

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: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/15/2021 2:59 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 4/15/2021	Time: 2:59 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 MEMORIAL MEDICAL CENTER (14-0148) 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) KATHRYN J KEIM

Officer or Administrator of Provider(s)

SENIOR VICE PRESIDENT & CFO

Title

04/15/2021 02:59:34 PM

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	818,234	-55,158	0	0	1.00
2.00	Subprovider - IPF	0	194,986	-5		0	2.00
3.00	Subprovider - IRF	0	-1,263	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,011,957	-55,163	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: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/15/2021 2:59 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 701 NORTH FIRST STREET			PO Box:				1.00		
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62781		County: SANGAMON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	O
4.00	Subprovider - IPF		MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	O
5.00	Subprovider - IRF		PSYCH UNIT							
			MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	O
			REHAB UNIT							
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019	09/30/2020		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	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	
				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.			3,075	2,531	0	29	12,122	157	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	236	186	0	0	655		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	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
<u>Prospective Payment System (PPS)-Capital</u>								
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
<u>Teaching Hospitals</u>								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 10/01/2019
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Part I
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4/15/2021 2:59 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		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 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)		22.93	58.05	0.283156		64.00

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To 09/30/2020Worksheet S-2
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	7.69	8.97	0.461585	65.00
65.01		INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02		PEDIATRICS	2000	0.51	0.17	0.750000	65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			29.91	99.85	0.230502	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 PRACTICE	1350	12.46	11.27	0.525074	67.00
67.01		INTERNAL MEDICINE	1400	9.84	43.13	0.185766	67.01
67.02		PEDIATRICS	2000	0.01	0.21	0.045455	67.02
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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)				Y	N	0
75.00	Inpatient Rehabilitation Facility PPS 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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/15/2021 2:59 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		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	
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	
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.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0118.01	
						1.00	
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.	Y				5.00	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/01/1966					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.	07/01/1999					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/15/2021 2:59 pm			
		1.00	2.00				
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	14H058		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: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131	141.00		
142.00	Street: 701 NORTH FIRST STREET	PO Box:			142.00		
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62781	143.00		
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	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	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	
		0	1.00	2.00	3.00	4.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00			169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/15/2021 2:59 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: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/15/2021 2:59 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/15/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/15/2021 2:59 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.	N			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.	BOB	URBANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138	URBANCE.BOB@MHSIL.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

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.	DIRECTOR OF REIMBURSEMENT	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: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	344	125,996	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)		344	125,996	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,908	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,660	0.00	0	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)		392	143,564	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,176		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		458			0	27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/15/2021 2:59 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)	36,831	2,624	87,130			1.00
2.00	HMO and other (see instructions)	21,182	14,698				2.00
3.00	HMO IPF Subprovider	968	2,922				3.00
4.00	HMO IRF Subprovider	891	841				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)	36,831	2,624	87,130			7.00
8.00	INTENSIVE CARE UNIT	5,004	82	10,531			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	130	72	1,844			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		281	2,357			13.00
14.00	Total (see instructions)	41,965	3,059	101,862	201.19	29,999.99	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,066	672	9,772	8.92	62.31	16.00
17.00	SUBPROVIDER - IRF	2,731	236	5,739	0.39	29.81	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			94			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				210.50	30,092.11	27.00
28.00	Observation Bed Days		0	2,729			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,684			30.00
31.00	Employee discount days - IRF			117			31.00
32.00	Labor & delivery days (see instructions)	0	157	396			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: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/15/2021 2:59 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	7,564	634	19,657	1.00
2.00 HMO and other (see instructions)			3,619	3,242		2.00
3.00 HMO IPF Subprovider				469		3.00
4.00 HMO IRF Subprovider				53		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,564	634	19,657	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	246	109	1,261	16.00
17.00 SUBPROVIDER - IRF	0.00	0	223	21	486	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/15/2021 2:59 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	223,248,862	-5,378,496	217,870,366	6,753,362.00	32.26
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		13,636,987	0	13,636,987	145,603.00	93.66
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,254,514	0	1,254,514	27,975.00	44.84
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	10,055,738	445	10,056,183	359,192.00	28.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,002,378	138,984	7,141,362	227,503.00	31.39
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,770,772	0	4,770,772	68,410.00	69.74
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		3,726,255	0	3,726,255	16,315.00	228.39
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		23,323,126	0	23,323,126	465,840.00	50.07
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		127,375	0	127,375	1,334.00	95.48
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		52,049,219	0	52,049,219		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,979,575	0	1,979,575		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		2,159,189	0	2,159,189		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		338,943	0	338,943		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,352,047	0	2,352,047		
25.50	Home office wage-related (core)		5,797,431	0	5,797,431		
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: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/15/2021 2:59 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)		42,458	0	42,458			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	6,058,536	-1,313,898	4,744,638	122,606.36	38.70	26.00
27.00	Administrative & General	5.00	25,201,772	-704,458	24,497,314	843,154.66	29.05	27.00
28.00	Administrative & General under contract (see inst.)		1,210,886	0	1,210,886	5,043.00	240.11	28.00
29.00	Maintenance & Repairs	6.00	5,979,573	46,687	6,026,260	186,448.46	32.32	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	154,091	2,223	156,314	10,359.62	15.09	31.00
32.00	Housekeeping	9.00	4,420,955	64,250	4,485,205	285,107.95	15.73	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,609,665	-2,372,155	1,237,510	78,269.75	15.81	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	47,702	2,414,395	2,462,097	157,838.09	15.60	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,771,812	524	4,772,336	115,656.61	41.26	38.00
39.00	Central Services and Supply	14.00	2,444,455	-12,529	2,431,926	137,091.98	17.74	39.00
40.00	Pharmacy	15.00	7,839,398	-142,796	7,696,602	164,273.19	46.85	40.00
41.00	Medical Records & Medical Records Library	16.00	3,865,023	-433,097	3,431,926	152,544.86	22.50	41.00
42.00	Social Service	17.00	0	826,073	826,073	34,598.31	23.88	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/15/2021 2:59 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)	199,512,509	-5,378,941	194,133,568	6,225,635.00	31.18	1.00
2.00	Excluded area salaries (see instructions)	7,002,378	138,984	7,141,362	227,503.00	31.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	192,510,131	-5,517,925	186,992,206	5,998,132.00	31.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,820,153	0	31,820,153	550,565.00	57.80	4.00
5.00	Subtotal wage-related costs (see inst.)	57,846,650	0	57,846,650	0.00	30.94	5.00
6.00	Total (sum of lines 3 thru 5)	282,176,934	-5,517,925	276,659,009	6,548,697.00	42.25	6.00
7.00	Total overhead cost (see instructions)	65,603,868	-1,624,781	63,979,087	2,292,992.84	27.90	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
4/15/2021 2:59 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	12,246,924	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	1,571,670	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)	16,132,193	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	8,473,023	9.00
10.00	Dental, Hearing and Vision Plan	2,156,185	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	263,592	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)	301,027	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	-444,968	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	15,556,420	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	2,381,601	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	241,305	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	58,878,972	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: 14-0148

