

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: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/8/2021 12:42 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 4/8/2021	Time: 12:42 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISH COVENANT HEALTH (14-0114) 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	149,070	-103,759	0	0	1.00
2.00	Subprovider - IPF	0	56,893	70		0	2.00
3.00	Subprovider - IRF	0	47,293	2,335		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	11,219	-1,325		0	7.00
200.00	Total	0	264,475	-102,679	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: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/8/2021 12:42 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5145 NORTH CALIFORNIA AVENUE			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60625		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			SWEDISH COVENANT HEALTH	140114	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			SCH PSYCHIATRIC UNIT	14S114	16974	4	02/01/1989	N	P	O	4.00
5.00	Subprovider - IRF			SCH REHABILITATION UNIT	14T114	16974	5	02/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF			SWEDISH COVENANT SKILLED CARE	145573	16974		04/22/1987	N	P	N	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019	09/30/2020		20.00		
21.00	Type of Control (see instructions)						1			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
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.	5,798	1,729	0	0	8,916	0	24.00
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.	313	76	0	0	476		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/8/2021 12:42 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/8/2021 12:42 pm	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00	
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00	
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.00	0.000000		67.00
67.01		INTERNAL MEDICINE	3900	0.00	0.00	0.000000		67.01

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	N		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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	N		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	N		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	N		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/8/2021 12:42 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			910,398	0	0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/8/2021 12:42 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H042		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COVENANT MINISTRIES OF BENEVOLENCE	Contractor's Name: WPS		Contractor's Number: 06101		141.00	
142.00	Street: 5145 N. CALIFORNIA AVENUE	PO Box:				142.00	
143.00	City: CITY: CHICAGO	State: IL		Zip Code: 60625		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.	Y		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.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
161.20	OUTPATIENT PHYSICAL THERAPY			N		N	
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N		N	
161.40	OUTPATIENT SPEECH PATHOLOGY			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	
		0		1.00		2.00	
				Zip Code		CBSA	
				3.00		4.00	
						FTE/Campus	
						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)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/8/2021 12:42 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 4/8/2021 12:42 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		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.			Y			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.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			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	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	02/17/2021	Y	02/17/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/8/2021 12:42 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNY	DABROWSKI		41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT GROUP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-522-3716	JENNY.DABROWSKI@SRGROUPPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	30.00	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)		188	68,808	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)		188	68,808	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
8.01 SPECIAL CARE NURSERY	31.01	10	3,660	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		216	79,056	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	31	11,346		0	16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,150		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	18	11,794		0	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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		290				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/8/2021 12:42 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)	11,665	4,883	38,586			1.00
2.00	HMO and other (see instructions)	6,677	8,916				2.00
3.00	HMO IPF Subprovider	175	2,358				3.00
4.00	HMO IRF Subprovider	617	476				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)	11,665	4,883	38,586			7.00
8.00	INTENSIVE CARE UNIT	1,238	454	3,438			8.00
8.01	SPECIAL CARE NURSERY	0	0	923			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,936	3,999			13.00
14.00	Total (see instructions)	12,903	7,273	46,946	63.85	1,576.34	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,677	1,555	6,856	0.00	27.87	16.00
17.00	SUBPROVIDER - IRF	1,370	389	3,293	0.00	16.99	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,592	0	2,682	0.00	10.91	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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				63.85	1,632.11	27.00
28.00	Observation Bed Days		0	5,519			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	254	690			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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/8/2021 12:42 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	2,799	1,086	10,211	1.00
2.00 HMO and other (see instructions)			1,331	1,771		2.00
3.00 HMO IPF Subprovider				369		3.00
4.00 HMO IRF Subprovider				38		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 SPECIAL CARE NURSERY						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,799	1,086	10,211	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	180	203	1,002	16.00
17.00 SUBPROVIDER - IRF	0.00	0	113	26	257	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/8/2021 12:42 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	116,565,494	-2,043,015	114,522,479	3,407,850.27	33.61
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		568,335	0	568,335	5,346.00	106.31
4.01	Physicians - Part A - Teaching		697,909	0	697,909	6,126.00	113.93
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	4,160,021	-87,256	4,072,765	131,032.04	31.08
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	711,605	5,500	717,105	22,785.62	31.47
10.00	Excluded area salaries (see instructions)		5,694,737	690,144	6,384,881	219,352.00	29.11
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,243,405	0	3,243,405	27,549.48	117.73
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		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
14.02	Related organization salaries		195,630	0	195,630	1,292.60	151.35
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)		19,252,932	0	19,252,932		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,467,395	0	1,467,395		
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		60,993	0	60,993		
22.01	Physician Part A - Teaching		73,134	0	73,134		
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)		810,026	0	810,026		
25.50	Home office wage-related (core)		28,174	0	28,174		
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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/8/2021 12:42 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	1,973,980	0	1,973,980	65,376.05	30.19	26.00
27.00	Administrative & General	5.00	30,510,580	-2,406,901	28,103,679	579,208.72	48.52	27.00
28.00	Administrative & General under contract (see inst.)		211,961	0	211,961	708.55	299.15	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,487,578	0	2,487,578	83,752.18	29.70	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,332,699	55,250	2,387,949	136,586.48	17.48	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	317,495	-127,274	190,221	7,365.68	25.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	127,274	127,274	4,272.87	29.79	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,429,931	-465,852	964,079	17,554.67	54.92	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,305,199	750	2,305,949	51,975.07	44.37	40.00
41.00	Medical Records & Medical Records Library	16.00	1,336,231	0	1,336,231	45,137.13	29.60	41.00
42.00	Social Service	17.00	497,475	0	497,475	14,389.10	34.57	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/8/2021 12:42 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)	111,919,525	-1,955,759	109,963,766	3,271,400.78	33.61	1.00
2.00	Excluded area salaries (see instructions)	6,406,342	695,644	7,101,986	242,137.62	29.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,513,183	-2,651,403	102,861,780	3,029,263.16	33.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,439,035	0	3,439,035	28,842.08	119.24	4.00
5.00	Subtotal wage-related costs (see inst.)	19,342,099	0	19,342,099	0.00	18.80	5.00
6.00	Total (sum of lines 3 thru 5)	128,294,317	-2,651,403	125,642,914	3,058,105.24	41.09	6.00
7.00	Total overhead cost (see instructions)	43,403,129	-2,816,753	40,586,376	1,006,326.50	40.33	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,259,738	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)	10,331,942	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	771,773	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	252,342	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)	156,504	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	438,778	14.00
15.00	'Workers' Compensation Insurance	90,491	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	7,957,677	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	91,537	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	313,698	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,664,480	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: 14-0114

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 4/8/2021 12:42 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	3,243,405	21,664,480	1.00
2.00	Hospital	3,243,405	21,137,462	2.00
3.00	Subprovider - IPF	0	142,089	3.00
4.00	Subprovider - IRF	0	94,379	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	0	64,355	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	226,195	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0114

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

Worksheet S-10

Date/Time Prepared:
4/8/2021 12:42 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)		0.198891	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		35,739,331	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		64,670,631	6.00
7.00	Medicaid cost (line 1 times line 6)		12,862,406	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)		0	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)		0	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)	47,089,448	600,485	47,689,933
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,365,667	600,485	9,966,152
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	9,365,667	600,485	9,966,152
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,333,537	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,253,204	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,928,005	27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,405,532	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,346,586	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,312,738	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,312,738	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

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

Worksheet A

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	8,551,704	8,551,704	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,518,061	9,518,061	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,973,980	1,444,577	3,418,557	14,368,496	17,787,053	4.00
5.01	00540	NON-PATIENT PHONES	189,448	168,925	358,373	0	358,373	5.01
5.03	00560	PURCHASING	1,276,532	718,546	1,995,078	250	1,995,328	5.03
5.04	00570	ADMITTING	2,062,856	392,377	2,455,233	30,750	2,485,983	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,274,197	2,545,350	3,819,547	0	3,819,547	5.05
5.06	00590	ADMINISTRATION & GENERAL	25,707,547	80,387,788	106,095,335	-33,804,431	72,290,904	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,487,578	7,628,213	10,115,791	22,023	10,137,814	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,106,714	1,106,714	0	1,106,714	8.00
9.00	00900	HOUSEKEEPING	2,332,699	827,281	3,159,980	55,250	3,215,230	9.00
10.00	01000	DIETARY	317,495	3,375,532	3,693,027	-1,370,014	2,323,013	10.00
11.00	01100	CAFETERIA	0	0	0	1,370,014	1,370,014	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,429,931	335,621	1,765,552	17,250	1,782,802	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	2,305,199	16,070,082	18,375,281	-15,170,668	3,204,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,336,231	725,877	2,062,108	0	2,062,108	16.00
17.00	01700	SOCIAL SERVICE	497,475	93,193	590,668	0	590,668	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,160,021	809,602	4,969,623	-87,256	4,882,367	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,456,564	584,755	2,041,319	87,256	2,128,575	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	403,870	26,741	430,611	0	430,611	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,796,733	7,424,170	29,220,903	-8,371,179	20,849,724	30.00
31.00	03100	INTENSIVE CARE UNIT	3,617,391	1,661,993	5,279,384	-426,373	4,853,011	31.00
31.01	02060	SPECIAL CARE NURSERY	472,467	228	472,695	648,584	1,121,279	31.01
40.00	04000	SUBPROVIDER - IPF	1,986,269	173,342	2,159,611	-13,845	2,145,766	40.00
41.00	04100	SUBPROVIDER - IRF	1,189,765	151,308	1,341,073	-17,701	1,323,372	41.00
43.00	04300	NURSERY	0	573,195	573,195	2,924,449	3,497,644	43.00
44.00	04400	SKILLED NURSING FACILITY	711,605	104,787	816,392	-22,458	793,934	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,459,895	13,136,197	18,596,092	-9,917,445	8,678,647	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35	35	3,030,391	3,030,426	52.00
53.00	05300	ANESTHESIOLOGY	31,663	447,363	479,026	-421,406	57,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,603,705	1,115,223	4,718,928	-49,989	4,668,939	54.00
54.02	03480	CANCER TREATMENT CENTER	632,706	206,481	839,187	0	839,187	54.02
54.03	03630	ULTRASOUND	1,355,704	232,443	1,588,147	-86,047	1,502,100	54.03
54.04	05401	SPECIAL PROCEDURES	528,591	1,040,993	1,569,584	-918,687	650,897	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	678,216	246,778	924,994	-88,255	836,739	57.00
58.00	05800	MRI	411,693	123,487	535,180	-26,504	508,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	906,581	4,826,394	5,732,975	-2,396,719	3,336,256	59.00
60.00	06000	LABORATORY	3,680,406	5,674,656	9,355,062	23,000	9,378,062	60.00
60.01	03420	PATHOLOGY	710,337	604,288	1,314,625	0	1,314,625	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	302,760	1,228,934	1,531,694	-976,774	554,920	63.00
65.00	06500	RESPIRATORY THERAPY	1,734,726	745,128	2,479,854	-250,401	2,229,453	65.00
66.01	06601	REHABILITATION MEDICINE	4,179,724	461,900	4,641,624	31,500	4,673,124	66.01
69.00	06900	ELECTROCARDIOLOGY	615,633	349,226	964,859	-38,784	926,075	69.00
69.02	03140	CARDIOLOGY	1,670,936	752,942	2,423,878	23,500	2,447,378	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	556,131	1,253,137	1,809,268	14,420,379	16,229,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,414,813	6,414,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,059,193	15,059,193	73.00
74.00	07400	RENAL DIALYSIS	0	758,654	758,654	0	758,654	74.00
75.00	07500	ASC (NON-DISTINCT PART)	457,661	683,271	1,140,932	-767,591	373,341	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	654,008	270,406	924,414	-154,291	770,123	90.02
90.03	09002	PAIN MANAGEMENT	211,432	169,310	380,742	1,750	382,492	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	125,520	13,281	138,801	0	138,801	90.06
90.07	09003	NILES INFUSION CENTER	1,214,878	435,479	1,650,357	-195,206	1,455,151	90.07
91.00	09100	EMERGENCY	5,741,902	2,240,809	7,982,711	-1,005,816	6,976,895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

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

Worksheet A

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,450,661	164,347,012	278,797,673	20,773	278,818,446	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	8	8	0	8	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	-51,749	805,217	753,468	0	753,468	190.09
190.10	19010	PLAZA	0	122,349	122,349	-22,023	100,326	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	-63,285	23,896	-39,389	0	-39,389	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	32,711	2,883,892	2,916,603	0	2,916,603	190.14
190.15	19001	LIFE CENTER	2,197,156	1,751,693	3,948,849	1,250	3,950,099	190.15
191.01	19101	OCC HEALTH	0	7,915	7,915	0	7,915	191.01
200.00		TOTAL (SUM OF LINES 118 through 199)	116,565,494	169,941,982	286,507,476	0	286,507,476	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

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

Worksheet A

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-594,782	7,956,922	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-393	9,517,668	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-809,205	16,977,848	4.00
5.01	00540	NON-PATIENT PHONES	-177,521	180,852	5.01
5.03	00560	PURCHASING	0	1,995,328	5.03
5.04	00570	ADMITTING	0	2,485,983	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	-31,956	3,787,591	5.05
5.06	00590	ADMINISTRATION & GENERAL	-20,313,467	51,977,437	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,139,381	7,998,433	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,106,714	8.00
9.00	00900	HOUSEKEEPING	0	3,215,230	9.00
10.00	01000	DIETARY	0	2,323,013	10.00
11.00	01100	CAFETERIA	-708,954	661,060	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-511,917	1,270,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	3,204,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-40	2,062,068	16.00
17.00	01700	SOCIAL SERVICE	0	590,668	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-589,793	4,292,574	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,633,273	495,302	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	430,611	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,772,293	19,077,431	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,853,011	31.00
31.01	02060	SPECIAL CARE NURSERY	0	1,121,279	31.01
40.00	04000	SUBPROVIDER - IPF	0	2,145,766	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,323,372	41.00
43.00	04300	NURSERY	-573,192	2,924,452	43.00
44.00	04400	SKILLED NURSING FACILITY	0	793,934	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,006,833	7,671,814	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,030,426	52.00
53.00	05300	ANESTHESIOLOGY	0	57,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-16,318	4,652,621	54.00
54.02	03480	CANCER TREATMENT CENTER	-119,653	719,534	54.02
54.03	03630	ULTRASOUND	0	1,502,100	54.03
54.04	05401	SPECIAL PROCEDURES	-31,219	619,678	54.04
54.05	05402	OP ONCOLOGY	0	0	54.05
57.00	05700	CT SCAN	0	836,739	57.00
58.00	05800	MRI	0	508,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	-50,500	3,285,756	59.00
60.00	06000	LABORATORY	-22,773	9,355,289	60.00
60.01	03420	PATHOLOGY	0	1,314,625	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	554,920	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,229,453	65.00
66.01	06601	REHABILITATION MEDICINE	-9,959	4,663,165	66.01
69.00	06900	ELECTROCARDIOLOGY	-37,101	888,974	69.00
69.02	03140	CARDIOLOGY	-10,350	2,437,028	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,229,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,414,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,059,193	73.00
74.00	07400	RENAL DIALYSIS	0	758,654	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	373,341	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040	FAMILY PRACTICE CLINIC	0	0	90.01
90.02	09001	WOUND CARE	0	770,123	90.02
90.03	09002	PAIN MANAGMENT	0	382,492	90.03
90.05	09004	WOMENS CENTER	0	0	90.05
90.06	09005	DIABETES CENTER	0	138,801	90.06
90.07	09003	NILES INFUSION CENTER	-1,017	1,454,134	90.07
91.00	09100	EMERGENCY	-400,133	6,576,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

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

Worksheet A

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,562,023	247,256,423	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	8	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	190.05
190.07	19007	DENTAL	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	190.08
190.09	19009	OP PHARMACY	0	753,468	190.09
190.10	19010	PLAZA	0	100,326	190.10
190.11	19011	G CAFETERIA	0	0	190.11
190.12	19012	G PHARMACY	0	-39,389	190.12
190.13	19013	G SUITE	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	2,916,603	190.14
190.15	19001	LIFE CENTER	0	3,950,099	190.15
191.01	19101	OCC HEALTH	0	7,915	191.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,562,023	254,945,453	200.00

RECLASSIFICATIONS

Provider CCN: 14-0114

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

Worksheet A-6

Date/Time Prepared:
4/8/2021 12:42 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,856,610		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,497,886		2.00
	TOTALS		0	14,354,496		
	B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,631,148		1.00
	TOTALS		0	3,631,148		
	C - OB DEPT EXPENSES					
1.00	NURSERY	43.00	1,812,322	1,112,127		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,877,976	1,152,415		2.00
3.00	SPECIAL CARE NURSERY	31.01	401,942	246,651		3.00
	TOTALS		4,092,240	2,511,193		
	D - HOSPITAL USE OF PLAZA					
1.00	OPERATION OF PLANT	7.00	0	22,023		1.00
	TOTALS		0	22,023		
	F - DIETARY					
1.00	CAFETERIA	11.00	127,274	1,242,740		1.00
	TOTALS		127,274	1,242,740		
	G - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,368,496		1.00
	TOTALS		0	14,368,496		
	H - COST OF DRUGS SOLD (AC730380)					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,059,193		1.00
	TOTALS		0	15,059,193		
	M - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	63,946		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,175		2.00
	TOTALS		0	84,121		
	N - OUTPATIENT SURG RE OR CASES					
1.00	OPERATING ROOM	50.00	228,420	0		1.00
	TOTALS		228,420	0		
	O - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,420,129		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
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
	TOTALS		0	14,420,129		
	P - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,414,813		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
	TOTALS		0	6,414,813		
	S - MSO TRANSFER					
1.00	ADMINISTRATION & GENERAL	5.06	0	1,240,751		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	32,273		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	885,095		3.00
4.00	OPERATING ROOM	50.00	0	112,479		4.00
5.00	REHABILITATION MEDICINE	66.01	0	29,421		5.00
6.00	CARDIOLOGY	69.02	0	237,746		6.00

RECLASSIFICATIONS

Provider CCN: 14-0114

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

Worksheet A-6

Date/Time Prepared:
4/8/2021 12:42 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	EMERGENCY	91.00	150,688	0	7.00
8.00	OP PHARMACY	190.09	292,385	0	8.00
9.00	G PHARMACY	190.12	365,159	0	9.00
10.00	LIFE CENTER	190.15	600	0	10.00
	TOTALS		808,832	2,537,765	
T - SALARIED TEACHING PHYSICIANS					
1.00	I&R SERVICES-OTHER PRGM	22.00	87,256	0	1.00
	COSTS APPRV				
	TOTALS		87,256	0	
U - SCIS TRANSACTION BONUS					
1.00	ADMINISTRATION & GENERAL	5.06	169,020	0	1.00
	TOTALS		169,020	0	
V - COVID COMM PAY					
1.00	PURCHASING	5.03	250	0	1.00
2.00	ADMITTING	5.04	30,750	0	2.00
3.00	ADMINISTRATION & GENERAL	5.06	6,750	0	3.00
4.00	HOUSEKEEPING	9.00	55,250	0	4.00
5.00	NURSING ADMINISTRATION	13.00	17,250	0	5.00
6.00	PHARMACY	15.00	750	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	635,325	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	107,070	0	8.00
9.00	SUBPROVIDER - IRF	41.00	30,750	0	9.00
10.00	SKILLED NURSING FACILITY	44.00	5,500	0	10.00
11.00	OPERATING ROOM	50.00	37,875	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	30,000	0	12.00
13.00	CT SCAN	57.00	24,000	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	6,250	0	14.00
15.00	LABORATORY	60.00	23,000	0	15.00
16.00	RESPIRATORY THERAPY	65.00	68,500	0	16.00
17.00	REHABILITATION MEDICINE	66.01	31,500	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	1,000	0	18.00
19.00	CARDIOLOGY	69.02	23,500	0	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	250	0	20.00
21.00	ASC (NON-DISTINCT PART)	75.00	7,750	0	21.00
22.00	WOUND CARE	90.02	12,750	0	22.00
23.00	PAIN MANAGMENT	90.03	1,750	0	23.00
24.00	NILES INFUSION CENTER	90.07	1,500	0	24.00
25.00	EMERGENCY	91.00	212,400	0	25.00
26.00	LIFE CENTER	190.15	1,250	0	26.00
	TOTALS		1,372,920	0	
W - PRIVATE DUTY NURSING					
1.00	NURSING ADMINISTRATION	13.00	0	483,102	1.00
	TOTALS		0	483,102	
500.00	Grand Total: Increases		6,885,962	75,129,219	500.00

