worksheet G-3

Date/Time Prepared:
3/19/2021 3:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	427,223,346	1.00
2.00	Less contractual allowances and discounts on patients' accounts	330,562,029	2.00
3.00	Net patient revenues (line 1 minus line 2)	96,661,317	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	126,522,298	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-29,860,981	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	38,899	6.00
7.00	Income from investments	54,434	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	265,003	14.00
15.00	Revenue from rental of living quarters	53,611	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	20,670	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	1,575,024	24.00
24.50	COVID-19 PHE Funding	10,461,844	24.50
25.00	Total other income (sum of lines 6-24)	12,469,485	25.00
26.00	Total (line 5 plus line 25)	-17,391,496	26.00
27.00	TAXES	267,936	27.00
27.01	EQUITY TRANSFER	9,130,538	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	9,398,474	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-26,789,970	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0113	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/19/2021 3:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		839,623	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		12,513	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)		42.51	3.00
4.00	Number of interns & residents (see instructions)		7.29	4.00
5.00	Indirect medical education percentage (see instructions)		4.96	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)		41,645	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)		893,781	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