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 4/15/2021 2:59 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	4,830,230	53,712,313	1.00
2.00	Hospital	4,770,772	52,049,219	2.00
3.00	Subprovider - IPF	0	1,138,960	3.00
4.00	Subprovider - IRF	59,458	524,134	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0148

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

Worksheet S-10

Date/Time Prepared:
4/15/2021 2:59 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)		0.208341	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		76,411,402	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		398,993,426	6.00
7.00	Medicaid cost (line 1 times line 6)		83,126,689	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)		6,715,287	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)		6,715,287	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,278,306	5,631,861	19,910,167
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,974,757	5,631,861	8,606,618
22.00	Payments received from patients for amounts previously written off as charity care	18,226	76,427	94,653
23.00	Cost of charity care (line 21 minus line 22)	2,956,531	5,555,434	8,511,965
			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)		12,369,137	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,449,916	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,769,102	27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,600,035	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,110,926	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,622,891	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,338,178	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
4/15/2021 2:59 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		21,596,792	21,596,792	7,024,709	28,621,501	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,058,536	48,997,010	55,055,546	-1,313,898	53,741,648	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,201,772	171,855,637	197,057,409	-1,563,753	195,493,656	5.00
6.00	00600	MAINTENANCE & REPAIRS	5,979,573	12,309,928	18,289,501	46,687	18,336,188	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	154,091	2,822,620	2,976,711	2,223	2,978,934	8.00
9.00	00900	HOUSEKEEPING	4,420,955	2,241,611	6,662,566	64,250	6,726,816	9.00
10.00	01000	DIETARY	3,609,665	3,123,366	6,733,031	-4,460,125	2,272,906	10.00
11.00	01100	CAFETERIA	47,702	37,545	85,247	4,502,365	4,587,612	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,771,812	331,523	5,103,335	34,904	5,138,239	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,444,455	2,034,213	4,478,668	24,900	4,503,568	14.00
15.00	01500	PHARMACY	7,839,398	28,279,048	36,118,446	-25,953,470	10,164,976	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,865,023	1,141,473	5,006,496	30,458	5,036,954	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,037,804	1,037,804	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,055,738	0	10,055,738	445	10,056,183	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,700,835	1,700,835	0	1,700,835	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	110,968	22,143	133,111	154,609	287,720	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,011,560	6,861,003	38,872,563	1,442,691	40,315,254	30.00
31.00	03100	INTENSIVE CARE UNIT	9,362,811	4,516,149	13,878,960	-1,265,653	12,613,307	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	649,160	88,762	737,922	1,224,814	1,962,736	33.00
40.00	04000	SUBPROVIDER - IPF	4,102,684	611,241	4,713,925	-84,395	4,629,530	40.00
41.00	04100	SUBPROVIDER - IRF	1,892,264	276,211	2,168,475	13,784	2,182,259	41.00
43.00	04300	NURSERY	4,147,768	1,108,441	5,256,209	-4,223,317	1,032,892	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,598,096	45,232,957	63,831,053	-16,407,463	47,423,590	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,762,989	2,762,989	52.00
53.00	05300	ANESTHESIOLOGY	14,887,255	18,958,703	33,845,958	27,345	33,873,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,290,644	9,858,494	18,149,138	-904,480	17,244,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,942,273	2,964,155	4,906,428	-129,782	4,776,646	55.00
57.00	05700	CT SCAN	1,312,336	2,030,452	3,342,788	9,115	3,351,903	57.00
58.00	05800	MRI	674,417	728,704	1,403,121	4,193	1,407,314	58.00
60.00	06000	LABORATORY	9,077,707	14,217,866	23,295,573	72,476	23,368,049	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	483,520	2,665,861	3,149,381	3,557	3,152,938	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,124,564	1,696,102	5,820,666	26,438	5,847,104	65.00
66.00	06600	PHYSICAL THERAPY	7,557,304	1,093,990	8,651,294	39,185	8,690,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,746,008	138,371	1,884,379	10,449	1,894,828	67.00
68.00	06800	SPEECH PATHOLOGY	800,902	71,024	871,926	4,002	875,928	68.00
69.00	06900	ELECTROCARDIOLOGY	7,327,818	22,064,521	29,392,339	-9,932,326	19,460,013	69.00
69.01	03340	GI UNIT	1,652,814	2,105,510	3,758,324	-10,861	3,747,463	69.01
69.02	03650	VASCULAR LAB	869,271	597,878	1,467,149	4,669	1,471,818	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	733,025	335,668	1,068,693	-13,803	1,054,890	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	314,519	1,156,065	1,470,584	332,443	1,803,027	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	28,208,864	28,208,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,835,765	25,835,765	73.00
73.01	03640	RENAL TXPLANT LAB	207,006	253,125	460,131	1,556	461,687	73.01
74.00	07400	RENAL DIALYSIS	1,089,165	476,625	1,565,790	-324,113	1,241,677	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,399,643	4,049,898	6,449,541	-519,727	5,929,814	75.00
76.97	07697	CARDIAC REHABILITATION	1,020,582	184,969	1,205,551	7,114	1,212,665	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								
91.00	09100	EMERGENCY	10,517,596	8,088,352	18,605,948	-157,537	18,448,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	399,603	1,448,442	1,848,045	2,223	1,850,268	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE		7,835,192	7,835,192	-7,760,415	74,777	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	222,752,003	458,208,475	680,960,478	-2,068,092	678,892,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	200	15	215	0	215	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