RECLASSIFICATIONS

Provider CCN: 14-0114

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

Worksheet A-6

Date/Time Prepared:
4/8/2021 12:42 pm

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	ADMINISTRATION & GENERAL	5.06	0	14,354,496	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	14,354,496			
B - INTEREST EXPENSE							
1.00	ADMINISTRATION & GENERAL	5.06	0	3,631,148	11		1.00
	TOTALS		0	3,631,148			
C - OB DEPT EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	4,092,240	2,511,193	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		4,092,240	2,511,193			
D - HOSPITAL USE OF PLAZA							
1.00	PLAZA	190.10	0	22,023	0		1.00
	TOTALS		0	22,023			
F - DIETARY							
1.00	DIETARY	10.00	127,274	1,242,740	0		1.00
	TOTALS		127,274	1,242,740			
G - EMPLOYEE BENEFITS							
1.00	ADMINISTRATION & GENERAL	5.06	0	14,368,496	0		1.00
	TOTALS		0	14,368,496			
H - COST OF DRUGS SOLD (AC730380)							
1.00	PHARMACY	15.00	0	15,059,193	0		1.00
	TOTALS		0	15,059,193			
M - PROPERTY INSURANCE							
1.00	ADMINISTRATION & GENERAL	5.06	0	84,121	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	84,121			
N - OUTPATIENT SURG RE OR CASES							
1.00	ASC (NON-DISTINCT PART)	75.00	228,420	0	0		1.00
	TOTALS		228,420	0			
O - CHARGEABLE MEDICAL SUPPLIES							
1.00	PHARMACY	15.00		112,225	0		1.00
2.00	ADULTS & PEDIATRICS	30.00		2,399,542	0		2.00
3.00	INTENSIVE CARE UNIT	31.00		533,443	0		3.00
4.00	SPECIAL CARE NURSERY	31.01		9	0		4.00
5.00	SUBPROVIDER - IPF	40.00		13,845	0		5.00
6.00	SUBPROVIDER - IRF	41.00		48,451	0		6.00
7.00	SKILLED NURSING FACILITY	44.00		27,958	0		7.00
8.00	OPERATING ROOM	50.00		5,049,704	0		8.00
9.00	ANESTHESIOLOGY	53.00		421,406	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		79,989	0		10.00
11.00	ULTRASOUND	54.03		86,047	0		11.00
12.00	SPECIAL PROCEDURES	54.04		850,853	0		12.00
13.00	CT SCAN	57.00		112,255	0		13.00
14.00	MRI	58.00		26,504	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00		1,266,013	0		15.00
16.00	BLOOD STORING PROCESSING & TRANS.	63.00		976,774	0		16.00
17.00	RESPIRATORY THERAPY	65.00		318,901	0		17.00
18.00	ELECTROCARDIOLOGY	69.00		39,784	0		18.00
20.00	ASC (NON-DISTINCT PART)	75.00		518,487	0		20.00
21.00	WOUND CARE	90.02		123,088	0		21.00
22.00	NILES INFUSION CENTER	90.07		196,706	0		22.00
23.00	EMERGENCY	91.00		1,218,145	0		23.00
	TOTALS		0	14,420,129			
P - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	3,529	0		1.00
2.00	OPERATING ROOM	50.00	0	5,134,036	0		2.00
3.00	SPECIAL PROCEDURES	54.04	0	67,834	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,136,956	0		4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	28,434	0		5.00
6.00	WOUND CARE	90.02	0	43,953	0		6.00
7.00	EMERGENCY	91.00	0	71	0		7.00
	TOTALS		0	6,414,813			
S - MSO TRANSFER							
1.00	ADMINISTRATION & GENERAL	5.06	1,240,751	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	32,273	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	885,095	0	0		3.00
4.00	OPERATING ROOM	50.00	112,479	0	0		4.00
5.00	REHABILITATION MEDICINE	66.01	29,421	0	0		5.00
6.00	CARDIOLOGY	69.02	237,746	0	0		6.00
7.00	EMERGENCY	91.00	0	150,688	0		7.00

RECLASSIFICATIONS

Provider CCN: 14-0114

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

Worksheet A-6

Date/Time Prepared:
4/8/2021 12:42 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	OP PHARMACY	190.09	0	292,385	0	8.00
9.00	G PHARMACY	190.12	0	365,159	0	9.00
10.00	LIFE CENTER	190.15		600	0	10.00
	TOTALS		2,537,765	808,832		
T - SALARIED TEACHING PHYSICIANS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	87,256	0	0	1.00
	TOTALS		87,256	0		
U - SCIS TRANSACTION BONUS						
1.00	ADMINISTRATION & GENERAL	5.06	0	169,020	0	1.00
	TOTALS		0	169,020		
V - COVID COMM PAY						
1.00	ADMINISTRATION & GENERAL	5.06	1,372,920	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
	TOTALS		1,372,920	0		
W - PRIVATE DUTY NURSING						
1.00	NURSING ADMINISTRATION	13.00	483,102	0	0	1.00
	TOTALS		483,102	0		
500.00	Grand Total: Decreases		8,928,977	73,086,204		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/8/2021 12:42 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	8,610,158	20,006,770	0	20,006,770	0	1.00	
2.00	Land Improvements	3,885,366	0	0	0	931,518	2.00	
3.00	Buildings and Fixtures	320,058,524	0	0	0	186,214,379	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	46,542,590	0	0	0	46,542,590	5.00	
6.00	Movable Equipment	165,491,032	0	0	0	17,219,328	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	544,587,670	20,006,770	0	20,006,770	250,907,815	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	544,587,670	20,006,770	0	20,006,770	250,907,815	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	28,616,928	0				1.00	
2.00	Land Improvements	2,953,848	0				2.00	
3.00	Buildings and Fixtures	133,844,145	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	148,271,704	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	313,686,625	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	313,686,625	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
4/8/2021 12:42 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
4/8/2021 12:42 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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	165,414,921	0	165,414,921	0.527325	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	148,271,704	0	148,271,704	0.472675	0	2.00
3.00	Total (sum of lines 1-2)	313,686,625	0	313,686,625	1.000000	0	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,561,816	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,497,493	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,059,309	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,331,160	63,946	0	0	7,956,922	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	20,175	0	0	9,517,668	2.00
3.00	Total (sum of lines 1-2)	3,331,160	84,121	0	0	17,474,590	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0114

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

Worksheet A-8

Date/Time Prepared:
4/8/2021 12:42 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-297,474	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP 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)	B	-53,873	NON-PATIENT PHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-56,491	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-155,787	ADMINISTRATION & GENERAL	5.06	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,343,451			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	224,932			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-708,954	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		0		0.00	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)		0		0.00	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	*** Cost Center Deleted ***	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CHILD CARE REVENUE	B	-747,210	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0114

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

Worksheet A-8

Date/Time Prepared:
4/8/2021 12:42 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	
36.00	OTHER REVENUE	B	-31,956	PATIENT ACCOUNTS & CASHIERS	5.05	0	36.00
40.00	COST OF PHYSICIAN RECRUITMENT	A	0	ADMINISTRATION & GENERAL	5.06	0	40.00
41.00	DEVELOPMENT COSTS	A	0	ADMINISTRATION & GENERAL	5.06	0	41.00
42.00	AMORT 81 CAPITAL INTEREST	A	-2,514	CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
44.00	OTHER INCOME	B	-123,648	NON-PATIENT PHONES	5.01	0	44.00
44.01	OTHER INCOME	B	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	44.01
44.02	OTHER INCOME	B	-20	RADIOLOGY-DIAGNOSTIC	54.00	0	44.02
44.03	OTHER INCOME	B	-40	MEDICAL RECORDS & LIBRARY	16.00	0	44.03
44.04	OTHER INCOME	B	-589,793	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	44.04
45.00	LOBBING DUES	A	-30,719	ADMINISTRATION & GENERAL	5.06	0	45.00
45.01	LOBBYIST	A	-150,000	ADMINISTRATION & GENERAL	5.06	0	45.01
45.02	HOSPICE	A	-51,422	ADMINISTRATION & GENERAL	5.06	0	45.02
45.03	MARKETING FEES	A	-408,220	ADMINISTRATION & GENERAL	5.06	0	45.03
45.04	REAL ESTATE TAXES	A	-322,328	ADMINISTRATION & GENERAL	5.06	0	45.04
45.05	SCIC TRANSACTION FEE	A	373,878	ADMINISTRATION & GENERAL	5.06	0	45.05
45.10	OTHER OPERATING REVENUE	B	-9,959	REHABILITATION MEDICINE	66.01	0	45.10
45.20	PRIVATE DUTY NURSES	A	-511,917	NURSING ADMINISTRATION	13.00	0	45.20
45.21	PDN FRINGE BENEFITS	A	-61,995	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	0	ADMINISTRATION & GENERAL	5.06	0	45.22
45.26	PARKING LOT DEPRECIATION	A	-294,794	CAP REL COSTS-BLDG & FIXT	1.00	9	45.26
45.27	PARKING LOT DEPRECIATION	A	-393	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.27
45.36	COURTESY CAR	A	-67,500	ADMINISTRATION & GENERAL	5.06	0	45.36
45.42	DSR INCOME NETTED ON FS	A	0	CAP REL COSTS-BLDG & FIXT	1.00	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	0	CAP REL COSTS-BLDG & FIXT	1.00	11	45.43
45.57	CHEMO REV	B	-1,017	NILES INFUSION CENTER	90.07	0	45.57
45.59	OTHER A&G INCOME	B	-3,874,270	ADMINISTRATION & GENERAL	5.06	0	45.59
45.60	OTHER PLANT OPS INCOME	B	-2,082,890	OPERATION OF PLANT	7.00	0	45.60
45.62	LAB OTHER INCOME	B	-22,773	LABORATORY	60.00	0	45.62
45.64	PHYSICIAN MALPRACTICE	A	-14,994	ADMINISTRATION & GENERAL	5.06	0	45.64
45.65	OTHER INCOME	B	-907,951	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	45.65
45.67	MSO DEPR	B	0	OPERATION OF PLANT	7.00	0	45.67
48.00	MEDICAID TAX ASSESSMENT	A	-15,236,480	ADMINISTRATION & GENERAL	5.06	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,562,023				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: 14-0114

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

Worksheet A-8-1

Date/Time Prepared:
4/8/2021 12:42 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	5.00	ADMINISTRATION & GENERAL	MANAGEMENT FEES	224,932	0	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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			224,932	0	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	COV MIN OF BENEV	0.00		0.00	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: 14-0114

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

Worksheet A-8-1

Date/Time Prepared:
4/8/2021 12:42 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	224,932	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	224,932			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			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: 14-0114

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

Worksheet A-8-2

Date/Time Prepared:
4/8/2021 12:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATION & GENERAL	1,055,995	487,660	568,335	177,200	5,346	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,247,210	549,301	697,909	177,200	6,126	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,772,293	1,772,293	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	573,192	573,192	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,006,833	1,006,833	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	16,298	16,298	0	0	0	6.00
7.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	119,653	119,653	0	0	0	7.00
8.00	54.04	AGGREGATE-SPECIAL PROCEDURES	31,219	31,219	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	50,500	50,500	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	37,101	37,101	0	0	0	10.00
11.00	69.02	AGGREGATE-CARDIOLOGY	10,350	10,350	0	0	0	11.00
12.00	91.00	EMERGENCY	400,133	400,133	0	0	0	12.00
200.00			6,320,777	5,054,533	1,266,244		11,472	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATION & GENERAL	455,438	22,772	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	521,888	26,094	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	0	0	0	0	0	7.00
8.00	54.04	AGGREGATE-SPECIAL PROCEDURES	0	0	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	69.02	AGGREGATE-CARDIOLOGY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			977,326	48,866	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATION & GENERAL	0	455,438	112,897	600,557		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	521,888	176,021	725,322		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,772,293		3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	573,192		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,006,833		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	16,298		6.00
7.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	0	0	0	119,653		7.00
8.00	54.04	AGGREGATE-SPECIAL PROCEDURES	0	0	0	31,219		8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	50,500		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	37,101		10.00
11.00	69.02	AGGREGATE-CARDIOLOGY	0	0	0	10,350		11.00
12.00	91.00	EMERGENCY	0	0	0	400,133		12.00
200.00			0	977,326	288,918	5,343,451		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,956,922	7,956,922			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,517,668	9,517,668			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,977,848	20,202	36,688	17,034,738	4.00
5.01	00540	NON-PATIENT PHONES	180,852	10,496	32,747	28,674	252,769
5.03	00560	PURCHASING	1,995,328	56,046	8,756	193,247	2,454
5.04	00570	ADMITTING	2,485,983	33,919	20,311	316,878	4,908
5.05	00580	PATIENT ACCOUNTS & CASHIERS	3,787,591	24,578	6,990	192,856	16,769
5.06	00590	ADMINISTRATION & GENERAL	51,977,437	3,674,335	2,863,781	3,521,940	41,315
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	7,998,433	727,323	2,130,656	376,507	11,043
8.00	00800	LAUNDRY & LINEN SERVICE	1,106,714	25,409	6,807	0	409
9.00	00900	HOUSEKEEPING	3,215,230	56,492	4,368	361,428	1,636
10.00	01000	DIETARY	2,323,013	59,774	19,202	28,791	2,045
11.00	01100	CAFETERIA	661,060	105,639	12,340	19,264	2,045
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,270,885	27,101	225,261	145,918	6,544
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	3,204,613	34,416	111,381	349,017	3,681
16.00	01600	MEDICAL RECORDS & LIBRARY	2,062,068	51,558	2,595	202,245	6,135
17.00	01700	SOCIAL SERVICE	590,668	20,850	0	75,295	4,090
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,292,574	0	258	616,433	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	495,302	51,345	26,609	228,780	5,726
23.00	02300	PARAMED ED PRGM-PHARMACY	430,611	5,187	4,252	61,128	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,077,431	726,219	175,517	2,775,823	18,406
31.00	03100	INTENSIVE CARE UNIT	4,853,011	58,853	34,366	429,752	9,816
31.01	02060	SPECIAL CARE NURSERY	1,121,279	11,894	9,598	132,346	3,272
40.00	04000	SUBPROVIDER - IPF	2,145,766	106,348	7,884	300,632	4,499
41.00	04100	SUBPROVIDER - IRF	1,323,372	53,777	13,366	184,731	1,636
43.00	04300	NURSERY	2,924,452	4,681	4,864	274,304	3,681
44.00	04400	SKILLED NURSING FACILITY	793,934	117,786	5,619	108,537	1,636
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,671,814	250,262	858,045	849,663	11,861
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,030,426	16,099	10,938	284,241	0
53.00	05300	ANESTHESIOLOGY	57,620	14,893	85,201	4,792	1,227
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,652,621	152,972	646,422	549,979	13,906
54.02	03480	CANCER TREATMENT CENTER	719,534	93,035	11,762	95,763	6,953
54.03	03630	ULTRASOUND	1,502,100	2,472	142,788	205,193	1,636
54.04	05401	SPECIAL PROCEDURES	619,678	9,604	4,314	80,005	0
54.05	05402	OP ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	836,739	6,910	16,305	106,284	0
58.00	05800	MRI	508,676	16,251	17,233	62,312	0
59.00	05900	CARDIAC CATHETERIZATION	3,285,756	18,956	117,971	138,162	2,863
60.00	06000	LABORATORY	9,355,289	101,880	202,939	560,529	12,679
60.01	03420	PATHOLOGY	1,314,625	20,526	27,434	107,513	818
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	554,920	4,610	1,276	45,824	1,227
65.00	06500	RESPIRATORY THERAPY	2,229,453	14,508	44,369	272,927	1,636
66.01	06601	REHABILITATION MEDICINE	4,663,165	60,261	51,661	632,937	7,362
69.00	06900	ELECTROCARDIOLOGY	888,974	10,932	76,467	93,330	1,636
69.02	03140	CARDIOLOGY	2,437,028	41,599	151,571	220,477	2,863
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,229,647	103,866	62,360	84,211	818
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,414,813	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	15,059,193	0	0	0	0
74.00	07400	RENAL DIALYSIS	758,654	3,424	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	373,341	54,932	101,989	35,870	6,953
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0
90.02	09001	WOUND CARE	770,123	53,108	15,634	100,917	0
90.03	09002	PAIN MANAGMENT	382,492	55,570	247	32,266	0
90.05	09004	WOMENS CENTER	0	0	0	0	0
90.06	09005	DIABETES CENTER	138,801	8,024	0	18,998	0
90.07	09003	NILES INFUSION CENTER	1,454,134	20,445	509,692	184,105	0
91.00	09100	EMERGENCY	6,576,762	240,243	59,325	924,021	11,861

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	247,256,423	7,439,610	8,980,159	16,614,845	238,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8	6,980	0	0	818	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	753,468	11,023	0	36,421	409	190.09
190.10	19010	PLAZA	100,326	19,827	0	0	7,362	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	-39,389	32,795	0	45,690	6,135	190.12
190.13	19013	G SUITE	0	0	8,102	0	0	190.13
190.14	19014	OFFSITE CLINICS	2,916,603	36,219	318,053	4,951	0	190.14
190.15	19001	LIFE CENTER	3,950,099	410,468	211,354	332,831	0	190.15
191.01	19101	OCC HEALTH	7,915	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	254,945,453	7,956,922	9,517,668	17,034,738	252,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING	2,255,831					5.03
5.04	00570	ADMITTING	951	2,862,950				5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	786	0	4,029,570			5.05
5.06	00590	ADMINISTRATION & GENERAL	131,519	0	0	62,210,327	62,210,327	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	24,462	0	0	11,268,424	3,637,177	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27	0	0	1,139,366	367,760	8.00
9.00	00900	HOUSEKEEPING	11,852	0	0	3,651,006	1,178,457	9.00
10.00	01000	DIETARY	0	0	0	2,432,825	785,258	10.00
11.00	01100	CAFETERIA	0	0	0	800,348	258,333	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,061	0	0	1,677,770	541,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,052	0	0	3,704,160	1,195,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	230	0	0	2,324,831	750,400	16.00
17.00	01700	SOCIAL SERVICE	52	0	0	690,955	223,024	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,183	0	0	4,915,448	1,586,589	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,452	0	0	809,214	261,195	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	61	0	0	501,239	161,788	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,723	314,134	442,148	23,541,401	7,598,653	30.00
31.00	03100	INTENSIVE CARE UNIT	754	51,724	72,802	5,511,078	1,778,844	31.00
31.01	02060	SPECIAL CARE NURSERY	2	7,889	11,104	1,297,384	418,764	31.01
40.00	04000	SUBPROVIDER - IPF	525	43,695	61,501	2,670,850	862,086	40.00
41.00	04100	SUBPROVIDER - IRF	280	23,372	32,896	1,633,430	527,232	41.00
43.00	04300	NURSERY	0	16,284	22,920	3,251,186	1,049,405	43.00
44.00	04400	SKILLED NURSING FACILITY	233	6,912	9,729	1,044,386	337,103	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,748	213,292	300,211	10,192,896	3,290,022	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3	36,861	51,883	3,430,451	1,107,267	52.00
53.00	05300	ANESTHESIOLOGY	874	71,414	100,516	336,537	108,626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,634	139,440	196,263	6,356,237	2,051,641	54.00
54.02	03480	CANCER TREATMENT CENTER	800	22,542	31,728	982,117	317,004	54.02
54.03	03630	ULTRASOUND	794	51,829	72,950	1,979,762	639,020	54.03
54.04	05401	SPECIAL PROCEDURES	2,416	12,762	17,963	746,742	241,030	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	5,473	243,804	343,158	1,558,673	503,102	57.00
58.00	05800	MRI	4,676	67,595	95,142	771,885	249,146	58.00
59.00	05900	CARDIAC CATHETERIZATION	100,272	94,236	132,638	3,890,854	1,255,874	59.00
60.00	06000	LABORATORY	197,520	505,735	711,757	11,648,328	3,759,801	60.00
60.01	03420	PATHOLOGY	24,767	24,032	33,825	1,553,540	501,445	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	11,245	36,122	50,843	706,067	227,901	63.00
65.00	06500	RESPIRATORY THERAPY	8,709	61,423	86,453	2,719,478	877,782	65.00
66.01	06601	REHABILITATION MEDICINE	1,819	49,329	69,431	5,535,965	1,786,877	66.01
69.00	06900	ELECTROCARDIOLOGY	4,561	41,624	58,586	1,176,110	379,620	69.00
69.02	03140	CARDIOLOGY	35,404	65,427	92,090	3,046,459	983,324	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,113,558	65,166	91,723	17,751,349	5,729,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	476,460	47,878	67,389	7,006,540	2,261,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	283,663	399,259	15,742,115	5,081,177	73.00
74.00	07400	RENAL DIALYSIS	0	22,600	31,809	816,487	263,542	74.00
75.00	07500	ASC (NON-DISTINCT PART)	934	16,162	22,749	612,930	197,839	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	631	19,515	27,468	987,396	318,708	90.02
90.03	09002	PAIN MANAGMENT	540	5,957	8,385	485,457	156,694	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	8	369	519	166,719	53,813	90.06
90.07	09003	NILES INFUSION CENTER	1,217	11,407	16,056	2,197,056	709,157	90.07
91.00	09100	EMERGENCY	5,298	188,756	265,676	8,271,942	2,669,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,234,566	2,862,950	4,029,570	245,745,720	59,240,874	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1	0	0	7,807	2,520	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	64	0	0	801,385	258,668	190.09
190.10	19010	PLAZA	0	0	0	127,515	41,159	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	65	0	0	45,296	14,620	190.12
190.13	19013	G SUITE	0	0	0	8,102	2,615	190.13
190.14	19014	OFFSITE CLINICS	12,501	0	0	3,288,327	1,061,393	190.14
190.15	19001	LIFE CENTER	8,634	0	0	4,913,386	1,585,923	190.15
191.01	19101	OCC HEALTH	0	0	0	7,915	2,555	191.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,255,831	2,862,950	4,029,570	254,945,453	62,210,327	202.00

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	14,905,601				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	111,067	1,618,193			8.00
9.00	00900	HOUSEKEEPING	0	246,933	0	5,076,396		9.00
10.00	01000	DIETARY	0	261,281	0	61,133	3,540,497	10.00
11.00	01100	CAFETERIA	0	461,759	0	108,043	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	118,462	0	27,721	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	150,436	0	35,199	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	225,366	0	52,733	0	16.00
17.00	01700	SOCIAL SERVICE	0	91,138	0	21,322	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	224,436	0	52,510	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	22,674	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,174,388	928,138	2,453,589	2,456,751	30.00
31.00	03100	INTENSIVE CARE UNIT	0	257,251	85,038	200,159	220,225	31.00
31.01	02060	SPECIAL CARE NURSERY	0	51,991	13,909	40,454	6,576	31.01
40.00	04000	SUBPROVIDER - IPF	0	464,859	0	361,693	210,937	40.00
41.00	04100	SUBPROVIDER - IRF	0	235,064	0	182,897	439,170	41.00
43.00	04300	NURSERY	0	20,460	28,709	3,484	35,039	43.00
44.00	04400	SKILLED NURSING FACILITY	0	514,857	0	400,590	171,799	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,093,926	68,126	255,956	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,369	64,985	16,463	0	52.00
53.00	05300	ANESTHESIOLOGY	0	65,099	0	15,228	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	668,658	42,934	161,353	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	406,669	36,668	95,155	0	54.02
54.03	03630	ULTRASOUND	0	10,806	16,526	2,528	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	41,982	0	9,825	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	30,202	3,379	0	0	57.00
58.00	05800	MRI	0	71,033	54,102	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	82,857	7,161	19,387	0	59.00
60.00	06000	LABORATORY	0	445,329	0	104,197	0	60.00
60.01	03420	PATHOLOGY	0	89,721	0	20,993	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	20,150	0	4,711	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	63,416	0	14,841	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	263,407	0	61,636	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	47,783	13,043	11,184	0	69.00
69.02	03140	CARDIOLOGY	0	181,834	9,834	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	454,009	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
74.00	07400	RENAL DIALYSIS	0	14,968	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	240,113	9,900	56,184	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	232,142	8,763	54,314	0	90.02
90.03	09002	PAIN MANAGEMENT	0	242,903	0	56,834	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	35,074	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	89,367	0	0	0	90.07
91.00	09100	EMERGENCY	0	1,050,129	226,978	106,940	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	12,644,368	1,618,193	5,069,256	3,540,497	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	30,512	0	7,140	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	48,182	0	0	0	190.09
190.10	19010	PLAZA	0	86,666	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	143,350	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	158,319	0	0	0	190.14
190.15	19001	LIFE CENTER	0	1,794,204	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	14,905,601	1,618,193	5,076,396	3,540,497	202.00

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,628,483					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	31,865	0	2,397,362			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	31,641	0	0	0	5,117,050	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,035	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,202	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	64,851	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,174	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	7,343	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	386,063	0	1,086,185	0	105	30.00
31.00	03100	INTENSIVE CARE UNIT	44,535	0	183,494	0	0	31.00
31.01	02060	SPECIAL CARE NURSERY	17,337	0	64,279	0	24	31.01
40.00	04000	SUBPROVIDER - IPF	39,063	0	83,857	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,348	0	59,378	0	0	41.00
43.00	04300	NURSERY	16,546	0	58,144	0	48	43.00
44.00	04400	SKILLED NURSING FACILITY	25,010	0	24,136	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	117,902	0	208,871	0	9	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,191	0	131,616	0	109	52.00
53.00	05300	ANESTHESIOLOGY	1,292	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,257	0	21,490	0	110,268	54.00
54.02	03480	CANCER TREATMENT CENTER	6,974	0	3,391	0	0	54.02
54.03	03630	ULTRASOUND	22,346	0	0	0	1,404	54.03
54.04	05401	SPECIAL PROCEDURES	9,677	0	19,129	0	56	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	11,694	0	0	0	4	57.00
58.00	05800	MRI	6,737	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,372	0	28,236	0	0	59.00
60.00	06000	LABORATORY	101,488	0	0	0	3	60.00
60.01	03420	PATHOLOGY	12,775	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,812	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	32,155	0	0	0	633	65.00
66.01	06601	REHABILITATION MEDICINE	85,813	0	0	0	48	66.01
69.00	06900	ELECTROCARDIOLOGY	13,566	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	30,797	0	34,414	0	64	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,536	0	24	0	124	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	4,991,389	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,434	0	10,855	0	80	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	16,585	0	26,944	0	1,916	90.02
90.03	09002	PAIN MANAGMENT	7,567	0	0	0	10,348	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	2,439	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	21,410	0	32,859	0	266	90.07
91.00	09100	EMERGENCY	122,187	0	320,060	0	145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,526,019	0	2,397,362	0	5,117,043	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	3,546	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	5,168	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	1,292	0	0	0	0	190.14
190.15	19001	LIFE CENTER	92,458	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	7	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,628,483	0	2,397,362	0	5,117,050	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	3,384,365					16.00
17.00	01700	SOCIAL SERVICE	0	1,035,641				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		6,566,888		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			1,362,529	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	371,343	734,935	0	4,036,937	837,603	30.00
31.00	03100	INTENSIVE CARE UNIT	61,144	9,850	0	412,503	85,588	31.00
31.01	02060	SPECIAL CARE NURSERY	9,326	3,557	0	20,729	4,301	31.01
40.00	04000	SUBPROVIDER - IPF	51,653	99,323	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	27,628	92,483	0	0	0	41.00
43.00	04300	NURSERY	19,250	3,557	0	42,494	8,817	43.00
44.00	04400	SKILLED NURSING FACILITY	8,171	89,473	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	252,136	0	0	851,954	176,767	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,574	0	0	96,389	19,999	52.00
53.00	05300	ANESTHESIOLOGY	84,420	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164,834	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	26,647	0	0	0	0	54.02
54.03	03630	ULTRASOUND	61,268	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	15,087	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	288,205	0	0	0	0	57.00
58.00	05800	MRI	79,906	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	111,398	0	0	0	0	59.00
60.00	06000	LABORATORY	597,859	0	0	0	0	60.00
60.01	03420	PATHOLOGY	28,409	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	42,701	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	72,609	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	58,313	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	49,204	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	77,342	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,034	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,597	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,322	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	26,716	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	19,106	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	23,069	0	0	0	0	90.02
90.03	09002	PAIN MANAGEMENT	7,042	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	436	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	13,485	0	0	0	0	90.07
91.00	09100	EMERGENCY	223,131	2,463	0	1,105,882	229,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS						
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER		
						Y & FRINGES APPRV	PRGM COSTS APPRV		
			16.00	17.00	19.00	21.00	22.00		
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
	SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,384,365	1,035,641	0	6,566,888	1,362,529	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02	
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05	
190.07	19007	DENTAL	0	0	0	0	0	190.07	
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08	
190.09	19009	OP PHARMACY	0	0	0	0	0	190.09	
190.10	19010	PLAZA	0	0	0	0	0	190.10	
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11	
190.12	19012	G PHARMACY	0	0	0	0	0	190.12	
190.13	19013	G SUITE	0	0	0	0	0	190.13	
190.14	19014	OFFSITE CLINICS	0	0	0	0	0	190.14	
190.15	19001	LIFE CENTER	0	0	0	0	0	190.15	
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01	
200.00		Cross Foot Adjustments			0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	3,384,365	1,035,641	0	6,566,888	1,362,529	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	693,044				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	47,606,091	-4,874,540	42,731,551	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,849,709	-498,091	8,351,618	31.00
31.01	02060	SPECIAL CARE NURSERY	0	1,948,631	-25,030	1,923,601	31.01
40.00	04000	SUBPROVIDER - IPF	0	4,844,321	0	4,844,321	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,220,630	0	3,220,630	41.00
43.00	04300	NURSERY	0	4,537,139	-51,311	4,485,828	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,615,525	0	2,615,525	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,508,565	-1,028,721	15,479,844	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,018,413	-116,388	4,902,025	52.00
53.00	05300	ANESTHESIOLOGY	0	611,202	0	611,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,654,672	0	9,654,672	54.00
54.02	03480	CANCER TREATMENT CENTER	0	1,874,625	0	1,874,625	54.02
54.03	03630	ULTRASOUND	0	2,733,660	0	2,733,660	54.03
54.04	05401	SPECIAL PROCEDURES	0	1,083,528	0	1,083,528	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	0	2,395,259	0	2,395,259	57.00
58.00	05800	MRI	0	1,232,809	0	1,232,809	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,411,139	0	5,411,139	59.00
60.00	06000	LABORATORY	0	16,657,005	0	16,657,005	60.00
60.01	03420	PATHOLOGY	0	2,206,883	0	2,206,883	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,006,342	0	1,006,342	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,780,914	0	3,780,914	65.00
66.01	06601	REHABILITATION MEDICINE	0	7,792,059	0	7,792,059	66.01
69.00	06900	ELECTROCARDIOLOGY	0	1,690,510	0	1,690,510	69.00
69.02	03140	CARDIOLOGY	0	4,364,068	0	4,364,068	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,030,785	0	24,030,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,324,680	0	9,324,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	693,044	26,843,047	0	26,843,047	73.00
74.00	07400	RENAL DIALYSIS	0	1,121,713	0	1,121,713	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,153,441	0	1,153,441	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	1,669,837	0	1,669,837	90.02
90.03	09002	PAIN MANAGEMENT	0	966,845	0	966,845	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	258,481	0	258,481	90.06
90.07	09003	NILES INFUSION CENTER	0	3,063,600	0	3,063,600	90.07
91.00	09100	EMERGENCY	0	14,329,295	-1,335,336	12,993,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
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To 09/30/2020Worksheet B
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	693,044	240,405,423	-7,929,417	232,476,006	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	47,979	0	47,979	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	1,111,781	0	1,111,781	190.09
190.10	19010	PLAZA	0	255,340	0	255,340	190.10
190.11	19011	G CAFETERIA	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	208,434	0	208,434	190.12
190.13	19013	G SUITE	0	10,717	0	10,717	190.13
190.14	19014	OFFSITE CLINICS	0	4,509,331	0	4,509,331	190.14
190.15	19001	LIFE CENTER	0	8,385,971	0	8,385,971	190.15
191.01	19101	OCC HEALTH	0	10,477	0	10,477	191.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	693,044	254,945,453	-7,929,417	247,016,036	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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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	10,443	20,202	36,688	67,333	4.00
5.01	00540	NON-PATIENT PHONES	76,691	10,496	32,747	119,934	5.01
5.03	00560	PURCHASING	34,676	56,046	8,756	99,478	5.03
5.04	00570	ADMITTING	8,776	33,919	20,311	63,006	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	4,800	24,578	6,990	36,368	5.05
5.06	00590	ADMINISTRATION & GENERAL	360,424	3,674,335	2,863,781	6,898,540	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,278	727,323	2,130,656	2,867,257	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,409	6,807	32,216	8.00
9.00	00900	HOUSEKEEPING	313	56,492	4,368	61,173	9.00
10.00	01000	DIETARY	4,483	59,774	19,202	83,459	10.00
11.00	01100	CAFETERIA	0	105,639	12,340	117,979	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,216	27,101	225,261	267,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	2,811	34,416	111,381	148,608	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,336	51,558	2,595	58,489	16.00
17.00	01700	SOCIAL SERVICE	1,657	20,850	0	22,507	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	35	0	258	293	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	42	51,345	26,609	77,996	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	5,187	4,252	9,439	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,944	726,219	175,517	927,680	30.00
31.00	03100	INTENSIVE CARE UNIT	1,168	58,853	34,366	94,387	31.00
31.01	02060	SPECIAL CARE NURSERY	1,026	11,894	9,598	22,518	31.01
40.00	04000	SUBPROVIDER - IPF	1,824	106,348	7,884	116,056	40.00
41.00	04100	SUBPROVIDER - IRF	1,706	53,777	13,366	68,849	41.00
43.00	04300	NURSERY	1,718	4,681	4,864	11,263	43.00
44.00	04400	SKILLED NURSING FACILITY	2,300	117,786	5,619	125,705	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,668	250,262	858,045	1,132,975	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,889	16,099	10,938	30,926	52.00
53.00	05300	ANESTHESIOLOGY	2,860	14,893	85,201	102,954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,335	152,972	646,422	809,729	54.00
54.02	03480	CANCER TREATMENT CENTER	0	93,035	11,762	104,797	54.02
54.03	03630	ULTRASOUND	1,857	2,472	142,788	147,117	54.03
54.04	05401	SPECIAL PROCEDURES	579	9,604	4,314	14,497	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	826	6,910	16,305	24,041	57.00
58.00	05800	MRI	96	16,251	17,233	33,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,184	18,956	117,971	148,111	59.00
60.00	06000	LABORATORY	5,748	101,880	202,939	310,567	60.00
60.01	03420	PATHOLOGY	951	20,526	27,434	48,911	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	573	4,610	1,276	6,459	63.00
65.00	06500	RESPIRATORY THERAPY	162,406	14,508	44,369	221,283	65.00
66.01	06601	REHABILITATION MEDICINE	5,412	60,261	51,661	117,334	66.01
69.00	06900	ELECTROCARDIOLOGY	8,235	10,932	76,467	95,634	69.00
69.02	03140	CARDIOLOGY	3,144	41,599	151,571	196,314	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,636	103,866	62,360	262,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,424	0	3,424	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,897	54,932	101,989	158,818	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	1,312	53,108	15,634	70,054	90.02
90.03	09002	PAIN MANAGMENT	2,010	55,570	247	57,827	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	8,024	0	8,024	90.06
90.07	09003	NILES INFUSION CENTER	5,439	20,445	509,692	535,576	90.07
91.00	09100	EMERGENCY	18,324	240,243	59,325	317,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

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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	
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	938,048	7,439,610	8,980,159	17,357,817	65,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	6,980	0	6,980	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	11,023	0	11,023	144	190.09
190.10	19010	PLAZA	0	19,827	0	19,827	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	32,795	0	32,795	181	190.12
190.13	19013	G SUITE	0	0	8,102	8,102	0	190.13
190.14	19014	OFFSITE CLINICS	0	36,219	318,053	354,272	20	190.14
190.15	19001	LIFE CENTER	6,993	410,468	211,354	628,815	1,315	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	945,041	7,956,922	9,517,668	18,419,631	67,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NON-PATIENT PHONES	PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	ADMINISTRATION & GENERAL	
			5.01	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES	120,047					5.01
5.03	00560	PURCHASING	1,166	101,408				5.03
5.04	00570	ADMITTING	2,331	43	66,632			5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	7,964	35	0	45,129		5.05
5.06	00590	ADMINISTRATION & GENERAL	19,616	5,912	0	0	6,938,008	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,245	1,100	0	0	405,641	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	194	1	0	0	41,015	8.00
9.00	00900	HOUSEKEEPING	777	533	0	0	131,429	9.00
10.00	01000	DIETARY	971	0	0	0	87,577	10.00
11.00	01100	CAFETERIA	971	0	0	0	28,811	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,108	93	0	0	60,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,748	47	0	0	133,342	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,914	10	0	0	83,689	16.00
17.00	01700	SOCIAL SERVICE	1,943	2	0	0	24,873	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	278	0	0	176,946	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,720	65	0	0	29,130	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	3	0	0	18,044	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,741	527	7,311	5,003	847,374	30.00
31.00	03100	INTENSIVE CARE UNIT	4,662	34	1,204	824	198,388	31.00
31.01	02060	SPECIAL CARE NURSERY	1,554	0	184	126	46,703	31.01
40.00	04000	SUBPROVIDER - IPF	2,137	24	1,017	696	96,145	40.00
41.00	04100	SUBPROVIDER - IRF	777	13	544	372	58,800	41.00
43.00	04300	NURSERY	1,748	0	379	259	117,036	43.00
44.00	04400	SKILLED NURSING FACILITY	777	10	161	110	37,596	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,633	1,697	4,964	3,397	366,924	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	858	587	123,489	52.00
53.00	05300	ANESTHESIOLOGY	583	39	1,662	1,137	12,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,605	208	3,245	2,221	228,812	54.00
54.02	03480	CANCER TREATMENT CENTER	3,302	36	525	359	35,354	54.02
54.03	03630	ULTRASOUND	777	36	1,206	825	71,267	54.03
54.04	05401	SPECIAL PROCEDURES	0	109	297	203	26,881	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	246	5,674	3,883	56,109	57.00
58.00	05800	MRI	0	210	1,573	1,076	27,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,360	4,508	2,193	1,501	140,063	59.00
60.00	06000	LABORATORY	6,022	8,879	11,769	7,589	419,317	60.00
60.01	03420	PATHOLOGY	389	1,113	559	383	55,924	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	583	506	841	575	25,417	63.00
65.00	06500	RESPIRATORY THERAPY	777	391	1,430	978	97,896	65.00
66.01	06601	REHABILITATION MEDICINE	3,497	82	1,148	786	199,284	66.01
69.00	06900	ELECTROCARDIOLOGY	777	205	969	663	42,338	69.00
69.02	03140	CARDIOLOGY	1,360	1,592	1,523	1,042	109,666	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	389	50,059	1,517	1,038	639,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,419	1,114	762	252,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,602	4,517	566,685	73.00
74.00	07400	RENAL DIALYSIS	0	0	526	360	29,392	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,302	42	376	257	22,064	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	28	454	311	35,544	90.02
90.03	09002	PAIN MANAGMENT	0	24	139	95	17,475	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	9	6	6,002	90.06
90.07	09003	NILES INFUSION CENTER	0	55	266	182	79,090	90.07
91.00	09100	EMERGENCY	5,633	238	4,393	3,006	297,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			NON-PATIENT PHONES	PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	ADMINISTRATION & GENERAL	
			5.01	5.03	5.04	5.05	5.06	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,053	100,452	66,632	45,129	6,606,836	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	389	0	0	0	281	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	194	3	0	0	28,848	190.09
190.10	19010	PLAZA	3,497	0	0	0	4,590	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	2,914	3	0	0	1,631	190.12
190.13	19013	G SUITE	0	0	0	0	292	190.13
190.14	19014	OFFSITE CLINICS	0	562	0	0	118,373	190.14
190.15	19001	LIFE CENTER	0	388	0	0	176,872	190.15
191.01	19101	OCC HEALTH	0	0	0	0	285	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	120,047	101,408	66,632	45,129	6,938,008	202.00