4/15/2021 2:59 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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	108,070	11,895	119,965	8,448	128,413	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	23,399	23,399	2,056,226	2,079,625	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	5,732	155,315	161,047	0	161,047	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	83	83	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	25	25	0	25	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	382,857	127,644	510,501	3,335	513,836	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	223,248,862	458,526,768	681,775,630	0	681,775,630	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,296,086	33,917,587	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,759,867	39,981,781	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-95,498,252	99,995,404	5.00
6.00	00600	MAINTENANCE & REPAIRS	410,563	18,746,751	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,978,934	8.00
9.00	00900	HOUSEKEEPING	-91,039	6,635,777	9.00
10.00	01000	DIETARY	-178,646	2,094,260	10.00
11.00	01100	CAFETERIA	-3,289,155	1,298,457	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-500	5,137,739	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-599	4,502,969	14.00
15.00	01500	PHARMACY	-6,000	10,158,976	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-104,549	4,932,405	16.00
17.00	01700	SOCIAL SERVICE	0	1,037,804	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-429,209	9,626,974	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,700,835	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	287,720	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-398,520	39,916,734	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,985,549	10,627,758	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-27,403	1,935,333	33.00
40.00	04000	SUBPROVIDER - IPF	-12,675	4,616,855	40.00
41.00	04100	SUBPROVIDER - IRF	-1,696	2,180,563	41.00
43.00	04300	NURSERY	-22,128	1,010,764	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,592,010	45,831,580	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,762,989	52.00
53.00	05300	ANESTHESIOLOGY	-30,653,535	3,219,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-210,639	17,034,019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,451	4,774,195	55.00
57.00	05700	CT SCAN	16,442	3,368,345	57.00
58.00	05800	MRI	40,585	1,447,899	58.00
60.00	06000	LABORATORY	-8,047	23,360,002	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,152,938	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-59,105	5,787,999	65.00
66.00	06600	PHYSICAL THERAPY	-151,885	8,538,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,894,828	67.00
68.00	06800	SPEECH PATHOLOGY	0	875,928	68.00
69.00	06900	ELECTROCARDIOLOGY	-532,694	18,927,319	69.00
69.01	03340	GI UNIT	-35,370	3,712,093	69.01
69.02	03650	VASCULAR LAB	-15,656	1,456,162	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-83,221	971,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-565	1,802,462	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	28,208,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,835,765	73.00
73.01	03640	RENAL TXPLANT LAB	0	461,687	73.01
74.00	07400	RENAL DIALYSIS	-10,564	1,231,113	74.00
75.00	07500	ASC (NON-DISTINCT PART)	368,414	6,298,228	75.00
76.97	07697	CARDIAC REHABILITATION	-52,476	1,160,189	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-3,648,340	14,800,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-122,458	1,727,810	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	-74,777	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-146,927,490	531,964,896	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	215	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	128,413	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	2,079,625	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	161,047	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	83	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	25	192.09
192.10	19209	AUDIOLOGY	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	513,836	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	-146,927,490	534,848,140	200.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
4/15/2021 2:59 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Lease Reclass					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	1,309,384		1.00
2.00		0.00	0	0		2.00
			0	1,309,384		
	B - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00		25,799,750		1.00
2.00			0	25,799,750		2.00
	C - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,760,415		1.00
2.00		0.00	0	0		2.00
			0	7,760,415		
	D - Social Service Non-Salary Costs					
1.00	SOCIAL SERVICE	17.00	826,073	211,731		1.00
2.00		0.00	0	0		2.00
			826,073	211,731		
	E - Renal Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		329,449		1.00
2.00			0	329,449		2.00
	F - Cafe/Dietary Other Costs Reclass					
1.00	CAFETERIA	11.00	2,413,061	2,087,970		1.00
2.00		0.00	0	0		2.00
			2,413,061	2,087,970		
	G - FMS Reclass Other Costs					
1.00	ADULTS & PEDIATRICS	30.00	1,109,943	287,479		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,194,584	568,405		2.00
3.00		0.00	0	0		3.00
			3,304,527	855,884		
	H - Contract Labor					
1.00	ADMINISTRATIVE & GENERAL	5.00		3,328		1.00
2.00	NURSING ADMINISTRATION	13.00		34,380		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		37,429		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00		463,555		4.00
5.00	ADULTS & PEDIATRICS	30.00		2,598,576		5.00
6.00	INTENSIVE CARE UNIT	31.00		200,403		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00		48,727		7.00
8.00	SUBPROVIDER - IRF	41.00		59,458		8.00
9.00	NURSERY	43.00		167,418		9.00
10.00	OPERATING ROOM	50.00		147,811		10.00
11.00	ANESTHESIOLOGY	53.00		546,178		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		91,379		12.00
13.00	CT SCAN	57.00		206,796		13.00
14.00	LABORATORY	60.00		243,498		14.00
15.00	RESPIRATORY THERAPY	65.00		50,419		15.00
16.00	ELECTROCARDIOLOGY	69.00		398,287		16.00
17.00	VASCULAR LAB	69.02		30,474		17.00
18.00	EMERGENCY	91.00		50,380		18.00
			0	5,378,496		
	I - Kinetic Bed Reclass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		4,932		1.00
2.00			0	4,932		2.00
	J - Building Insurance Reclass					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	573,678		1.00
2.00		0.00	0	0		2.00
			0	573,678		
	K - Observation Reclass					
1.00	ADULTS & PEDIATRICS	30.00	28,811	10,682		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
			28,811	10,682		
	M - Implantable Devices					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	28,208,864		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

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
4/15/2021 2:59 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	28,208,864	
N - SIU Purchased Service Support					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	746,842	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
	0		0	746,842	
0 - Affiliate Accounting Reclass					
1.00	VNA OF CENTRAL IL	192.06		83	1.00
2.00					2.00
			0	83	
R - Success Sharing Program					
1.00		0.00	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	124,943	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	46,687	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	2,223	0	4.00
5.00	HOUSEKEEPING	9.00	64,250	0	5.00
6.00	DIETARY	10.00	40,906	0	6.00
7.00	CAFETERIA	11.00	1,334	0	7.00
8.00	NURSING ADMINISTRATION	13.00	34,904	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	24,900	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	30,458	0	10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	445	0	11.00
12.00	PARAMED ED PRGM-(PHARMACY)	23.01	889	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	215,648	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	50,688	0	14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	12,894	0	15.00
16.00	SUBPROVIDER - IPF	40.00	28,234	0	16.00
17.00	SUBPROVIDER - IRF	41.00	13,784	0	17.00
18.00	NURSERY	43.00	32,458	0	18.00
19.00	OPERATING ROOM	50.00	108,046	0	19.00
20.00	ANESTHESIOLOGY	53.00	27,345	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	57,580	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	10,894	0	22.00
23.00	CT SCAN	57.00	9,115	0	23.00
24.00	MRI	58.00	4,669	0	24.00
25.00	LABORATORY	60.00	72,476	0	25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	3,557	0	26.00
27.00	RESPIRATORY THERAPY	65.00	26,678	0	27.00
28.00	PHYSICAL THERAPY	66.00	46,909	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	10,449	0	29.00
30.00	SPEECH PATHOLOGY	68.00	4,002	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	46,020	0	31.00
32.00	GI UNIT	69.01	10,449	0	32.00
33.00	VASCULAR LAB	69.02	4,669	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	4,224	0	34.00
35.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	889	0	35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	36,015	0	36.00
37.00	RENAL TXPLANT LAB	73.01	1,556	0	37.00
38.00	RENAL DIALYSIS	74.00	5,336	0	38.00
39.00	ASC (NON-DISTINCT PART)	75.00	13,339	0	39.00
40.00	CARDIAC REHABILITATION	76.97	7,114	0	40.00
41.00	EMERGENCY	91.00	62,916	0	41.00
42.00	KIDNEY ACQUISITION	105.00	2,223	0	42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	8,448	0	43.00
44.00	SOUTH6TH AND N.DIRKSON RADIOLOGY	192.11	3,335	0	44.00
	TOTALS		1,313,898	0	