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	3,280,731				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,446	97,872			8.00
9.00	00900	HOUSEKEEPING	0	54,350	0	249,690		9.00
10.00	01000	DIETARY	0	57,508	0	3,007	232,636	10.00
11.00	01100	CAFETERIA	0	101,633	0	5,314	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	26,074	0	1,364	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	33,111	0	1,731	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,603	0	2,594	0	16.00
17.00	01700	SOCIAL SERVICE	0	20,060	0	1,049	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	49,399	0	2,583	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	4,991	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	698,683	56,137	120,683	161,427	30.00
31.00	03100	INTENSIVE CARE UNIT	0	56,621	5,143	9,845	14,470	31.00
31.01	02060	SPECIAL CARE NURSERY	0	11,443	841	1,990	432	31.01
40.00	04000	SUBPROVIDER - IPF	0	102,316	0	17,790	13,860	40.00
41.00	04100	SUBPROVIDER - IRF	0	51,738	0	8,996	28,857	41.00
43.00	04300	NURSERY	0	4,503	1,736	171	2,302	43.00
44.00	04400	SKILLED NURSING FACILITY	0	113,320	0	19,704	11,288	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	240,774	4,120	12,590	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,488	3,930	810	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,328	0	749	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	147,172	2,597	7,936	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	89,508	2,218	4,680	0	54.02
54.03	03630	ULTRASOUND	0	2,378	1,000	124	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	9,240	0	483	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	6,648	204	0	0	57.00
58.00	05800	MRI	0	15,634	3,272	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,237	433	954	0	59.00
60.00	06000	LABORATORY	0	98,017	0	5,125	0	60.00
60.01	03420	PATHOLOGY	0	19,748	0	1,033	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	4,435	0	232	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,958	0	730	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	57,976	0	3,032	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	10,517	789	550	0	69.00
69.02	03140	CARDIOLOGY	0	40,022	595	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	99,928	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
74.00	07400	RENAL DIALYSIS	0	3,295	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	52,849	599	2,763	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	51,095	530	2,672	0	90.02
90.03	09002	PAIN MANAGMENT	0	53,463	0	2,795	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	7,720	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	19,670	0	0	0	90.07
91.00	09100	EMERGENCY	0	231,134	13,728	5,260	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,783,033	97,872	249,339	232,636	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	6,716	0	351	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	10,605	0	0	0	190.09
190.10	19010	PLAZA	0	19,075	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	31,551	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	34,846	0	0	0	190.14
190.15	19001	LIFE CENTER	0	394,905	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,280,731	97,872	249,690	232,636	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	254,784					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,985	0	364,175			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	4,950	0	0	0	324,916	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,856	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,440	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,146	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,374	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,149	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,400	0	165,000	0	7	30.00
31.00	03100	INTENSIVE CARE UNIT	6,968	0	27,874	0	0	31.00
31.01	02060	SPECIAL CARE NURSERY	2,712	0	9,764	0	1	31.01
40.00	04000	SUBPROVIDER - IPF	6,112	0	12,738	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,653	0	9,020	0	0	41.00
43.00	04300	NURSERY	2,589	0	8,832	0	3	43.00
44.00	04400	SKILLED NURSING FACILITY	3,913	0	3,666	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,446	0	31,729	0	1	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,819	0	19,993	0	7	52.00
53.00	05300	ANESTHESIOLOGY	202	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,087	0	3,265	0	7,002	54.00
54.02	03480	CANCER TREATMENT CENTER	1,091	0	515	0	0	54.02
54.03	03630	ULTRASOUND	3,496	0	0	0	89	54.03
54.04	05401	SPECIAL PROCEDURES	1,514	0	2,906	0	4	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	1,830	0	0	0	0	57.00
58.00	05800	MRI	1,054	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,405	0	4,289	0	0	59.00
60.00	06000	LABORATORY	15,878	0	0	0	0	60.00
60.01	03420	PATHOLOGY	1,999	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	753	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,031	0	0	0	40	65.00
66.01	06601	REHABILITATION MEDICINE	13,426	0	0	0	3	66.01
69.00	06900	ELECTROCARDIOLOGY	2,122	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	4,818	0	5,228	0	4	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,900	0	4	0	8	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	316,937	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,007	0	1,649	0	5	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	2,595	0	4,093	0	122	90.02
90.03	09002	PAIN MANAGMENT	1,184	0	0	0	657	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	382	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	3,350	0	4,991	0	17	90.07
91.00	09100	EMERGENCY	19,117	0	48,619	0	9	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	238,753	0	364,175	0	324,916	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	555	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	809	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	202	0	0	0	0	190.14
190.15	19001	LIFE CENTER	14,465	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	254,784	0	364,175	0	324,916	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	202,954					16.00
17.00	01700	SOCIAL SERVICE	0	72,171				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		190,099		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			165,171	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,319	51,215				30.00
31.00	03100	INTENSIVE CARE UNIT	3,675	686				31.00
31.01	02060	SPECIAL CARE NURSERY	561	248				31.01
40.00	04000	SUBPROVIDER - IPF	3,105	6,922				40.00
41.00	04100	SUBPROVIDER - IRF	1,661	6,445				41.00
43.00	04300	NURSERY	1,157	248				43.00
44.00	04400	SKILLED NURSING FACILITY	491	6,235				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,154	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,619	0				52.00
53.00	05300	ANESTHESIOLOGY	5,074	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,907	0				54.00
54.02	03480	CANCER TREATMENT CENTER	1,602	0				54.02
54.03	03630	ULTRASOUND	3,682	0				54.03
54.04	05401	SPECIAL PROCEDURES	907	0				54.04
54.05	05402	OP ONCOLOGY	0	0				54.05
57.00	05700	CT SCAN	17,322	0				57.00
58.00	05800	MRI	4,803	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	6,695	0				59.00
60.00	06000	LABORATORY	35,475	0				60.00
60.01	03420	PATHOLOGY	1,707	0				60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,566	0				63.00
65.00	06500	RESPIRATORY THERAPY	4,364	0				65.00
66.01	06601	REHABILITATION MEDICINE	3,505	0				66.01
69.00	06900	ELECTROCARDIOLOGY	2,957	0				69.00
69.02	03140	CARDIOLOGY	4,649	0				69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,630	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,402	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,154	0				73.00
74.00	07400	RENAL DIALYSIS	1,606	0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,148	0				75.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPSY	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0				90.01
90.02	09001	WOUND CARE	1,387	0				90.02
90.03	09002	PAIN MANAGMENT	423	0				90.03
90.05	09004	WOMENS CENTER	0	0				90.05
90.06	09005	DIABETES CENTER	26	0				90.06
90.07	09003	NILES INFUSION CENTER	810	0				90.07
91.00	09100	EMERGENCY	13,411	172				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0				93.01

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	Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						16.00	17.00	
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	202,954	72,171	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0				190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0				190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0				190.05
190.07	19007	DENTAL	0	0				190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0				190.08
190.09	19009	OP PHARMACY	0	0				190.09
190.10	19010	PLAZA	0	0				190.10
190.11	19011	G CAFETERIA	0	0				190.11
190.12	19012	G PHARMACY	0	0				190.12
190.13	19013	G SUITE	0	0				190.13
190.14	19014	OFFSITE CLINICS	0	0				190.14
190.15	19001	LIFE CENTER	0	0				190.15
191.01	19101	OCC HEALTH	0	0				191.01
200.00		Cross Foot Adjustments			0	190,099	165,171	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	202,954	72,171	0	190,099	165,171	202.00

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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	33,868				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		3,143,474	0	3,143,474	30.00
31.00	03100	INTENSIVE CARE UNIT		426,479	0	426,479	31.00
31.01	02060	SPECIAL CARE NURSERY		99,600	0	99,600	31.01
40.00	04000	SUBPROVIDER - IPF		380,106	0	380,106	40.00
41.00	04100	SUBPROVIDER - IRF		240,455	0	240,455	41.00
43.00	04300	NURSERY		153,310	0	153,310	43.00
44.00	04400	SKILLED NURSING FACILITY		323,405	0	323,405	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,841,761	0	1,841,761	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		205,649	0	205,649	52.00
53.00	05300	ANESTHESIOLOGY		138,862	0	138,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,242,959	0	1,242,959	54.00
54.02	03480	CANCER TREATMENT CENTER		244,365	0	244,365	54.02
54.03	03630	ULTRASOUND		232,808	0	232,808	54.03
54.04	05401	SPECIAL PROCEDURES		57,357	0	57,357	54.04
54.05	05402	OP ONCOLOGY		0	0	0	54.05
57.00	05700	CT SCAN		116,377	0	116,377	57.00
58.00	05800	MRI		89,234	0	89,234	58.00
59.00	05900	CARDIAC CATHETERIZATION		331,295	0	331,295	59.00
60.00	06000	LABORATORY		920,853	0	920,853	60.00
60.01	03420	PATHOLOGY		132,191	0	132,191	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		42,548	0	42,548	63.00
65.00	06500	RESPIRATORY THERAPY		347,956	0	347,956	65.00
66.01	06601	REHABILITATION MEDICINE		402,574	0	402,574	66.01
69.00	06900	ELECTROCARDIOLOGY		157,890	0	157,890	69.00
69.02	03140	CARDIOLOGY		367,684	0	367,684	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,062,681	0	1,062,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		278,918	0	278,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		914,895	0	914,895	73.00
74.00	07400	RENAL DIALYSIS		38,603	0	38,603	74.00
75.00	07500	ASC (NON-DISTINCT PART)		245,021	0	245,021	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	90.01
90.02	09001	WOUND CARE		169,284	0	169,284	90.02
90.03	09002	PAIN MANAGMENT		134,209	0	134,209	90.03
90.05	09004	WOMENS CENTER		0	0	0	90.05
90.06	09005	DIABETES CENTER		22,244	0	22,244	90.06
90.07	09003	NILES INFUSION CENTER		644,734	0	644,734	90.07
91.00	09100	EMERGENCY		964,036	0	964,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
93.01	04950	OCCUP HEALTH		0	0	0	93.01