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
4/15/2021 2:59 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	T - Pharmacy Residency Reclass Salary				
1.00	PARAMED ED PRGM-(PHARMACY)	23.01	142,796	10,924	1.00
2.00		0.00	0	0	2.00
			142,796	10,924	
	W - BURN ICU RECLASS				
1.00	BURN INTENSIVE CARE UNIT	33.00	951,300	275,689	1.00
2.00		0.00	0	0	2.00
	TOTALS		951,300	275,689	
	X - ER MEDICAL DIRECTOR OTHER COSTS				
1.00	EMERGENCY	91.00	0	9,631	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	9,631	
500.00	Grand Total: Increases		8,980,466	73,574,404	500.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
4/15/2021 2:59 pm

	Decreases						4/15/2021 2:39 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Lease Reclass						
1.00		0.00	0	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,309,384	10		2.00
			0	1,309,384			
	B - Drugs Charged to Patients						
1.00							1.00
2.00	PHARMACY	15.00		25,799,750			2.00
			0	25,799,750			
	C - Interest Expense						
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	7,760,415	0		2.00
	0		0	7,760,415			
	D - Social Service Non-Salary Costs						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	826,073	211,731	0		2.00
	0		826,073	211,731			
	E - Renal Medical Supplies						
1.00							1.00
2.00	RENAL DIALYSIS	74.00		329,449			2.00
			0	329,449			
	F - Cafe/Dietary Other Costs Reclass						
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	2,413,061	2,087,970	0		2.00
	0		2,413,061	2,087,970			
	G - FMS Reclass Other Costs						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSERY	43.00	3,304,527	855,884	0		3.00
	0		3,304,527	855,884			
	H - Contract Labor						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,328				1.00
2.00	NURSING ADMINISTRATION	13.00	34,380				2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	37,429				3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	463,555				4.00
5.00	ADULTS & PEDIATRICS	30.00	2,598,576				5.00
6.00	INTENSIVE CARE UNIT	31.00	200,403				6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	48,727				7.00
8.00	SUBPROVIDER - IRF	41.00	59,458				8.00
9.00	NURSERY	43.00	167,418				9.00
10.00	OPERATING ROOM	50.00	147,811				10.00
11.00	ANESTHESIOLOGY	53.00	546,178				11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	91,379				12.00
13.00	CT SCAN	57.00	206,796				13.00
14.00	LABORATORY	60.00	243,498				14.00
15.00	RESPIRATORY THERAPY	65.00	50,419				15.00
16.00	ELECTROCARDIOLOGY	69.00	398,287				16.00
17.00	VASCULAR LAB	69.02	30,474				17.00
18.00	EMERGENCY	91.00	50,380				18.00
			5,378,496	0			
	I - Kinetic Bed Reclass						
1.00							1.00
2.00	ADULTS & PEDIATRICS	30.00		4,932			2.00
			0	4,932			
	J - Building Insurance Reclass						
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	573,678	0		2.00
	0		0	573,678			
	K - Observation Reclass						
1.00		0.00	0	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	15,270	7,698	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	12,274	2,795	0		3.00
4.00	SUBPROVIDER - IPF	40.00	1,267	189	0		4.00
	0		28,811	10,682			
	M - Implantable Devices						
1.00		0.00	0	0	0		1.00
2.00	NURSERY	43.00	0	95,364	0		2.00
3.00	OPERATING ROOM	50.00	0	16,510,664	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	962,060	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	140,676	0		5.00
6.00	MRI	58.00	0	476	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	240	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	9,942,181	0		8.00
9.00	GI UNIT	69.01	0	21,310	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
4/15/2021 2:59 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,827	0	10.00
11.00	ASC (NON-DISTINCT PART)	75.00	0	533,066	0	11.00
	TOTALS		0	28,208,864		
N - SIU Purchased Service Support						
1.00		0.00	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	67,500	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	204,940	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	66,384	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	111,173	0	5.00
6.00	OPERATING ROOM	50.00	0	4,845	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	7,724	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	36,165	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,027	0	9.00
10.00	EMERGENCY	91.00	0	230,084	0	10.00
	0		0	746,842		
O - Affiliate Accounting Reclass						
1.00						1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		83		2.00
			0	83		
R - Success Sharing Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,313,898	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
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
	TOTALS		1,313,898	0		
T - Pharmacy Residency Reclass Salary						
1.00		0.00	0	0	0	1.00
2.00	PHARMACY	15.00	142,796	10,924	0	2.00
	0		142,796	10,924		
W - BURN ICU RECLASS						
1.00		0.00	0	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	951,300	275,689	0	2.00
	TOTALS		951,300	275,689		

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
4/15/2021 2:59 pm

	Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	X - ER MEDICAL DIRECTOR OTHER COSTS						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,631	0		2.00
	TOTALS		0	9,631			
500.00	Grand Total: Decreases		14,358,962	68,195,908			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/15/2021 2:59 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	22,291,150	0	0	0	350,000	1.00
2.00	Land Improvements	2,718,990	0	0	0	46,245	2.00
3.00	Buildings and Fixtures	216,839,913	8,868,208	0	8,868,208	910,843	3.00
4.00	Building Improvements	14,897,848	10,336,221	0	10,336,221	0	4.00
5.00	Fixed Equipment	43,479,011	2,440,971	0	2,440,971	1,325,929	5.00
6.00	Movable Equipment	42,076,453	2,362,970	0	2,362,970	16,106	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	342,303,365	24,008,370	0	24,008,370	2,649,123	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	342,303,365	24,008,370	0	24,008,370	2,649,123	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,941,150	0				1.00
2.00	Land Improvements	2,672,745	0				2.00
3.00	Buildings and Fixtures	224,797,278	0				3.00
4.00	Building Improvements	25,234,069	0				4.00
5.00	Fixed Equipment	44,594,053	0				5.00
6.00	Movable Equipment	44,423,317	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	363,662,612	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	363,662,612	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
4/15/2021 2:59 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	21,596,792	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)	21,596,792	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	21,596,792				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	21,596,792				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	426,925,337	0	426,925,337	0.685867	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	195,535,283	0	195,535,283	0.314133	0	2.00
3.00	Total (sum of lines 1-2)	622,460,620	0	622,460,620	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	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	26,892,996	-1,309,384	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	26,892,996	-1,309,384	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	7,760,297	573,678	0	0	33,917,587	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,760,297	573,678	0	0	33,917,587	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-72,684,978			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	-12,662,177			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-142,800	DIETARY	10.00	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	B	-35,846	DIETARY	10.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	Misc. Income	B	-124,643	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	Misc. Income	B	-283,181	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02	Misc. Income	B	-88,171	MAINTENANCE & REPAIRS		6.00	0 33.02
33.03	Misc. Income	B	-119,820	HOUSEKEEPING		9.00	0 33.03
33.04	Misc. Income	B	-599	CENTRAL SERVICES & SUPPLY		14.00	0 33.04
33.05	Misc. Income	B	-6,000	PHARMACY		15.00	0 33.05
33.06	Misc. Income	B	-146,649	MEDICAL RECORDS & LIBRARY		16.00	0 33.06
33.07	Misc. Income	B	-429,209	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.07
33.08	Misc. Income	B	-11,330	ADULTS & PEDIATRICS		30.00	0 33.08
33.09	Misc. Income	B	-37,055	OPERATING ROOM		50.00	0 33.09
33.10	Misc. Income	B	-319	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11	Misc. Income	B	-933	RADIOLOGY-THERAPEUTIC		55.00	0 33.11
33.12	Misc. Income	B	-230,660	LABORATORY		60.00	0 33.12
33.13	Misc. Income	B	-151,250	PHYSICAL THERAPY		66.00	0 33.13
33.14	Misc. Income	B	-49,416	ELECTROCARDIOLOGY		69.00	0 33.14
33.15	Misc. Income	B	-1,114	ELECTROENCEPHALOGRAPHY		70.00	0 33.15
33.16	Misc. Income	B	-18,937	CARDIAC REHABILITATION		76.97	0 33.16
33.17	Misc. Income	B	-430	EMERGENCY		91.00	0 33.17
33.30	Donations	B	-163,995	ADMINISTRATIVE & GENERAL		5.00	0 33.30
37.00	Dietary Sales	B	-3,289,155	CAFETERIA		11.00	0 37.00
37.01	Autopsy Reimbursement	B	270	LABORATORY		60.00	0 37.01
37.02	Prompt Pay Interest Penalty	B	-656,243	ADMINISTRATIVE & GENERAL		5.00	0 37.02
37.03	Child Care Income	B	-1,102,833	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.03
37.04	Gain Loss on Disposal	B	-3,004	ADMINISTRATIVE & GENERAL		5.00	0 37.04
38.01	Rental Income	B	-152,798	ADMINISTRATIVE & GENERAL		5.00	0 38.01
38.02	Rental Income	B	0	PHYSICAL THERAPY		66.00	0 38.02
38.03	CRNA Contract Labor	A	-546,178	ANESTHESIOLOGY		53.00	0 38.03
38.04	CRNA Offset	A	-13,609,642	ANESTHESIOLOGY		53.00	0 38.04
38.05	CRNA FICA	A	-662,374	ANESTHESIOLOGY		53.00	0 38.05
38.06	CRNA Benefits	A	-2,338,228	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-27,345	ANESTHESIOLOGY		53.00	0 38.07
38.08	Real Estate Taxes	A	-29,606	ADMINISTRATIVE & GENERAL		5.00	0 38.08
38.09	IL Retailers Tax	A	179	ADMINISTRATIVE & GENERAL		5.00	0 38.09
38.10	IL Retailers Tax	A	-78	PHYSICAL THERAPY		66.00	0 38.10
38.11	Interest Expenses	A	-118	CAP REL COSTS-BLDG & FIXT		1.00	11 38.11
38.17	Work Compensation	A	-5,025	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.17
38.22	Ambulance Offset	A	-2,402	SUBPROVIDER - IPF		40.00	0 38.22
38.23	Ambulance Offset	A	-139,803	EMERGENCY		91.00	0 38.23
38.30	Legal Fees	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.30
38.31	Legal Fees	A	0	ADMINISTRATIVE & GENERAL		5.00	0 38.31
39.00	Self Insurance Malpractice	A	-1,202,440	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00	Self Insurance Health	A	-9,533,490	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.00
41.00	Pension Cost	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 41.00
42.00	Advertising Expense	A	-131,954	ADMINISTRATIVE & GENERAL		5.00	0 42.00
42.01	Advertising Expense	A	-565	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 42.01
43.00	Post Judgement Interest	B	-38,235	ADMINISTRATIVE & GENERAL		5.00	0 43.00
44.00	Hospital Mutual Assistance Program / MCO HAP Admin Fee	A	-5,666	ADMINISTRATIVE & GENERAL		5.00	0 44.00
46.00	Operating Released	B	-155,947	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.00
46.01	Operating Released	B	-184,978	ADMINISTRATIVE & GENERAL		5.00	0 46.01
46.03	Deferred Comp Interest/Dividends	B	-74,777	INTEREST EXPENSE		113.00	0 46.03
46.04	Medical Director	A	3,038	ADMINISTRATIVE & GENERAL		5.00	0 46.04
46.05	Medical Director	A	1,763	ADULTS & PEDIATRICS		30.00	0 46.05
46.06	Medical Director	A	3,150	ADULTS & PEDIATRICS		30.00	0 46.06
46.07	Medical Director	A	812	ADULTS & PEDIATRICS		30.00	0 46.07
46.08	Medical Director	A	6,000	BURN INTENSIVE CARE UNIT		33.00	0 46.08
46.09	Medical Director	A	10,500	OPERATING ROOM		50.00	0 46.09
46.10	Medical Director	A	3,120	RADIOLOGY-DIAGNOSTIC		54.00	0 46.10
46.11	Medical Director	A	134,347	LABORATORY		60.00	0 46.11
46.12	Medical Director	A	4,031	RESPIRATORY THERAPY		65.00	0 46.12
46.13	Medical Director	A	4,080	RESPIRATORY THERAPY		65.00	0 46.13
46.14	Medical Director	A	37,712	PHYSICAL THERAPY		66.00	0 46.14
46.15	Medical Director	A	28,663	PHYSICAL THERAPY		66.00	0 46.15
46.16	Medical Director	A	321	ELECTROCARDIOLOGY		69.00	0 46.16
46.17	Medical Director	A	1,350	ELECTROENCEPHALOGRAPHY		70.00	0 46.17