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Cost Center Description		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,113,817	0	16,113,817	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	14,717	0	14,717		190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0		190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0		190.05
190.07	19007	DENTAL	0	0	0		190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0		190.08
190.09	19009	OP PHARMACY	51,372	0	51,372		190.09
190.10	19010	PLAZA	46,989	0	46,989		190.10
190.11	19011	G CAFETERIA	0	0	0		190.11
190.12	19012	G PHARMACY	69,884	0	69,884		190.12
190.13	19013	G SUITE	8,394	0	8,394		190.13
190.14	19014	OFFSITE CLINICS	508,275	0	508,275		190.14
190.15	19001	LIFE CENTER	1,216,760	0	1,216,760		190.15
191.01	19101	OCC HEALTH	285	0	285		191.01
200.00		Cross Foot Adjustments	33,868	389,138	0	389,138	200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	33,868	18,419,631	0	18,419,631	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (PHONES))	PURCHASING (SUPPLY EXP ENSE))	
			BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
			1.00	2.00	4.00	5.01	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	785,383					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,249,982				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,994	31,801	112,548,499			4.00
5.01	00540	NON-PATIENT PHONES	1,036	28,385	189,448	618		5.01
5.03	00560	PURCHASING	5,532	7,590	1,276,782	6	30,371,168	5.03
5.04	00570	ADMITTING	3,348	17,606	2,093,606	12	12,807	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	2,426	6,059	1,274,197	41	10,576	5.05
5.06	00590	ADMINISTRATION & GENERAL	362,673	2,482,345	23,269,646	101	1,770,701	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	71,790	1,846,868	2,487,578	27	329,350	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508	5,900	0	1	360	8.00
9.00	00900	HOUSEKEEPING	5,576	3,786	2,387,949	4	159,574	9.00
10.00	01000	DIETARY	5,900	16,644	190,221	5	0	10.00
11.00	01100	CAFETERIA	10,427	10,696	127,274	5	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,675	195,258	964,079	16	27,747	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,397	96,546	2,305,949	9	14,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,089	2,249	1,336,231	15	3,093	16.00
17.00	01700	SOCIAL SERVICE	2,058	0	497,475	10	694	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	224	4,072,765	0	83,240	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,068	23,065	1,511,547	14	19,543	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	512	3,686	403,870	0	824	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,681	152,139	18,339,818	45	157,826	30.00
31.00	03100	INTENSIVE CARE UNIT	5,809	29,789	2,839,366	24	10,158	31.00
31.01	02060	SPECIAL CARE NURSERY	1,174	8,320	874,409	8	25	31.01
40.00	04000	SUBPROVIDER - IPF	10,497	6,834	1,986,269	11	7,072	40.00
41.00	04100	SUBPROVIDER - IRF	5,308	11,586	1,220,515	4	3,766	41.00
43.00	04300	NURSERY	462	4,216	1,812,322	9	3	43.00
44.00	04400	SKILLED NURSING FACILITY	11,626	4,871	717,105	4	3,143	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,702	743,760	5,613,711	29	508,218	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	9,481	1,877,976	0	35	52.00
53.00	05300	ANESTHESIOLOGY	1,470	73,853	31,663	3	11,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,099	560,323	3,633,705	34	62,389	54.00
54.02	03480	CANCER TREATMENT CENTER	9,183	10,195	632,706	17	10,776	54.02
54.03	03630	ULTRASOUND	244	123,770	1,355,704	4	10,692	54.03
54.04	05401	SPECIAL PROCEDURES	948	3,739	528,591	0	32,531	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	682	14,133	702,216	0	73,690	57.00
58.00	05800	MRI	1,604	14,938	411,693	0	62,958	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871	102,258	912,831	7	1,350,008	59.00
60.00	06000	LABORATORY	10,056	175,909	3,703,406	31	2,659,307	60.00
60.01	03420	PATHOLOGY	2,026	23,780	710,337	2	333,453	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	455	1,106	302,760	3	151,403	63.00
65.00	06500	RESPIRATORY THERAPY	1,432	38,459	1,803,226	4	117,247	65.00
66.01	06601	REHABILITATION MEDICINE	5,948	44,780	4,181,803	18	24,487	66.01
69.00	06900	ELECTROCARDIOLOGY	1,079	66,282	616,633	4	61,401	69.00
69.02	03140	CARDIOLOGY	4,106	131,383	1,456,690	7	476,664	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,252	54,054	556,381	2	14,992,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,414,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	338	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,422	88,405	236,991	17	12,576	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	5,242	13,552	666,758	0	8,501	90.02
90.03	09002	PAIN MANAGMENT	5,485	214	213,182	0	7,276	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	792	0	125,520	0	103	90.06
90.07	09003	NILES INFUSION CENTER	2,018	441,805	1,216,378	0	16,382	90.07
91.00	09100	EMERGENCY	23,713	51,423	6,104,990	29	71,329	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (PHONES))	PURCHASING (SUPPLY EXP ENSE))	
			BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
			1.00	2.00	4.00	5.01	5.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	734,322	7,784,065	109,774,272	582	30,084,883	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	689	0	0	2	8	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	1,088	0	240,636	1	860	190.09
190.10	19010	PLAZA	1,957	0	0	18	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	3,237	0	301,874	15	871	190.12
190.13	19013	G SUITE	0	7,023	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	3,575	275,691	32,711	0	168,304	190.14
190.15	19001	LIFE CENTER	40,515	183,203	2,199,006	0	116,242	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,956,922	9,517,668	17,034,738	252,769	2,255,831	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.131263	1.153659	0.151355	409.011327	0.074275	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			67,333	120,047	101,408	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000598	194.250809	0.003339	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: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			ADMITTING (GROSS REVE NUE)	PATIENT ACCOUNTS & CASHIERS (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING	1,168,863,770					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	0	1,168,863,770				5.05
5.06	00590	ADMINISTRATION & GENERAL	0	0	-62,210,327	192,735,126		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	11,268,424	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,139,366	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,651,006	0	9.00
10.00	01000	DIETARY	0	0	0	2,432,825	0	10.00
11.00	01100	CAFETERIA	0	0	0	800,348	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,677,770	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	3,704,160	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,324,831	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	690,955	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,915,448	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	809,214	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	501,239	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,270,399	128,270,399	0	23,541,401	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,120,417	21,120,417	0	5,511,078	0	31.00
31.01	02060	SPECIAL CARE NURSERY	3,221,467	3,221,467	0	1,297,384	0	31.01
40.00	04000	SUBPROVIDER - IPF	17,842,021	17,842,021	0	2,670,850	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,543,379	9,543,379	0	1,633,430	0	41.00
43.00	04300	NURSERY	6,649,375	6,649,375	0	3,251,186	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,822,443	2,822,443	0	1,044,386	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,093,508	87,093,508	0	10,192,896	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,051,524	15,051,524	0	3,430,451	0	52.00
53.00	05300	ANESTHESIOLOGY	29,160,467	29,160,467	0	336,537	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,937,339	56,937,339	0	6,356,237	0	54.00
54.02	03480	CANCER TREATMENT CENTER	9,204,415	9,204,415	0	982,117	0	54.02
54.03	03630	ULTRASOUND	21,163,321	21,163,321	0	1,979,762	0	54.03
54.04	05401	SPECIAL PROCEDURES	5,211,233	5,211,233	0	746,742	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	99,552,576	99,552,576	0	1,558,673	0	57.00
58.00	05800	MRI	27,601,260	27,601,260	0	771,885	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,479,375	38,479,375	0	3,890,854	0	59.00
60.00	06000	LABORATORY	206,341,910	206,341,910	0	11,648,328	0	60.00
60.01	03420	PATHOLOGY	9,812,991	9,812,991	0	1,553,540	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	14,749,884	14,749,884	0	706,067	0	63.00
65.00	06500	RESPIRATORY THERAPY	25,080,708	25,080,708	0	2,719,478	0	65.00
66.01	06601	REHABILITATION MEDICINE	20,142,521	20,142,521	0	5,535,965	0	66.01
69.00	06900	ELECTROCARDIOLOGY	16,996,171	16,996,171	0	1,176,110	0	69.00
69.02	03140	CARDIOLOGY	26,715,880	26,715,880	0	3,046,459	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,609,410	26,609,410	0	17,751,349	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,549,911	19,549,911	0	7,006,540	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,827,963	115,827,963	0	15,742,115	0	73.00
74.00	07400	RENAL DIALYSIS	9,228,160	9,228,160	0	816,487	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,599,574	6,599,574	0	612,930	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	7,968,527	7,968,527	0	987,396	0	90.02
90.03	09002	PAIN MANAGEMENT	2,432,407	2,432,407	0	485,457	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	150,623	150,623	0	166,719	0	90.06
90.07	09003	NILES INFUSION CENTER	4,657,936	4,657,936	0	2,197,056	0	90.07
91.00	09100	EMERGENCY	77,074,675	77,074,675	0	8,271,942	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			ADMITTING (GROSS REVE NUE)	PATIENT ACCOUNTS & CASHIERS (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	6.00	
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,168,863,770	1,168,863,770	-62,210,327	183,535,393	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	7,807	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	801,385	0	190.09
190.10	19010	PLAZA	0	0	0	127,515	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	45,296	0	190.12
190.13	19013	G SUITE	0	0	0	8,102	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	3,288,327	0	190.14
190.15	19001	LIFE CENTER	0	0	0	4,913,386	0	190.15
191.01	19101	OCC HEALTH	0	0	0	7,915	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,862,950	4,029,570		62,210,327	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002449	0.003447		0.322776	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	66,632	45,129		6,938,008	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000057	0.000039		0.035998	0.000000	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: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (HOURS OF SERVICE))	DIETARY (MEALS SERVED))	CAFETERIA (FTES))	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	336,584					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508	2,145,726				8.00
9.00	00900	HOUSEKEEPING	5,576	0	616,393			9.00
10.00	01000	DIETARY	5,900	0	7,423	165,815		10.00
11.00	01100	CAFETERIA	10,427	0	13,119	0	123,522	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,675	0	3,366	0	2,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,397	0	4,274	0	2,400	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,089	0	6,403	0	2,354	16.00
17.00	01700	SOCIAL SERVICE	2,058	0	2,589	0	698	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4,919	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,068	0	6,376	0	1,151	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	512	0	0	0	557	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,681	1,230,712	297,923	115,059	29,283	30.00
31.00	03100	INTENSIVE CARE UNIT	5,809	112,761	24,304	10,314	3,378	31.00
31.01	02060	SPECIAL CARE NURSERY	1,174	18,443	4,912	308	1,315	31.01
40.00	04000	SUBPROVIDER - IPF	10,497	0	43,918	9,879	2,963	40.00
41.00	04100	SUBPROVIDER - IRF	5,308	0	22,208	20,568	1,771	41.00
43.00	04300	NURSERY	462	38,068	423	1,641	1,255	43.00
44.00	04400	SKILLED NURSING FACILITY	11,626	0	48,641	8,046	1,897	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,702	90,335	31,079	0	8,943	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	86,170	1,999	0	2,821	52.00
53.00	05300	ANESTHESIOLOGY	1,470	0	1,849	0	98	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,099	56,931	19,592	0	5,860	54.00
54.02	03480	CANCER TREATMENT CENTER	9,183	48,622	11,554	0	529	54.02
54.03	03630	ULTRASOUND	244	21,914	307	0	1,695	54.03
54.04	05401	SPECIAL PROCEDURES	948	0	1,193	0	734	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	682	4,481	0	0	887	57.00
58.00	05800	MRI	1,604	71,739	0	0	511	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871	9,495	2,354	0	1,166	59.00
60.00	06000	LABORATORY	10,056	0	12,652	0	7,698	60.00
60.01	03420	PATHOLOGY	2,026	0	2,549	0	969	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	455	0	572	0	365	63.00
65.00	06500	RESPIRATORY THERAPY	1,432	0	1,802	0	2,439	65.00
66.01	06601	REHABILITATION MEDICINE	5,948	0	7,484	0	6,509	66.01
69.00	06900	ELECTROCARDIOLOGY	1,079	17,295	1,358	0	1,029	69.00
69.02	03140	CARDIOLOGY	4,106	13,040	0	0	2,336	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,252	0	0	0	1,406	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
74.00	07400	RENAL DIALYSIS	338	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,422	13,127	6,822	0	488	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	5,242	11,620	6,595	0	1,258	90.02
90.03	09002	PAIN MANAGMENT	5,485	0	6,901	0	574	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	792	0	0	0	185	90.06
90.07	09003	NILES INFUSION CENTER	2,018	0	0	0	1,624	90.07
91.00	09100	EMERGENCY	23,713	300,973	12,985	0	9,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (HOURS OF S ERVICE))	DIETARY (MEALS SERV ED))	CAFETERIA (FTES))	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	285,523	2,145,726	615,526	165,815	115,750	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	689	0	867	0	0	190.00
190.02	19002 COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005 BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007 DENTAL	0	0	0	0	0	190.07
190.08	19008 COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009 OP PHARMACY	1,088	0	0	0	269	190.09
190.10	19010 PLAZA	1,957	0	0	0	0	190.10
190.11	19011 G CAFETERIA	0	0	0	0	0	190.11
190.12	19012 G PHARMACY	3,237	0	0	0	392	190.12
190.13	19013 G SUITE	0	0	0	0	0	190.13
190.14	19014 OFFSITE CLINICS	3,575	0	0	0	98	190.14
190.15	19001 LIFE CENTER	40,515	0	0	0	7,013	190.15
191.01	19101 OCC HEALTH	0	0	0	0	0	191.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	14,905,601	1,618,193	5,076,396	3,540,497	1,628,483	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	44.284936	0.754147	8.235648	21.352091	13.183749	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,280,731	97,872	249,690	232,636	254,784	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.747139	0.045613	0.405082	1.402985	2.062661	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: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	784,675				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	15,438,322		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,168,863,770	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	355,516	0	318	128,270,399	30.00
31.00	03100	INTENSIVE CARE UNIT	0	60,059	0	0	21,120,417	31.00
31.01	02060	SPECIAL CARE NURSERY	0	21,039	0	71	3,221,467	31.01
40.00	04000	SUBPROVIDER - IPF	0	27,447	0	0	17,842,021	40.00
41.00	04100	SUBPROVIDER - IRF	0	19,435	0	0	9,543,379	41.00
43.00	04300	NURSERY	0	19,031	0	146	6,649,375	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,900	0	0	2,822,443	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	68,365	0	28	87,093,508	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,079	0	330	15,051,524	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	29,160,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,034	0	332,683	56,937,339	54.00
54.02	03480	CANCER TREATMENT CENTER	0	1,110	0	0	9,204,415	54.02
54.03	03630	ULTRASOUND	0	0	0	4,236	21,163,321	54.03
54.04	05401	SPECIAL PROCEDURES	0	6,261	0	170	5,211,233	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	11	99,552,576	57.00
58.00	05800	MRI	0	0	0	0	27,601,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,242	0	0	38,479,375	59.00
60.00	06000	LABORATORY	0	0	0	10	206,341,910	60.00
60.01	03420	PATHOLOGY	0	0	0	0	9,812,991	60.01
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	14,749,884	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,910	25,080,708	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	144	20,142,521	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	16,996,171	69.00
69.02	03140	CARDIOLOGY	0	11,264	0	194	26,715,880	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8	0	373	26,609,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	19,549,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,059,193	115,827,963	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	9,228,160	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,553	0	242	6,599,574	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	8,819	0	5,781	7,968,527	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	31,221	2,432,407	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	150,623	90.06
90.07	09003	NILES INFUSION CENTER	0	10,755	0	803	4,657,936	90.07
91.00	09100	EMERGENCY	0	104,758	0	437	77,074,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)		
		12.00	13.00	14.00	15.00	16.00		
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40	
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	784,675	0	15,438,301	1,168,863,770	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	190.02	
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	190.05	
190.07	19007	DENTAL	0	0	0	0	190.07	
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	190.08	
190.09	19009	OP PHARMACY	0	0	0	0	190.09	
190.10	19010	PLAZA	0	0	0	0	190.10	
190.11	19011	G CAFETERIA	0	0	0	0	190.11	
190.12	19012	G PHARMACY	0	0	0	0	190.12	
190.13	19013	G SUITE	0	0	0	0	190.13	
190.14	19014	OFFSITE CLINICS	0	0	0	0	190.14	
190.15	19001	LIFE CENTER	0	0	0	0	190.15	
191.01	19101	OCC HEALTH	0	0	0	21	191.01	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,397,362	0	5,117,050	3,384,365	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3.055229	0.000000	0.331451	0.002895	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	364,175	0	324,916	202,954	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.464109	0.000000	0.021046	0.000174	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: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED T IME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED T IME))		
					21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	3,785					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		6,336			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			6,336		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0				100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,686	0	3,895	3,895	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36	0	398	398	0	31.00
31.01	02060	SPECIAL CARE NURSERY	13	0	20	20	0	31.01
40.00	04000	SUBPROVIDER - IPF	363	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	338	0	0	0	0	41.00
43.00	04300	NURSERY	13	0	41	41	0	43.00
44.00	04400	SKILLED NURSING FACILITY	327	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	822	822	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	93	93	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
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
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
60.01	03420	PATHOLOGY	0	0	0	0	0	60.01
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	0	69.02
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	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	9	0	1,067	1,067	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

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

Worksheet B-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED T IME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED T IME))		
			17.00	19.00	21.00	22.00	23.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,785	0	6,336	6,336	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	0	0	190.14
190.15	19001	LIFE CENTER	0	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,035,641	0	6,566,888	1,362,529	693,044	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	273.617173	0.000000	1,036.440657	215.045612	6,930.440000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	72,171	0	190,099	165,171	33,868	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.067635	0.000000	30.002999	26.068655	338.680000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