46.18	Medical Director	A	6,150	RENAL DIALYSIS		74.00	0 46.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
4/15/2021 2:59 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		
46.20	Non-Personal Donations	A	-38,190	ADMINISTRATIVE & GENERAL	5.00	0	46.20	
46.21	Non-Personal Donations	A	-500	NURSING ADMINISTRATION	13.00	0	46.21	
46.22	Non-Personal Donations	A	-125	INTENSIVE CARE UNIT	31.00	0	46.22	
46.23	Non-Personal Donations	A	-155	BURN INTENSIVE CARE UNIT	33.00	0	46.23	
46.24	Non-Personal Donations	A	-1,719	RADIOLOGY-DIAGNOSTIC	54.00	0	46.24	
46.25	Non-Personal Donations	A	-20	CT SCAN	57.00	0	46.25	
46.26	Non-Personal Donations	A	-13,741	PHYSICAL THERAPY	66.00	0	46.26	
46.27	Non-Personal Donations	A	-13,475	ELECTROCARDIOLOGY	69.00	0	46.27	
46.28	Non-Personal Donations	A	-5,000	EMERGENCY	91.00	0	46.28	
46.29	Non-Personal Donations	A	-550	KIDNEY ACQUISITION	105.00	0	46.29	
46.30	Restricted Grant Income	B	-154,278	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.30	
46.31	Restricted Grant Income	B	-246,738	ADMINISTRATIVE & GENERAL	5.00	0	46.31	
47.00	A&G Patient Revenue Offset	B	-1,717	ADMINISTRATIVE & GENERAL	5.00	0	47.00	
48.00	Illinois Provider Assessment Expense	A	-22,972,483	ADMINISTRATIVE & GENERAL	5.00	0	48.00	
49.00	Lobbyist Fees	A	-60,070	ADMINISTRATIVE & GENERAL	5.00	0	49.00	
49.01	Collection Fees	A	-3,565	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.01	
49.02	Collection Fees	A	-830,682	ADMINISTRATIVE & GENERAL	5.00	0	49.02	
49.10	Professional Fees Salary	A	-435,130	OPERATING ROOM	50.00	0	49.10	
49.11	Professional Fees FICA	A	-14,847	OPERATING ROOM	50.00	0	49.11	
49.12	Professional Fees Benefits	A	-74,758	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.12	
49.13	Professional Fees Salary	A	0	ELECTROCARDIOLOGY	69.00	0	49.13	
49.14	Professional Fees FICA	A	0	ELECTROCARDIOLOGY	69.00	0	49.14	
49.15	Professional Fees Benefits	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.15	
49.16	Professional Fees Salary	A	-819,384	OPERATING ROOM	50.00	0	49.16	
49.17	Professional Fees FICA	A	-62,683	OPERATING ROOM	50.00	0	49.17	
49.18	Professional Fees Benefits	A	-140,770	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.18	
49.19	Professional Fees Salary	A	0	PHYSICAL THERAPY	66.00	0	49.19	
49.20	Professional Fees FICA	A	0	PHYSICAL THERAPY	66.00	0	49.20	
49.21	Professional Fees Benefits	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.21	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-146,927,490				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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
4/15/2021 2:59 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	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	42,698,226	59,661,579	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	5,633,788	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,121,563	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	0	2,021,752	3.01
3.02	6.00	MAINTENANCE & REPAIRS	BAYLIS RENT - MAINT	160,862	0	3.02
3.03	9.00	HOUSEKEEPING	BAYLIS RENT - HSKG	8,114	0	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	333,506	0	3.04
3.05	57.00	CT SCAN	BAYLIS RENT - CT	16,462	0	3.05
3.06	58.00	MRI	BAYLIS RENT - MRI	40,585	0	3.06
3.07	60.00	LABORATORY	BAYLIS RENT - LAB	20,446	0	3.07
3.08	65.00	RESPIRATORY THERAPY	BAYLIS RENT - RT	2,454	0	3.08
3.09	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	368,414	0	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	2,878	728,377	3.10
3.11	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	197,659	0	3.11
3.12	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	5,255	0	3.12
3.13	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	66,415	0	3.13
3.14	60.00	LABORATORY	KOKE MILL RENT - LAB	34,066	0	3.14
3.15	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	296,872	0	3.15
3.16	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	22,235	0	3.16
3.18	5.00	ADMINISTRATIVE & GENERAL	S SIXTH A&G	0	93,313	3.18
3.19	6.00	MAINTENANCE & REPAIRS	S SIXTH ENGINEERING	9,520	0	3.19
3.20	9.00	HOUSEKEEPING	S SIXTH HSKG	7,009	0	3.20
3.21	60.00	LABORATORY	S SIXTH LAB	49,202	0	3.21
3.22	5.00	ADMINISTRATIVE & GENERAL	N DIRKSEN A&G	0	83,201	3.22
3.23	6.00	MAINTENANCE & REPAIRS	N DIRKSEN ENGINEERING	6,686	0	3.23
3.24	9.00	HOUSEKEEPING	N DIRKSEN HSKG	2,654	0	3.24
3.25	60.00	LABORATORY	N DIRKSEN LAB	38,132	0	3.25
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	29,206	0	3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	248,500	0	3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	30,150	0	3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	3,460	0	3.30
3.31	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	120,274	0	3.31
3.32	60.00	LABORATORY	2401 W JEFFERSON - LAB	33,902	0	3.32
3.33	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC	11,694	0	3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	337,584	3.34
3.35	6.00	MAINTENANCE & REPAIRS	INDUSTRIAL REHAB - MAINT	5,123	0	3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB - PT	79,792	199,671	3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	112,511	3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	20,504	3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	14,867	3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	103,074	3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	18,784	3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	13,620	3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	19,389	3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	3,615	3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	2,964	3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	17,116	3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	3,191	3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	2,617	3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	184,368	3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	43,208	3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	27,988	3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	30,150	3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	7,066	3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCCI	0	4,577	3.54
3.55	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES DMH	0	120,611	3.55
3.56	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS DMH	0	21,980	3.56
3.57	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC DMH	0	15,937	3.57
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	20	3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	4	3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	4	3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	193,161	3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	35,202	3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	25,524	3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	10,336	3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	1,982	3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	1,998	3.66
3.67	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	153	0	3.67
3.68	9.00	HOUSEKEEPING	501 N FIRST - HSKG	267	0	3.68
3.69	30.00	ADULTS & PEDIATRICS	501 N FIRST - A&P	898	0	3.69