			Title XVIII	Hospital	PPS			
Cost Center Description			Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance		Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,731,551		42,731,551	0	42,731,551	30.00
31.00	03100	INTENSIVE CARE UNIT	8,351,618		8,351,618	0	8,351,618	31.00
31.01	02060	SPECIAL CARE NURSERY	1,923,601		1,923,601	0	1,923,601	31.01
40.00	04000	SUBPROVIDER - IPF	4,844,321		4,844,321	0	4,844,321	40.00
41.00	04100	SUBPROVIDER - IRF	3,220,630		3,220,630	0	3,220,630	41.00
43.00	04300	NURSERY	4,485,828		4,485,828	0	4,485,828	43.00
44.00	04400	SKILLED NURSING FACILITY	2,615,525		2,615,525	0	2,615,525	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,479,844		15,479,844	0	15,479,844	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,902,025		4,902,025	0	4,902,025	52.00
53.00	05300	ANESTHESIOLOGY	611,202		611,202	0	611,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,654,672		9,654,672	0	9,654,672	54.00
54.02	03480	CANCER TREATMENT CENTER	1,874,625		1,874,625	0	1,874,625	54.02
54.03	03630	ULTRASOUND	2,733,660		2,733,660	0	2,733,660	54.03
54.04	05401	SPECIAL PROCEDURES	1,083,528		1,083,528	0	1,083,528	54.04
54.05	05402	OP ONCOLOGY	0		0	0	0	54.05
57.00	05700	CT SCAN	2,395,259		2,395,259	0	2,395,259	57.00
58.00	05800	MRI	1,232,809		1,232,809	0	1,232,809	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,411,139		5,411,139	0	5,411,139	59.00
60.00	06000	LABORATORY	16,657,005		16,657,005	0	16,657,005	60.00
60.01	03420	PATHOLOGY	2,206,883		2,206,883	0	2,206,883	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,006,342		1,006,342	0	1,006,342	63.00
65.00	06500	RESPIRATORY THERAPY	3,780,914	0	3,780,914	0	3,780,914	65.00
66.01	06601	REHABILITATION MEDICINE	7,792,059	0	7,792,059	0	7,792,059	66.01
69.00	06900	ELECTROCARDIOLOGY	1,690,510		1,690,510	0	1,690,510	69.00
69.02	03140	CARDIOLOGY	4,364,068		4,364,068	0	4,364,068	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,030,785		24,030,785	0	24,030,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,324,680		9,324,680	0	9,324,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,843,047		26,843,047	0	26,843,047	73.00
74.00	07400	RENAL DIALYSIS	1,121,713		1,121,713	0	1,121,713	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,153,441		1,153,441	0	1,153,441	75.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0		0	0	0	90.01
90.02	09001	WOUND CARE	1,669,837		1,669,837	0	1,669,837	90.02
90.03	09002	PAIN MANAGMENT	966,845		966,845	0	966,845	90.03
90.05	09004	WOMENS CENTER	0		0	0	0	90.05
90.06	09005	DIABETES CENTER	258,481		258,481	0	258,481	90.06
90.07	09003	NILES INFUSION CENTER	3,063,600		3,063,600	0	3,063,600	90.07
91.00	09100	EMERGENCY	12,993,959		12,993,959	0	12,993,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,347,138		5,347,138	0	5,347,138	92.00
93.01	04950	OCCUP HEALTH	0		0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
200.00		Subtotal (see instructions)	237,823,144	0	237,823,144	0	237,823,144	200.00
201.00		Less Observation Beds	5,347,138		5,347,138	0	5,347,138	201.00
202.00		Total (see instructions)	232,476,006	0	232,476,006	0	232,476,006	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/8/2021 12:42 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					9.00	10.00
30.00	03000	ADULTS & PEDIATRICS	113,969,147		113,969,147		30.00
31.00	03100	INTENSIVE CARE UNIT	21,120,417		21,120,417		31.00
31.01	02060	SPECIAL CARE NURSERY	3,221,467		3,221,467		31.01
40.00	04000	SUBPROVIDER - IPF	17,842,021		17,842,021		40.00
41.00	04100	SUBPROVIDER - IRF	9,538,843		9,538,843		41.00
43.00	04300	NURSERY	6,649,375		6,649,375		43.00
44.00	04400	SKILLED NURSING FACILITY	2,822,443		2,822,443		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,395,594	54,697,914	87,093,508	0.177738	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,004,736	46,788	15,051,524	0.325683	52.00
53.00	05300	ANESTHESIOLOGY	15,285,365	13,875,102	29,160,467	0.020960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,143,859	39,793,480	56,937,339	0.169567	54.00
54.02	03480	CANCER TREATMENT CENTER	216,474	8,987,941	9,204,415	0.203666	54.02
54.03	03630	ULTRASOUND	2,073,256	19,090,064	21,163,320	0.129170	54.03
54.04	05401	SPECIAL PROCEDURES	2,737,341	2,473,892	5,211,233	0.207922	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	34,129,107	65,423,469	99,552,576	0.024060	57.00
58.00	05800	MRI	7,782,913	19,818,347	27,601,260	0.044665	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,584,338	15,895,037	38,479,375	0.140624	59.00
60.00	06000	LABORATORY	103,497,033	102,844,877	206,341,910	0.080725	60.00
60.01	03420	PATHOLOGY	2,468,855	7,344,136	9,812,991	0.224894	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	10,977,472	3,772,412	14,749,884	0.068227	63.00
65.00	06500	RESPIRATORY THERAPY	23,683,488	1,397,220	25,080,708	0.150750	65.00
66.01	06601	REHABILITATION MEDICINE	10,278,181	9,864,340	20,142,521	0.386846	66.01
69.00	06900	ELECTROCARDIOLOGY	6,597,261	10,398,910	16,996,171	0.099464	69.00
69.02	03140	CARDIOLOGY	9,963,132	16,752,747	26,715,879	0.163351	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,584,634	10,024,776	26,609,410	0.903093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,592,207	7,957,704	19,549,911	0.476968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,706,111	64,121,852	115,827,963	0.231749	73.00
74.00	07400	RENAL DIALYSIS	8,709,660	518,500	9,228,160	0.121553	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,562,163	5,037,411	6,599,574	0.174775	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	414,699	7,553,828	7,968,527	0.209554	90.02
90.03	09002	PAIN MANAGMENT	301	2,432,106	2,432,407	0.397485	90.03
90.05	09004	WOMENS CENTER	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	150,623	150,623	1.716079	90.06
90.07	09003	NILES INFUSION CENTER	401,940	4,255,997	4,657,937	0.657716	90.07
91.00	09100	EMERGENCY	22,873,219	54,201,456	77,074,675	0.168589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,184,624	12,121,164	14,305,788	0.373774	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
200.00		Subtotal (see instructions)	608,011,676	560,852,093	1,168,863,769		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	608,011,676	560,852,093	1,168,863,769		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	SPECIAL CARE NURSERY			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.177738		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325683		52.00
53.00	05300	ANESTHESIOLOGY	0.020960		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169567		54.00
54.02	03480	CANCER TREATMENT CENTER	0.203666		54.02
54.03	03630	ULTRASOUND	0.129170		54.03
54.04	05401	SPECIAL PROCEDURES	0.207922		54.04
54.05	05402	OP ONCOLOGY	0.000000		54.05
57.00	05700	CT SCAN	0.024060		57.00
58.00	05800	MRI	0.044665		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140624		59.00
60.00	06000	LABORATORY	0.080725		60.00
60.01	03420	PATHOLOGY	0.224894		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.068227		63.00
65.00	06500	RESPIRATORY THERAPY	0.150750		65.00
66.01	06601	REHABILITATION MEDICINE	0.386846		66.01
69.00	06900	ELECTROCARDIOLOGY	0.099464		69.00
69.02	03140	CARDIOLOGY	0.163351		69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.476968		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231749		73.00
74.00	07400	RENAL DIALYSIS	0.121553		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.174775		75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040	FAMILY PRACTICE CLINIC	0.000000		90.01
90.02	09001	WOUND CARE	0.209554		90.02
90.03	09002	PAIN MANAGMENT	0.397485		90.03
90.05	09004	WOMENS CENTER	0.000000		90.05
90.06	09005	DIABETES CENTER	1.716079		90.06
90.07	09003	NILES INFUSION CENTER	0.657716		90.07
91.00	09100	EMERGENCY	0.168589		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.373774		92.00
93.01	04950	OCCUP HEALTH	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,606,091		47,606,091	0
31.00	03100	INTENSIVE CARE UNIT	8,849,709		8,849,709	0
31.01	02060	SPECIAL CARE NURSERY	1,948,631		1,948,631	0
40.00	04000	SUBPROVIDER - IPF	4,844,321		4,844,321	0
41.00	04100	SUBPROVIDER - IRF	3,220,630		3,220,630	0
43.00	04300	NURSERY	4,537,139		4,537,139	0
44.00	04400	SKILLED NURSING FACILITY	2,615,525		2,615,525	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,508,565		16,508,565	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,018,413		5,018,413	0
53.00	05300	ANESTHESIOLOGY	611,202		611,202	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,654,672		9,654,672	0
54.02	03480	CANCER TREATMENT CENTER	1,874,625		1,874,625	0
54.03	03630	ULTRASOUND	2,733,660		2,733,660	0
54.04	05401	SPECIAL PROCEDURES	1,083,528		1,083,528	0
54.05	05402	OP ONCOLOGY	0		0	0
57.00	05700	CT SCAN	2,395,259		2,395,259	0
58.00	05800	MRI	1,232,809		1,232,809	0
59.00	05900	CARDIAC CATHETERIZATION	5,411,139		5,411,139	0
60.00	06000	LABORATORY	16,657,005		16,657,005	0
60.01	03420	PATHOLOGY	2,206,883		2,206,883	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,006,342		1,006,342	0
65.00	06500	RESPIRATORY THERAPY	3,780,914	0	3,780,914	0
66.01	06601	REHABILITATION MEDICINE	7,792,059	0	7,792,059	0
69.00	06900	ELECTROCARDIOLOGY	1,690,510		1,690,510	0
69.02	03140	CARDIOLOGY	4,364,068		4,364,068	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,030,785		24,030,785	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,324,680		9,324,680	0
73.00	07300	DRUGS CHARGED TO PATIENTS	26,843,047		26,843,047	0
74.00	07400	RENAL DIALYSIS	1,121,713		1,121,713	0
75.00	07500	ASC (NON-DISTINCT PART)	1,153,441		1,153,441	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0		0	0
90.02	09001	WOUND CARE	1,669,837		1,669,837	0
90.03	09002	PAIN MANAGMENT	966,845		966,845	0
90.05	09004	WOMENS CENTER	0		0	0
90.06	09005	DIABETES CENTER	258,481		258,481	0
90.07	09003	NILES INFUSION CENTER	3,063,600		3,063,600	0
91.00	09100	EMERGENCY	14,329,295		14,329,295	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,957,098		5,957,098	0
93.01	04950	OCCUP HEALTH	0		0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0
200.00		Subtotal (see instructions)	246,362,521	0	246,362,521	0
201.00		Less Observation Beds	5,957,098		5,957,098	0
202.00		Total (see instructions)	240,405,423	0	240,405,423	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/8/2021 12:42 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	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02060	SPECIAL CARE NURSERY	0		0			31.01
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0.000000	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	0.000000	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0.000000	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	0.000000	0.000000	90.02
90.03	09002	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	0.000000	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	0.000000	93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	SPECIAL CARE NURSERY				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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
54.02	03480	CANCER TREATMENT CENTER	0.000000			54.02
54.03	03630	ULTRASOUND	0.000000			54.03
54.04	05401	SPECIAL PROCEDURES	0.000000			54.04
54.05	05402	OP ONCOLOGY	0.000000			54.05
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
60.01	03420	PATHOLOGY	0.000000			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.01	06601	REHABILITATION MEDICINE	0.000000			66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.02	03140	CARDIOLOGY	0.000000			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0.000000			90.01
90.02	09001	WOUND CARE	0.000000			90.02
90.03	09002	PAIN MANAGMENT	0.000000			90.03
90.05	09004	WOMENS CENTER	0.000000			90.05
90.06	09005	DIABETES CENTER	0.000000			90.06
90.07	09003	NILES INFUSION CENTER	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.01	04950	OCCUP HEALTH	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,143,474	0	3,143,474	44,105	71.27	30.00
31.00	INTENSIVE CARE UNIT	426,479		426,479	3,438	124.05	31.00
31.01	SPECIAL CARE NURSERY	99,600		99,600	923	107.91	31.01
40.00	SUBPROVIDER - IPF	380,106	0	380,106	6,856	55.44	40.00
41.00	SUBPROVIDER - IRF	240,455	0	240,455	3,293	73.02	41.00
43.00	NURSERY	153,310		153,310	3,999	38.34	43.00
44.00	SKILLED NURSING FACILITY	323,405		323,405	2,682	120.58	44.00
200.00	Total (lines 30 through 199)	4,766,829		4,766,829	65,296		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,665	831,365				30.00
31.00	INTENSIVE CARE UNIT	1,238	153,574				31.00
31.01	SPECIAL CARE NURSERY	0	0				31.01
40.00	SUBPROVIDER - IPF	1,677	92,973				40.00
41.00	SUBPROVIDER - IRF	1,370	100,037				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	1,592	191,963				44.00
200.00	Total (lines 30 through 199)	17,542	1,369,912				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/8/2021 12:42 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,841,761	87,093,508	0.021147	9,149,051	193,475	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,649	15,051,524	0.013663	11,181	153	52.00
53.00	05300	ANESTHESIOLOGY	138,862	29,160,467	0.004762	3,856,287	18,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,242,959	56,937,339	0.021830	6,004,008	131,067	54.00
54.02	03480	CANCER TREATMENT CENTER	244,365	9,204,415	0.026549	41,865	1,111	54.02
54.03	03630	ULTRASOUND	232,808	21,163,320	0.011001	542,378	5,967	54.03
54.04	05401	SPECIAL PROCEDURES	57,357	5,211,233	0.011006	886,814	9,760	54.04
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	0	54.05
57.00	05700	CT SCAN	116,377	99,552,576	0.001169	11,819,960	13,818	57.00
58.00	05800	MRI	89,234	27,601,260	0.003233	2,642,820	8,544	58.00
59.00	05900	CARDIAC CATHETERIZATION	331,295	38,479,375	0.008610	7,327,256	63,088	59.00
60.00	06000	LABORATORY	920,853	206,341,910	0.004463	31,165,600	139,092	60.00
60.01	03420	PATHOLOGY	132,191	9,812,991	0.013471	603,544	8,130	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	42,548	14,749,884	0.002885	3,128,958	9,027	63.00
65.00	06500	RESPIRATORY THERAPY	347,956	25,080,708	0.013873	7,938,149	110,126	65.00
66.01	06601	REHABILITATION MEDICINE	402,574	20,142,521	0.019986	2,086,195	41,695	66.01
69.00	06900	ELECTROCARDIOLOGY	157,890	16,996,171	0.009290	2,515,158	23,366	69.00
69.02	03140	CARDIOLOGY	367,684	26,715,879	0.013763	3,943,079	54,269	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,062,681	26,609,410	0.039936	4,811,202	192,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	278,918	19,549,911	0.014267	3,919,760	55,923	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	914,895	115,827,963	0.007899	14,128,648	111,602	73.00
74.00	07400	RENAL DIALYSIS	38,603	9,228,160	0.004183	3,806,860	15,924	74.00
75.00	07500	ASC (NON-DISTINCT PART)	245,021	6,599,574	0.037127	523,138	19,423	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.01
90.02	09001	WOUND CARE	169,284	7,968,527	0.021244	138,846	2,950	90.02
90.03	09002	PAIN MANAGMENT	134,209	2,432,407	0.055175	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0.000000	0	0	90.05
90.06	09005	DIABETES CENTER	22,244	150,623	0.147680	0	0	90.06
90.07	09003	NILES INFUSION CENTER	644,734	4,657,937	0.138416	139,081	19,251	90.07
91.00	09100	EMERGENCY	964,036	77,074,675	0.012508	7,047,699	88,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	393,352	14,305,788	0.027496	815,634	22,427	92.00
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	0	93.01
200.00		Total (lines 50 through 199)	11,740,340	993,700,056		128,993,171	1,358,845	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/8/2021 12:42 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost				
			Post-Stepdown	Post-Stepdown	Post-Stepdown	Cost					
			Adjustments	Adjustments	Adjustments						
			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		
31.01	02060	SPECIAL CARE NURSERY	0	0	0	0	0	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
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		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed	Total Costs	Total Patient	Per Diem (col.	Inpatient				
			Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days				
			Amount (see	1 through 3,							
			instructions)	minus col. 4)							
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	44,105	0.00	11,665	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	3,438	0.00	1,238	31.00			
31.01	02060	SPECIAL CARE NURSERY	0	0	923	0.00	0	31.01			
40.00	04000	SUBPROVIDER - IPF	0	0	6,856	0.00	1,677	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	3,293	0.00	1,370	41.00			
43.00	04300	NURSERY	0	0	3,999	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	2,682	0.00	1,592	44.00			
200.00		Total (lines 30 through 199)	0	0	65,296		17,542	200.00			
Cost Center Description			Inpatient								
			Program								
			Pass-Through								
			Cost (col. 7 x								
			col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	02060	SPECIAL CARE NURSERY	0								31.01
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0	0	0	0	60.01
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 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	87,093,508	0.000000	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,051,524	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	29,160,467	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,937,339	0.000000	54.00
54.02	03480 CANCER TREATMENT CENTER	0	0	0	9,204,415	0.000000	54.02
54.03	03630 ULTRASOUND	0	0	0	21,163,320	0.000000	54.03
54.04	05401 SPECIAL PROCEDURES	0	0	0	5,211,233	0.000000	54.04
54.05	05402 OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700 CT SCAN	0	0	0	99,552,576	0.000000	57.00
58.00	05800 MRI	0	0	0	27,601,260	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	38,479,375	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	206,341,910	0.000000	60.00
60.01	03420 PATHOLOGY	0	0	0	9,812,991	0.000000	60.01
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	14,749,884	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	25,080,708	0.000000	65.00
66.01	06601 REHABILITATION MEDICINE	0	0	0	20,142,521	0.000000	66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	16,996,171	0.000000	69.00
69.02	03140 CARDIOLOGY	0	0	0	26,715,879	0.000000	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,609,410	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,549,911	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	693,044	693,044	115,827,963	0.005983	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	9,228,160	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	6,599,574	0.000000	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001 WOUND CARE	0	0	0	7,968,527	0.000000	90.02
90.03	09002 PAIN MANAGEMENT	0	0	0	2,432,407	0.000000	90.03
90.05	09004 WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005 DIABETES CENTER	0	0	0	150,623	0.000000	90.06
90.07	09003 NILES INFUSION CENTER	0	0	0	4,657,937	0.000000	90.07
91.00	09100 EMERGENCY	0	0	0	77,074,675	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,305,788	0.000000	92.00
93.01	04950 OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00	Total (lines 50 through 199)	0	693,044	693,044	993,700,056		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	9,149,051	0	13,514,094	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	11,181	0	1,594	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	3,856,287	0	2,584,587	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,004,008	0	10,333,330	0	54.00	
54.02	03480	CANCER TREATMENT CENTER	0.000000	41,865	0	2,310,739	0	54.02	
54.03	03630	ULTRASOUND	0.000000	542,378	0	1,563,094	0	54.03	
54.04	05401	SPECIAL PROCEDURES	0.000000	886,814	0	933,243	0	54.04	
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05	
57.00	05700	CT SCAN	0.000000	11,819,960	0	16,037,360	0	57.00	
58.00	05800	MRI	0.000000	2,642,820	0	4,930,618	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,327,256	0	5,808,714	0	59.00	
60.00	06000	LABORATORY	0.000000	31,165,600	0	9,640,363	0	60.00	
60.01	03420	PATHOLOGY	0.000000	603,544	0	1,248,866	0	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	3,128,958	0	1,058,724	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	7,938,149	0	325,347	0	65.00	
66.01	06601	REHABILITATION MEDICINE	0.000000	2,086,195	0	50,163	0	66.01	
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,515,158	0	2,356,054	0	69.00	
69.02	03140	CARDIOLOGY	0.000000	3,943,079	0	5,808,529	0	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,811,202	0	2,293,872	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,919,760	0	3,476,931	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.005983	14,128,648	84,532	21,360,357	127,799	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	3,806,860	0	341,177	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	523,138	0	1,087,885	0	75.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01	
90.02	09001	WOUND CARE	0.000000	138,846	0	3,317,777	0	90.02	
90.03	09002	PAIN MANAGMENT	0.000000	0	0	1,082,197	0	90.03	
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	DIABETES CENTER	0.000000	0	0	0	0	90.06	
90.07	09003	NILES INFUSION CENTER	0.000000	139,081	0	1,123,059	0	90.07	
91.00	09100	EMERGENCY	0.000000	7,047,699	0	6,859,110	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	815,634	0	4,243,357	0	92.00	
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01	
200.00		Total (lines 50 through 199)		128,993,171	84,532	123,691,141	127,799	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/8/2021 12:42 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	0.177738	13,514,094	0	0	2,401,968	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325683	1,594	0	0	519	52.00
53.00	05300	ANESTHESIOLOGY	0.020960	2,584,587	0	0	54,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169567	10,333,330	0	0	1,752,192	54.00
54.02	03480	CANCER TREATMENT CENTER	0.203666	2,310,739	0	0	470,619	54.02
54.03	03630	ULTRASOUND	0.129170	1,563,094	0	0	201,905	54.03
54.04	05401	SPECIAL PROCEDURES	0.207922	933,243	0	0	194,042	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN	0.024060	16,037,360	0	0	385,859	57.00
58.00	05800	MRI	0.044665	4,930,618	0	0	220,226	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140624	5,808,714	0	0	816,845	59.00
60.00	06000	LABORATORY	0.080725	9,640,363	0	0	778,218	60.00
60.01	03420	PATHOLOGY	0.224894	1,248,866	0	0	280,862	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.068227	1,058,724	0	0	72,234	63.00
65.00	06500	RESPIRATORY THERAPY	0.150750	325,347	0	0	49,046	65.00
66.01	06601	REHABILITATION MEDICINE	0.386846	50,163	0	0	19,405	66.01
69.00	06900	ELECTROCARDIOLOGY	0.099464	2,356,054	0	0	234,343	69.00
69.02	03140	CARDIOLOGY	0.163351	5,808,529	0	0	948,829	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	2,293,872	0	0	2,071,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.476968	3,476,931	0	0	1,658,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231749	21,360,357	2,109	109,388	4,950,241	73.00
74.00	07400	RENAL DIALYSIS	0.121553	341,177	0	0	41,471	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.174775	1,087,885	0	0	190,135	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE	0.209554	3,317,777	0	0	695,253	90.02
90.03	09002	PAIN MANAGMENT	0.397485	1,082,197	0	0	430,157	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	1.716079	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0.657716	1,123,059	0	0	738,654	90.07
91.00	09100	EMERGENCY	0.168589	6,859,110	0	0	1,156,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.373774	4,243,357	0	0	1,586,057	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00		Subtotal (see instructions)		123,691,141	2,109	109,388	22,399,588	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)		123,691,141	2,109	109,388	22,399,588	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/8/2021 12:42 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
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
54.02	03480	CANCER TREATMENT CENTER	0	0		54.02
54.03	03630	ULTRASOUND	0	0		54.03
54.04	05401	SPECIAL PROCEDURES	0	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
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
60.01	03420	PATHOLOGY	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.01	06601	REHABILITATION MEDICINE	0	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	03140	CARDIOLOGY	0	0		69.02
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	489	25,351		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	0	0		90.02
90.03	09002	PAIN MANAGMENT	0	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	0	0		90.06
90.07	09003	NILES INFUSION CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.01	04950	OCCUP HEALTH	0	0		93.01
200.00		Subtotal (see instructions)	489	25,351		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	489	25,351		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-S114

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII			Subprovider - IPF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,841,761	87,093,508	0.021147	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	205,649	15,051,524	0.013663	0	0	52.00
53.00 05300 ANESTHESIOLOGY	138,862	29,160,467	0.004762	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,242,959	56,937,339	0.021830	27,595	602	54.00
54.02 03480 CANCER TREATMENT CENTER	244,365	9,204,415	0.026549	0	0	54.02
54.03 03630 ULTRASOUND	232,808	21,163,320	0.011001	7,528	83	54.03
54.04 05401 SPECIAL PROCEDURES	57,357	5,211,233	0.011006	0	0	54.04
54.05 05402 OP ONCOLOGY	0	0	0.000000	0	0	54.05
57.00 05700 CT SCAN	116,377	99,552,576	0.001169	100,861	118	57.00
58.00 05800 MRI	89,234	27,601,260	0.003233	13,189	43	58.00
59.00 05900 CARDIAC CATHETERIZATION	331,295	38,479,375	0.008610	0	0	59.00
60.00 06000 LABORATORY	920,853	206,341,910	0.004463	634,265	2,831	60.00
60.01 03420 PATHOLOGY	132,191	9,812,991	0.013471	0	0	60.01
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	42,548	14,749,884	0.002885	3,717	11	63.00
65.00 06500 RESPIRATORY THERAPY	347,956	25,080,708	0.013873	18,822	261	65.00
66.01 06601 REHABILITATION MEDICINE	402,574	20,142,521	0.019986	7,161	143	66.01
69.00 06900 ELECTROCARDIOLOGY	157,890	16,996,171	0.009290	48,250	448	69.00
69.02 03140 CARDIOLOGY	367,684	26,715,879	0.013763	3,670	51	69.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,062,681	26,609,410	0.039936	1,563	62	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	278,918	19,549,911	0.014267	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	914,895	115,827,963	0.007899	381,687	3,015	73.00
74.00 07400 RENAL DIALYSIS	38,603	9,228,160	0.004183	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	245,021	6,599,574	0.037127	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 04040 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.01
90.02 09001 WOUND CARE	169,284	7,968,527	0.021244	0	0	90.02
90.03 09002 PAIN MANAGMENT	134,209	2,432,407	0.055175	0	0	90.03
90.05 09004 WOMENS CENTER	0	0	0.000000	0	0	90.05
90.06 09005 DIABETES CENTER	22,244	150,623	0.147680	0	0	90.06
90.07 09003 NILES INFUSION CENTER	644,734	4,657,937	0.138416	0	0	90.07
91.00 09100 EMERGENCY	964,036	77,074,675	0.012508	278,462	3,483	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,305,788	0.000000	0	0	92.00
93.01 04950 OCCUP HEALTH	0	0	0.000000	0	0	93.01
200.00 Total (lines 50 through 199)	11,346,988	993,700,056		1,526,770	11,151	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XVIII		Subprovider - IPF		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
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
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
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
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
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
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	693,044	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	693,044	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	87,093,508	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,051,524	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,160,467	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	56,937,339	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	9,204,415	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	21,163,320	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	5,211,233	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	99,552,576	0.000000	57.00
58.00	05800	MRI	0	0	0	27,601,260	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,479,375	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	206,341,910	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	9,812,991	0.000000	60.01
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	14,749,884	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,080,708	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	20,142,521	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,996,171	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	26,715,879	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,609,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,549,911	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	693,044	693,044	115,827,963	0.005983	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,228,160	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	6,599,574	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	7,968,527	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,432,407	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	150,623	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	4,657,937	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	77,074,675	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,305,788	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	693,044	693,044	993,700,056		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
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	27,595	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	7,528	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	100,861	0	0	0	57.00
58.00	05800	MRI		0.000000	13,189	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	634,265	0	0	0	60.00
60.01	03420	PATHOLOGY		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	3,717	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	18,822	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	7,161	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	48,250	0	6,280	0	69.00
69.02	03140	CARDIOLOGY		0.000000	3,670	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,563	0	43	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.005983	381,687	2,284	9,206	55	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	278,462	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			1,526,770	2,284	15,529	55	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-S114

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII

Subprovider -
IPF

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	0.177738	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325683	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.020960	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169567	0	0	0	0 54.00
54.02	03480 CANCER TREATMENT CENTER	0.203666	0	0	0	0 54.02
54.03	03630 ULTRASOUND	0.129170	0	0	0	0 54.03
54.04	05401 SPECIAL PROCEDURES	0.207922	0	0	0	0 54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0 54.05
57.00	05700 CT SCAN	0.024060	0	0	0	0 57.00
58.00	05800 MRI	0.044665	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140624	0	0	0	0 59.00
60.00	06000 LABORATORY	0.080725	0	0	0	0 60.00
60.01	03420 PATHOLOGY	0.224894	0	0	0	0 60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.068227	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.150750	0	0	0	0 65.00
66.01	06601 REHABILITATION MEDICINE	0.386846	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.099464	6,280	0	0	625 69.00
69.02	03140 CARDIOLOGY	0.163351	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	43	0	0	39 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.476968	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231749	9,206	0	226	2,133 73.00
74.00	07400 RENAL DIALYSIS	0.121553	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.174775	0	0	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0 90.01
90.02	09001 WOUND CARE	0.209554	0	0	0	0 90.02
90.03	09002 PAIN MANAGMENT	0.397485	0	0	0	0 90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0 90.05
90.06	09005 DIABETES CENTER	1.716079	0	0	0	0 90.06
90.07	09003 NILES INFUSION CENTER	0.657716	0	0	0	0 90.07
91.00	09100 EMERGENCY	0.168589	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.373774	0	0	0	0 92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0 93.01
200.00	Subtotal (see instructions)		15,529	0	226	2,797 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		15,529	0	226	2,797 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 4/8/2021 12:42 pm
				Title XVIII	Subprovider - IPF	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
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
54.02	03480	CANCER TREATMENT CENTER	0	0		54.02
54.03	03630	ULTRASOUND	0	0		54.03
54.04	05401	SPECIAL PROCEDURES	0	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
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
60.01	03420	PATHOLOGY	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.01	06601	REHABILITATION MEDICINE	0	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	03140	CARDIOLOGY	0	0		69.02
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	52		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	0	0		90.02
90.03	09002	PAIN MANAGMENT	0	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	0	0		90.06
90.07	09003	NILES INFUSION CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.01	04950	OCCUP HEALTH	0	0		93.01
200.00		Subtotal (see instructions)	0	52		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	52		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-T114

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/8/2021 12:42 pm

			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,841,761	87,093,508	0.021147	4,965	105
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,649	15,051,524	0.013663	0	0
53.00	05300	ANESTHESIOLOGY	138,862	29,160,467	0.004762	1,058	5
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,242,959	56,937,339	0.021830	136,482	2,979
54.02	03480	CANCER TREATMENT CENTER	244,365	9,204,415	0.026549	0	0
54.03	03630	ULTRASOUND	232,808	21,163,320	0.011001	15,089	166
54.04	05401	SPECIAL PROCEDURES	57,357	5,211,233	0.011006	9,252	102
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	0
57.00	05700	CT SCAN	116,377	99,552,576	0.001169	112,782	132
58.00	05800	MRI	89,234	27,601,260	0.003233	31,743	103
59.00	05900	CARDIAC CATHETERIZATION	331,295	38,479,375	0.008610	0	0
60.00	06000	LABORATORY	920,853	206,341,910	0.004463	634,302	2,831
60.01	03420	PATHOLOGY	132,191	9,812,991	0.013471	1,249	17
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	42,548	14,749,884	0.002885	36,176	104
65.00	06500	RESPIRATORY THERAPY	347,956	25,080,708	0.013873	287,006	3,982
66.01	06601	REHABILITATION MEDICINE	402,574	20,142,521	0.019986	1,414,580	28,272
69.00	06900	ELECTROCARDIOLOGY	157,890	16,996,171	0.009290	23,388	217
69.02	03140	CARDIOLOGY	367,684	26,715,879	0.013763	12,835	177
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,062,681	26,609,410	0.039936	158,522	6,331
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	278,918	19,549,911	0.014267	1,948	28
73.00	07300	DRUGS CHARGED TO PATIENTS	914,895	115,827,963	0.007899	629,307	4,971
74.00	07400	RENAL DIALYSIS	38,603	9,228,160	0.004183	260,061	1,088
75.00	07500	ASC (NON-DISTINCT PART)	245,021	6,599,574	0.037127	1,427	53
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0
90.02	09001	WOUND CARE	169,284	7,968,527	0.021244	0	0
90.03	09002	PAIN MANAGMENT	134,209	2,432,407	0.055175	0	0
90.05	09004	WOMENS CENTER	0	0	0.000000	0	0
90.06	09005	DIABETES CENTER	22,244	150,623	0.147680	0	0
90.07	09003	NILES INFUSION CENTER	644,734	4,657,937	0.138416	2,429	336
91.00	09100	EMERGENCY	964,036	77,074,675	0.012508	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,305,788	0.000000	0	0
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	0
200.00	Total (lines 50 through 199)		11,346,988	993,700,056		3,774,601	51,999

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 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
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
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
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
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
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
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	693,044	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	693,044	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 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	87,093,508	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,051,524	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,160,467	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	56,937,339	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	9,204,415	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	21,163,320	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	5,211,233	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	99,552,576	0.000000	57.00
58.00	05800	MRI	0	0	0	27,601,260	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,479,375	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	206,341,910	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	9,812,991	0.000000	60.01
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	14,749,884	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,080,708	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	20,142,521	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,996,171	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	26,715,879	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,609,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,549,911	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	693,044	693,044	115,827,963	0.005983	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,228,160	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	6,599,574	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	7,968,527	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,432,407	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	150,623	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	4,657,937	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	77,074,675	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,305,788	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	693,044	693,044	993,700,056		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 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		4,965	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		1,058	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		136,482	0	13,738	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000		0	0	0	0	54.02
54.03	03630	ULTRASOUND	0.000000		15,089	0	1,692	0	54.03
54.04	05401	SPECIAL PROCEDURES	0.000000		9,252	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0.000000		0	0	0	0	54.05
57.00	05700	CT SCAN	0.000000		112,782	0	2,990	0	57.00
58.00	05800	MRI	0.000000		31,743	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		634,302	0	51	0	60.00
60.01	03420	PATHOLOGY	0.000000		1,249	0	488	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		36,176	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		287,006	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0.000000		1,414,580	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		23,388	0	2,859	0	69.00
69.02	03140	CARDIOLOGY	0.000000		12,835	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		158,522	0	3,298	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		1,948	0	67	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.005983		629,307	3,765	29,646	177	73.00
74.00	07400	RENAL DIALYSIS	0.000000		260,061	0	41,459	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		1,427	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC	0.000000		0	0	0	0	90.01
90.02	09001	WOUND CARE	0.000000		0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0.000000		0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0.000000		0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0.000000		0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0.000000		2,429	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000		0	0	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0.000000		0	0	0	0	93.01
200.00		Total (lines 50 through 199)			3,774,601	3,765	96,348	177	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-T114

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/8/2021 12:42 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	0.177738	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325683	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020960	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169567	13,738	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0.203666	0	0	0	54.02
54.03	03630 ULTRASOUND	0.129170	1,692	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0.207922	0	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	54.05
57.00	05700 CT SCAN	0.024060	2,990	0	0	57.00
58.00	05800 MRI	0.044665	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140624	0	0	0	59.00
60.00	06000 LABORATORY	0.080725	51	0	0	60.00
60.01	03420 PATHOLOGY	0.224894	488	0	0	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.068227	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.150750	0	0	0	65.00
66.01	06601 REHABILITATION MEDICINE	0.386846	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.099464	2,859	0	0	69.00
69.02	03140 CARDIOLOGY	0.163351	0	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	3,298	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.476968	67	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231749	29,646	0	113	73.00
74.00	07400 RENAL DIALYSIS	0.121553	41,459	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.174775	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	90.01
90.02	09001 WOUND CARE	0.209554	0	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.397485	0	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	90.05
90.06	09005 DIABETES CENTER	1.716079	0	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.657716	0	0	0	90.07
91.00	09100 EMERGENCY	0.168589	60	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.373774	0	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	93.01
200.00	Subtotal (see instructions)		96,348	0	113	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		96,348	0	113	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-T114

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/8/2021 12:42 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
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
54.02	03480	CANCER TREATMENT CENTER	0	0		54.02
54.03	03630	ULTRASOUND	0	0		54.03
54.04	05401	SPECIAL PROCEDURES	0	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
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
60.01	03420	PATHOLOGY	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.01	06601	REHABILITATION MEDICINE	0	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	03140	CARDIOLOGY	0	0		69.02
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	26		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	0	0		90.02
90.03	09002	PAIN MANAGMENT	0	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	0	0		90.06
90.07	09003	NILES INFUSION CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.01	04950	OCCUP HEALTH	0	0		93.01
200.00		Subtotal (see instructions)	0	26		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	26		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114
Component CCN: 14-5573

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

Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
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
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0 54.02
54.03	03630	ULTRASOUND	0	0	0	0	0 54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0 54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0 54.05
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
60.01	03420	PATHOLOGY	0	0	0	0	0 60.01
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.02	03140	CARDIOLOGY	0	0	0	0	0 69.02
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	693,044 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0 90.01
90.02	09001	WOUND CARE	0	0	0	0	0 90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	0 90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0 90.05
90.06	09005	DIABETES CENTER	0	0	0	0	0 90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	0 90.07
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0 93.01
200.00		Total (lines 50 through 199)	0	0	0	0	693,044 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 pm	
			Title XVIII		Skilled Nursing Facility		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	87,093,508	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,051,524	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,160,467	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	56,937,339	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	9,204,415	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	21,163,320	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	5,211,233	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	99,552,576	0.000000	57.00
58.00	05800	MRI	0	0	0	27,601,260	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,479,375	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	206,341,910	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	9,812,991	0.000000	60.01
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	14,749,884	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,080,708	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	20,142,521	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,996,171	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	26,715,879	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,609,410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,549,911	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	693,044	693,044	115,827,963	0.005983	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,228,160	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	6,599,574	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	7,968,527	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,432,407	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	150,623	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	4,657,937	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	77,074,675	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,305,788	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	693,044	693,044	993,700,056		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XVIII		Skilled Nursing Facility		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	1,096	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,645	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	86,098	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	4,397	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	9,637	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	86,079	0	0	0	57.00
58.00	05800	MRI		0.000000	9,187	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	499,189	0	0	0	60.00
60.01	03420	PATHOLOGY		0.000000	740	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	3,158	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	343,546	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	1,128,812	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	12,321	0	0	0	69.00
69.02	03140	CARDIOLOGY		0.000000	2,407	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	68,786	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	338	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.005983	616,234	3,687	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	3,571	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			2,878,241	3,687	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-5573

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII

Skilled Nursing
Facility

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	0.177738	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325683	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.020960	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169567	0	0	0	0 54.00
54.02	03480 CANCER TREATMENT CENTER	0.203666	0	0	0	0 54.02
54.03	03630 ULTRASOUND	0.129170	0	0	0	0 54.03
54.04	05401 SPECIAL PROCEDURES	0.207922	0	0	0	0 54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0 54.05
57.00	05700 CT SCAN	0.024060	0	0	0	0 57.00
58.00	05800 MRI	0.044665	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140624	0	0	0	0 59.00
60.00	06000 LABORATORY	0.080725	0	0	0	0 60.00
60.01	03420 PATHOLOGY	0.224894	0	0	0	0 60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.068227	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.150750	0	0	0	0 65.00
66.01	06601 REHABILITATION MEDICINE	0.386846	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.099464	0	0	0	0 69.00
69.02	03140 CARDIOLOGY	0.163351	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.476968	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231749	0	0	1,764	0 73.00
74.00	07400 RENAL DIALYSIS	0.121553	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.174775	0	0	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0 90.01
90.02	09001 WOUND CARE	0.209554	0	0	0	0 90.02
90.03	09002 PAIN MANAGMENT	0.397485	0	0	0	0 90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0 90.05
90.06	09005 DIABETES CENTER	1.716079	0	0	0	0 90.06
90.07	09003 NILES INFUSION CENTER	0.657716	0	0	0	0 90.07
91.00	09100 EMERGENCY	0.168589	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.373774	0	0	0	0 92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0 93.01
200.00	Subtotal (see instructions)		0	0	1,764	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	1,764	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-5573

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII

Skilled Nursing
Facility

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
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
54.02	03480	CANCER TREATMENT CENTER	0	0	54.02
54.03	03630	ULTRASOUND	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	54.05
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
60.01	03420	PATHOLOGY	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	69.02
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	409	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040	FAMILY PRACTICE CLINIC	0	0	90.01
90.02	09001	WOUND CARE	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	90.07
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	93.01
200.00		Subtotal (see instructions)	0	409	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	409	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/8/2021 12:42 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,143,474	0	3,143,474	44,105	71.27	30.00
31.00	INTENSIVE CARE UNIT	426,479		426,479	3,438	124.05	31.00
31.01	SPECIAL CARE NURSERY	99,600		99,600	923	107.91	31.01
40.00	SUBPROVIDER - IPF	380,106	0	380,106	6,856	55.44	40.00
41.00	SUBPROVIDER - IRF	240,455	0	240,455	3,293	73.02	41.00
43.00	NURSERY	153,310		153,310	3,999	38.34	43.00
44.00	SKILLED NURSING FACILITY	323,405		323,405	2,682	120.58	44.00
200.00	Total (lines 30 through 199)	4,766,829		4,766,829	65,296		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	4,883	348,011				
31.00	INTENSIVE CARE UNIT	454	56,319				
31.01	SPECIAL CARE NURSERY	0	0				
40.00	SUBPROVIDER - IPF	1,555	86,209				
41.00	SUBPROVIDER - IRF	389	28,405				
43.00	NURSERY	1,936	74,226				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	9,217	593,170				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,841,761	0	0.000000	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,649	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	138,862	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,242,959	0	0.000000	0	0 54.00
54.02	03480	CANCER TREATMENT CENTER	244,365	0	0.000000	0	0 54.02
54.03	03630	ULTRASOUND	232,808	0	0.000000	0	0 54.03
54.04	05401	SPECIAL PROCEDURES	57,357	0	0.000000	0	0 54.04
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	0 54.05
57.00	05700	CT SCAN	116,377	0	0.000000	0	0 57.00
58.00	05800	MRI	89,234	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	331,295	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	920,853	0	0.000000	0	0 60.00
60.01	03420	PATHOLOGY	132,191	0	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	42,548	0	0.000000	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	347,956	0	0.000000	0	0 65.00
66.01	06601	REHABILITATION MEDICINE	402,574	0	0.000000	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	157,890	0	0.000000	0	0 69.00
69.02	03140	CARDIOLOGY	367,684	0	0.000000	0	0 69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,062,681	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	278,918	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	914,895	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	38,603	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	245,021	0	0.000000	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0 90.01
90.02	09001	WOUND CARE	169,284	0	0.000000	0	0 90.02
90.03	09002	PAIN MANAGEMENT	134,209	0	0.000000	0	0 90.03
90.05	09004	WOMENS CENTER	0	0	0.000000	0	0 90.05
90.06	09005	DIABETES CENTER	22,244	0	0.000000	0	0 90.06
90.07	09003	NILES INFUSION CENTER	644,734	0	0.000000	0	0 90.07
91.00	09100	EMERGENCY	964,036	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	393,353	0	0.000000	0	0 92.00
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	0 93.01
200.00		Total (lines 50 through 199)	11,740,341	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/8/2021 12:42 pm		
					Title XIX		Hospital		Cost		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
31.01	02060	SPECIAL CARE NURSERY		0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
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	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
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	44,105	0.00	4,883		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	3,438	0.00	454		31.00	
31.01	02060	SPECIAL CARE NURSERY		0	0	923	0.00	0		31.01	
40.00	04000	SUBPROVIDER - IPF		0	0	6,856	0.00	1,555		40.00	
41.00	04100	SUBPROVIDER - IRF		0	0	3,293	0.00	389		41.00	
43.00	04300	NURSERY		0	0	3,999	0.00	1,936		43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	2,682	0.00	0		44.00	
200.00		Total (lines 30 through 199)		0	0	65,296		9,217		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
31.01	02060	SPECIAL CARE NURSERY		0						31.01	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
41.00	04100	SUBPROVIDER - IRF		0						41.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
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
60.01	03420	PATHOLOGY	0	0	0	0	0	60.01
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	0	69.02
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	693,044	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	693,044	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description			Title XIX		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0.000000
54.03	03630	ULTRASOUND	0	0	0	0	0.000000
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0.000000
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000
57.00	05700	CT SCAN	0	0	0	0	0.000000
58.00	05800	MRI	0	0	0	0	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00	06000	LABORATORY	0	0	0	0	0.000000
60.01	03420	PATHOLOGY	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000
69.02	03140	CARDIOLOGY	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	693,044	693,044	0	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000
90.02	09001	WOUND CARE	0	0	0	0	0.000000
90.03	09002	PAIN MANAGMENT	0	0	0	0	0.000000
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000
90.06	09005	DIABETES CENTER	0	0	0	0	0.000000
90.07	09003	NILES INFUSION CENTER	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	0	0	0	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	693,044	693,044	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0.000000	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE	0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0.000000	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 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)		44,105	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,105	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)		38,586	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)		11,665	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)		42,731,551	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)		42,731,551	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)		42,731,551	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)		968.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,301,752	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)		11,301,752	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

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

Worksheet D-1

Date/Time Prepared:
4/8/2021 12:42 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,351,618	3,438	2,429.21	1,238	3,007,362
43.01	SPECIAL CARE NURSERY	1,923,601	923	2,084.07	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)					21,844,146
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,153,260
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					984,939
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,443,377
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,428,316
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,724,944
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					5,519
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					968.86
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,347,138

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

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

Worksheet D-1

Date/Time Prepared:
4/8/2021 12:42 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,143,474	42,731,551	0.073563	5,347,138	393,352	90.00
91.00 Nursing School cost	0	42,731,551	0.000000	5,347,138	0	91.00
92.00 Allied health cost	0	42,731,551	0.000000	5,347,138	0	92.00
93.00 All other Medical Education	0	42,731,551	0.000000	5,347,138	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,856	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,856	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)		6,856	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)		1,677	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)		4,844,321	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)		4,844,321	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)		4,844,321	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)		706.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,184,935	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)		1,184,935	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					207,941	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,392,876	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					92,973	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,435	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					106,408	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,286,468	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-S114

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	380,106	4,844,321	0.078464	0	0	90.00
91.00	Nursing School cost	0	4,844,321	0.000000	0	0	91.00
92.00	Allied health cost	0	4,844,321	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,844,321	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 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)		3,293	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,293	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)		3,293	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)		1,370	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)		3,220,630	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)		3,220,630	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)		3,220,630	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)		978.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,339,887	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)		1,339,887	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,004,307	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,344,194	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					100,037	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					55,764	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					155,801	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,188,393	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 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	240,455	3,220,630	0.074661	0	0	90.00
91.00	Nursing School cost	0	3,220,630	0.000000	0	0	91.00
92.00	Allied health cost	0	3,220,630	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,220,630	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Skilled Nursing Facility	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)		2,682	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,682	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)		2,682	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)		1,592	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)		2,615,525	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)		2,615,525	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)		2,615,525	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
			Title XVIII	Skilled Nursing Facility	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)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
43.01 SPECIAL CARE NURSERY						43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,615,525	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					975.21	71.00
72.00 Program routine service cost (line 9 x line 71)					1,552,534	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					1,552,534	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					1,552,534	83.00
84.00 Program inpatient ancillary services (see instructions)					755,950	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					2,308,484	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-5573

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII

Skilled Nursing
Facility

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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
		Title XIX	Hospital	Cost	
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)		44,105	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,105	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)		38,586	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)		4,883	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)		3,999	15.00	
16.00	Nursery days (title V or XIX only)		1,936	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)		47,606,091	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)		47,606,091	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)		47,606,091	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)		1,079.38	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,270,613	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,270,613	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

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

Worksheet D-1

Date/Time Prepared:
4/8/2021 12:42 pm

		Title XIX		Hospital		Cost		
	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)	4,537,139	3,999	1,134.57	1,936	2,196,528	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,849,709	3,438	2,574.09	454	1,168,637	43.00	
43.01	SPECIAL CARE NURSERY	1,948,631	923	2,111.19	0	0	43.01	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						8,635,778	49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						5,519	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,079.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						5,957,098	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

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

Worksheet D-1

Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Title XIX		Hospital		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	3,143,474	47,606,091	0.066031	5,957,098	393,353	90.00
91.00	Nursing School cost	0	47,606,091	0.000000	5,957,098	0	91.00
92.00	Allied health cost	0	47,606,091	0.000000	5,957,098	0	92.00
93.00	All other Medical Education	0	47,606,091	0.000000	5,957,098	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm
		Title XIX	Subprovider - IPF	Cost
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)			6,856 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,856 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)			6,856 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)			1,555 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)			3,999 15.00
16.00	Nursery days (title V or XIX only)			1,936 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)			4,844,321 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)			4,844,321 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)			4,844,321 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)			706.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,098,732 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)			1,098,732 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,098,732	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
			Title XIX		Subprovider - IPF		Cost	
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		380,106	4,844,321	0.078464	0	0	90.00
91.00	Nursing School cost		0	4,844,321	0.000000	0	0	91.00
92.00	Allied health cost		0	4,844,321	0.000000	0	0	92.00
93.00	All other Medical Education		0	4,844,321	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm
		Title XIX	Subprovider - IRF	Cost
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)			3,293 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,293 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)			3,293 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)			389 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)			3,999 15.00
16.00	Nursery days (title V or XIX only)			1,936 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)			3,220,630 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)			3,220,630 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)			3,220,630 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)			978.02 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			380,450 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)			380,450 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm
			Title XIX	Subprovider - IRF	Cost
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
43.01 SPECIAL CARE NURSERY	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)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					380,450
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
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: 14-0114 Component CCN: 14-T114		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/8/2021 12:42 pm	
				Title XIX		Subprovider - IRF		Cost	
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	240,455	3,220,630	0.074661	0	0	90.00		
91.00	Nursing School cost	0	3,220,630	0.000000	0	0	91.00		
92.00	Allied health cost	0	3,220,630	0.000000	0	0	92.00		
93.00	All other Medical Education	0	3,220,630	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/8/2021 12:42 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		35,062,123	30.00
31.00	03100	INTENSIVE CARE UNIT		4,501,853	31.00
31.01	02060	SPECIAL CARE NURSERY		0	31.01
40.00	04000	SUBPROVIDER - IPF		2,485	40.00
41.00	04100	SUBPROVIDER - IRF		161,695	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.177738	9,149,051	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325683	11,181	52.00
53.00	05300	ANESTHESIOLOGY	0.020960	3,856,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169567	6,004,008	54.00
54.02	03480	CANCER TREATMENT CENTER	0.203666	41,865	54.02
54.03	03630	ULTRASOUND	0.129170	542,378	54.03
54.04	05401	SPECIAL PROCEDURES	0.207922	886,814	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	54.05
57.00	05700	CT SCAN	0.024060	11,819,960	57.00
58.00	05800	MRI	0.044665	2,642,820	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140624	7,327,256	59.00
60.00	06000	LABORATORY	0.080725	31,165,600	60.00
60.01	03420	PATHOLOGY	0.224894	603,544	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.068227	3,128,958	63.00
65.00	06500	RESPIRATORY THERAPY	0.150750	7,938,149	65.00
66.01	06601	REHABILITATION MEDICINE	0.386846	2,086,195	66.01
69.00	06900	ELECTROCARDIOLOGY	0.099464	2,515,158	69.00
69.02	03140	CARDIOLOGY	0.163351	3,943,079	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	4,811,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.476968	3,919,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231749	14,128,648	73.00
74.00	07400	RENAL DIALYSIS	0.121553	3,806,860	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.174775	523,138	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	90.01
90.02	09001	WOUND CARE	0.209554	138,846	90.02
90.03	09002	PAIN MANAGEMENT	0.397485	0	90.03
90.05	09004	WOMENS CENTER	0.000000	0	90.05
90.06	09005	DIABETES CENTER	1.716079	0	90.06
90.07	09003	NILES INFUSION CENTER	0.657716	139,081	90.07
91.00	09100	EMERGENCY	0.168589	7,047,699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.373774	815,634	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		128,993,171	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)		128,993,171	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/8/2021 12:42 pm	
			Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02060	SPECIAL CARE NURSERY		0		31.01
40.00	04000	SUBPROVIDER - IPF		4,385,117		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.177738	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325683	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020960	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169567	27,595	4,679	54.00
54.02	03480	CANCER TREATMENT CENTER	0.203666	0	0	54.02
54.03	03630	ULTRASOUND	0.129170	7,528	972	54.03
54.04	05401	SPECIAL PROCEDURES	0.207922	0	0	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700	CT SCAN	0.024060	100,861	2,427	57.00
58.00	05800	MRI	0.044665	13,189	589	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140624	0	0	59.00
60.00	06000	LABORATORY	0.080725	634,265	51,201	60.00
60.01	03420	PATHOLOGY	0.224894	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.068227	3,717	254	63.00
65.00	06500	RESPIRATORY THERAPY	0.150750	18,822	2,837	65.00
66.01	06601	REHABILITATION MEDICINE	0.386846	7,161	2,770	66.01
69.00	06900	ELECTROCARDIOLOGY	0.099464	48,250	4,799	69.00
69.02	03140	CARDIOLOGY	0.163351	3,670	599	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	1,563	1,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.476968	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231749	381,687	88,456	73.00
74.00	07400	RENAL DIALYSIS	0.121553	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.174775	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001	WOUND CARE	0.209554	0	0	90.02
90.03	09002	PAIN MANAGEMENT	0.397485	0	0	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	90.05
90.06	09005	DIABETES CENTER	1.716079	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0.657716	0	0	90.07
91.00	09100	EMERGENCY	0.168589	278,462	46,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.373774	0	0	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,526,770	207,941	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		1,526,770	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/8/2021 12:42 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 SPECIAL CARE NURSERY		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,674,270		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177738	4,965	882	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325683	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020960	1,058	22	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169567	136,482	23,143	54.00
54.02	03480 CANCER TREATMENT CENTER	0.203666	0	0	54.02
54.03	03630 ULTRASOUND	0.129170	15,089	1,949	54.03
54.04	05401 SPECIAL PROCEDURES	0.207922	9,252	1,924	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.024060	112,782	2,714	57.00
58.00	05800 MRI	0.044665	31,743	1,418	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140624	0	0	59.00
60.00	06000 LABORATORY	0.080725	634,302	51,204	60.00
60.01	03420 PATHOLOGY	0.224894	1,249	281	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.068227	36,176	2,468	63.00
65.00	06500 RESPIRATORY THERAPY	0.150750	287,006	43,266	65.00
66.01	06601 REHABILITATION MEDICINE	0.386846	1,414,580	547,225	66.01
69.00	06900 ELECTROCARDIOLOGY	0.099464	23,388	2,326	69.00
69.02	03140 CARDIOLOGY	0.163351	12,835	2,097	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	158,522	143,160	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.476968	1,948	929	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231749	629,307	145,841	73.00
74.00	07400 RENAL DIALYSIS	0.121553	260,061	31,611	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.174775	1,427	249	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.209554	0	0	90.02
90.03	09002 PAIN MANAGEMENT	0.397485	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	1.716079	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.657716	2,429	1,598	90.07
91.00	09100 EMERGENCY	0.168589	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.373774	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,774,601	1,004,307	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,774,601	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/8/2021 12:42 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 SPECIAL CARE NURSERY		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177738	1,096	195	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325683	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020960	2,645	55	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169567	86,098	14,599	54.00
54.02	03480 CANCER TREATMENT CENTER	0.203666	4,397	896	54.02
54.03	03630 ULTRASOUND	0.129170	9,637	1,245	54.03
54.04	05401 SPECIAL PROCEDURES	0.207922	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.024060	86,079	2,071	57.00
58.00	05800 MRI	0.044665	9,187	410	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140624	0	0	59.00
60.00	06000 LABORATORY	0.080725	499,189	40,297	60.00
60.01	03420 PATHOLOGY	0.224894	740	166	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.068227	3,158	215	63.00
65.00	06500 RESPIRATORY THERAPY	0.150750	343,546	51,790	65.00
66.01	06601 REHABILITATION MEDICINE	0.386846	1,128,812	436,676	66.01
69.00	06900 ELECTROCARDIOLOGY	0.099464	12,321	1,225	69.00
69.02	03140 CARDIOLOGY	0.163351	2,407	393	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.903093	68,786	62,120	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.476968	338	161	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231749	616,234	142,812	73.00
74.00	07400 RENAL DIALYSIS	0.121553	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.174775	3,571	624	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.209554	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.397485	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	1.716079	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.657716	0	0	90.07
91.00	09100 EMERGENCY	0.168589	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.373774	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,878,241	755,950	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,878,241		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/8/2021 12:42 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)			27,999,367 1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)			
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			461,135 2.04
3.00	Managed Care Simulated Payments			13,720,806 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			200.92 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)			25.22 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			13.44 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)			38.66 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			56.21 10.00
11.00	FTE count for residents in dental and podiatric programs.			7.64 11.00
12.00	Current year allowable FTE (see instructions)			46.30 12.00
13.00	Total allowable FTE count for the prior year.			46.46 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.			46.66 14.00
15.00	Sum of lines 12 through 14 divided by 3.			46.47 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			46.47 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.231286 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.235753 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.231286 21.00
22.00	IME payment adjustment (see instructions)			3,323,161 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,628,481 22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			17.55 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			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)			3,323,161 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,628,481 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			10.32 30.00
31.00	Percentage of Medicaid patient days (see instructions)			34.52 31.00
32.00	Sum of lines 30 and 31			44.84 32.00
33.00	Allowable disproportionate share percentage (see instructions)			26.21 33.00
34.00	Disproportionate share adjustment (see instructions)			1,834,659 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/8/2021 12:42 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	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,265,576	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,265,576	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,265,576		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	35,883,898			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			37,512,379	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,695,396	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			2,006,988	52.00
53.00	Nursing and Allied Health Managed Care payment			55,490	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			84,532	58.00
59.00	Total (sum of amounts on lines 49 through 58)			42,354,785	59.00
60.00	Primary payer payments			28,775	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,326,010	61.00
62.00	Deductibles billed to program beneficiaries			2,645,984	62.00
63.00	Coinsurance billed to program beneficiaries			121,616	63.00
64.00	Allowable bad debts (see instructions)			1,045,587	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			679,632	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			888,759	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,238,042	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			63,214	70.93
70.94	HRR adjustment amount (see instructions)			-419,990	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/8/2021 12:42 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)		39,881,266	71.00
71.01	Sequestration adjustment (see instructions)		462,623	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		39,269,573	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)		149,070	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		647,734	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)		549,787	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		43,619	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: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,840	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,271,789	2.00
3.00	OPPS payments		21,174,366	3.00
4.00	Outlier payment (see instructions)		15,102	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		127,799	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,840	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		111,497	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)		111,497	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)		111,497	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		85,657	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)		25,840	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)		21,317,267	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)		3,973,292	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)		17,369,815	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,062,529	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)		18,432,344	30.00
31.00	Primary payer payments		3,145	31.00
32.00	Subtotal (line 30 minus line 31)		18,429,199	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)		783,151	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		509,048	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		680,465	36.00
37.00	Subtotal (see instructions)		18,938,247	37.00
38.00	MSP-LCC reconciliation amount from PS&R		238	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)		18,938,009	40.00
40.01	Sequestration adjustment (see instructions)		219,681	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		18,822,087	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)		-103,759	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)		15,767	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: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		52	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,742	2.00
3.00	OPPS payments		950	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		55	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		52	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		226	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)		226	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)		226	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		174	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)		52	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)		1,005	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)		174	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)		883	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)		883	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		883	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)		883	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)		883	40.00
40.01	Sequestration adjustment (see instructions)		10	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		803	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)		70	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: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		26	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,771	2.00
3.00	OPPS payments		8,688	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		177	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		113	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)		113	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)		113	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		87	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)		26	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)		8,865	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,730	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)		7,161	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)		7,161	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,161	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)		7,161	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)		7,161	40.00
40.01	Sequestration adjustment (see instructions)		83	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		4,743	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)		2,335	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: 14-0114 Component CCN: 14-5573	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		409	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		409	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,764	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)		1,764	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)		1,764	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,355	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)		409	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)			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)		409	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)		409	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		409	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)		409	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		409	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		1,729	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-1,325	43.00
43.01	Balance due provider/program-PARHM (see instructions)			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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/8/2021 12:42 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		39,269,573		18,822,087	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)		39,269,573		18,822,087	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		149,070		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		103,759	6.02
7.00	Total Medicare program liability (see instructions)		39,418,643		18,718,328	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0114
 Component CCN: 14-S114

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/8/2021 12:42 pm

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		1,377,440		803		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)		1,377,440		803		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		56,893		70		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,434,333		873		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101			8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0114
 Component CCN: 14-T114

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/8/2021 12:42 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		2,398,308		4,743		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)		2,398,308		4,743		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		47,293		2,335		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,445,601		7,078		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101			8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0114
 Component CCN: 14-5573

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/8/2021 12:42 pm

		Title XVIII		Skilled Nursing Facility	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				
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		929,442		1,729
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		929,442		1,729
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		11,219		0
6.02	SETTLEMENT TO PROGRAM		0		1,325
7.00	Total Medicare program liability (see instructions)		940,661		404
				Contractor Number	NPR Date (Mo/Day/Yr)
				1.00	2.00
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
4/8/2021 12:42 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: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,563,697 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			18.732240 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,563,697 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,563,697 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,563,697 18.00
19.00	Deductibles			124,520 19.00
20.00	Subtotal (line 18 minus line 19)			1,439,177 20.00
21.00	Coinurance			47,432 21.00
22.00	Subtotal (line 20 minus line 21)			1,391,745 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			87,904 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			57,138 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			84,924 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,448,883 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			2,284 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,451,167 31.00
31.01	Sequestration adjustment (see instructions)			16,834 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,377,440 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			56,893 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0114

Period:

Worksheet E-3

Component CCN: 14-T114

From 10/01/2019
To 09/30/2020Part III
Date/Time Prepared:
4/8/2021 12:42 pm

Title XVIII

Subprovider -
IRF

PPS

1.00

PART III - MEDICARE PART A SERVICES - IRF PPS

1.00	Net Federal PPS Payment (see instructions)	2,279,163	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0578	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	210,367	3.00
4.00	Outlier Payments	0	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)	8.997268	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)	2,489,530	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,489,530	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,489,530	19.00
20.00	Deductibles	8,448	20.00
21.00	Subtotal (line 19 minus line 20)	2,481,082	21.00
22.00	Coinurance	17,930	22.00
23.00	Subtotal (line 21 minus line 22)	2,463,152	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	11,363	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	7,386	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	11,363	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,470,538	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	3,765	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)	2,474,303	32.00
32.01	Sequestration adjustment (see instructions)	28,702	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	2,398,308	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)	47,293	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 4/8/2021 12:42 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			975,346 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			3,687 3.00
4.00	Subtotal (sum of lines 1 through 3)			979,033 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			27,291 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			951,742 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			951,742 15.00
15.01	Sequestration adjustment (see instructions)			11,081 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			929,442 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)			11,219 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet E-3
Part VII
Date/Time Prepared:
4/8/2021 12:42 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		8,635,778		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,635,778	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,635,778	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		8,635,778	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		8,635,778	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 4/8/2021 12:42 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	1,098,732		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,098,732	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,098,732	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,098,732	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	1,098,732	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 4/8/2021 12:42 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	380,450		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	380,450	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	380,450	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	380,450	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	380,450	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4 Date/Time Prepared: 4/8/2021 12:42 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.					25.70	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))					0.00	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)					14.98	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)					40.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					56.21	6.00
7.00	Enter the lesser of line 5 or line 6					40.68	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.	39.75	14.02	53.77		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.	28.77	10.15	38.92		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		7.36			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	28.77	17.51			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	30.21	16.78			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	25.77	16.47			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	28.25	16.92			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	28.25	16.92			17.00	
18.00	Per resident amount	162,867.25	154,236.22			18.00	
19.00	Approved amount for resident costs	4,601,000	2,609,677	7,210,677		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)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			15.53		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)			0.00		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)			7,210,677		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,950	1,245	6,224			26.00
27.00	Total Inpatient Days (see instructions)	53,786	53,786	53,786			27.00
28.00	Ratio of inpatient days to total inpatient days	0.296546	0.023147	0.115718			28.00
29.00	Program direct GME amount	2,138,297	166,906	834,405	3,139,608	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		11,683	58,408	70,091	30.00	
31.00	Net Program direct GME amount				3,069,517	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/8/2021 12:42 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)			9,228,160	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)			42,421,897	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)			28,775	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			42,393,122	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			22,446,660	42.00
43.00	Primary payer payments (see instructions)			3,145	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			22,443,515	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			64,836,637	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.653845	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.346155	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			3,069,517	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			2,006,988	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,062,529	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/8/2021 12:42 pm	
		Title XIX	Hospital	Cost	
				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.			25.70	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))			0.00	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)			25.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6.00
7.00	Enter the lesser of line 5 or line 6			25.70	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.	26.83	8.28	35.11	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.	19.41	5.99	25.40	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	19.41	5.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.81	9.38		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	19.81	9.38		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	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)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.83	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)			0.00	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)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,535	11,750		26.00
27.00	Total Inpatient Days (see instructions)	53,786	53,786		27.00
28.00	Ratio of inpatient days to total inpatient days	0.140092	0.218458		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/8/2021 12:42 pm
		Title XIX	Hospital	Cost
				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)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			0 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 14-0114

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

Worksheet G

Date/Time Prepared:
4/8/2021 12:42 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	31,796,418	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	29,947,193	0	0	0	4.00
5.00	Other receivable	1,132,684	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,909,605	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,498,854	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)	73,284,754	0	0	0	11.00
FIXED ASSETS						
12.00	Land	28,616,928	0	0	0	12.00
13.00	Land improvements	2,953,848	0	0	0	13.00
14.00	Accumulated depreciation	-221,538	0	0	0	14.00
15.00	Buildings	127,328,101	0	0	0	15.00
16.00	Accumulated depreciation	-3,609,478	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	136,019,125	0	0	0	23.00
24.00	Accumulated depreciation	-119,530,710	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	171,556,276	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,209,628	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	18,768,622	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	20,978,250	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	265,819,280	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,765,605	0	0	0	37.00
38.00	Salaries, wages, and fees payable	50,289,491	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	9,769,977	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	77,825,073	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	77,825,073	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	187,994,207				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	187,994,207	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	265,819,280	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0114

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

Worksheet G-1

Date/Time Prepared:
4/8/2021 12:42 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		196,303,804		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-4,998,707				2.00
3.00	Total (sum of line 1 and line 2)		191,305,097		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERS AND GAINS	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)		191,305,097		0		11.00
12.00	DED	3,310,890		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)		3,310,890		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		187,994,207		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	TRANSFERS AND GAINS		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	DED		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: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/8/2021 12:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	134,290,669		134,290,669	1.00
2.00	SUBPROVIDER - IPF	17,861,589		17,861,589	2.00
3.00	SUBPROVIDER - IRF	9,826,298		9,826,298	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	2,948,089		2,948,089	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)	164,926,645		164,926,645	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,684,085		21,684,085	11.00
11.01	SPECIAL CARE NURSERY	3,223,055		3,223,055	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,907,140		24,907,140	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	189,833,785		189,833,785	17.00
18.00	Ancillary services	414,496,694	0	414,496,694	18.00
19.00	Outpatient services	0	566,326,234	566,326,234	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	604,330,479	566,326,234	1,170,656,713	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		286,507,476		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT	10,488,332			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00	FHBT PREM	0			35.00
36.00	Total additions (sum of lines 30-35)		10,488,332		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	DSR INCOME	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)		296,995,808		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0114

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

Worksheet G-3

Date/Time Prepared:
4/8/2021 12:42 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,170,656,713	1.00
2.00	Less contractual allowances and discounts on patients' accounts	913,325,862	2.00
3.00	Net patient revenues (line 1 minus line 2)	257,330,851	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	296,995,808	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,664,957	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	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 OPERATING INCOME	93,969	24.00
24.50	COVID-19 PHE Funding	35,774,324	24.50
25.00	Total other income (sum of lines 6-24)	35,868,293	25.00
26.00	Total (line 5 plus line 25)	-3,796,664	26.00
27.00	NON OPERATING	1,202,043	27.00
27.01	MONTH END CLEARING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,202,043	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,998,707	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0114

Period:
From 10/01/2019
To 09/30/2020Worksheet L
Parts I-III
Date/Time Prepared:
4/8/2021 12:42 pm

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,191,867	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,388	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)		119.23	3.00
4.00	Number of interns & residents (see instructions)		46.47	4.00
5.00	Indirect medical education percentage (see instructions)		11.63	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)		254,914	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.52	8.00
9.00	Sum of lines 7 and 8		44.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.50	10.00
11.00	Disproportionate share adjustment (see instructions)		208,227	11.00
12.00	Total prospective capital payments (see instructions)		2,695,396	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