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
4/15/2021 2:59 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	
3.70	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	10,805	0	3.70
3.71	105.00	KIDNEY ACQUISITION	501 N FIRST - KIDNEY	7,825	0	3.71
3.72	6.00	MAINTENANCE & REPAIRS	PETERSBURG - MAINT	4,294	0	3.72
3.73	9.00	HOUSEKEEPING	PETERSBURG - HSKG	2,022	0	3.73
3.74	66.00	PHYSICAL THERAPY	PETERSBURG - PT	21,893	63,655	3.74
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	907,437	-35,378	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	62,174	0	4.01
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	59,559	0	4.03
4.04	6.00	MAINTENANCE & REPAIRS	CHURCHILL - MAINT	8,138	0	4.04
4.05	16.00	MEDICAL RECORDS & LIBRARY	CHURCHILL - MED REC	31,922	0	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	CHURCHILL - RADIOLOGY	5,268	0	4.06
4.07	91.00	EMERGENCY	CHURCHILL - ER	5,189	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	VINE STREET - A&G	5,031	0	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	227,337	36,020	4.09
4.10	6.00	MAINTENANCE & REPAIRS	2ND & MADISON - MAINT	13,975	0	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	400 W LAWRENCE - A&G	771,962	0	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	ALMH WEIGHT LOSS LEASE	0	2,728	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	MPS - SALVACION ALMH	0	3,769	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	PAH WEIGHT LOSS LEASE	0	17,665	4.14
4.15	0.00			0	0	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			52,729,690	65,391,867	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	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOS	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITA	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	0.00	9.00
10.00	E	DECATUR MEM HOS	0.00	DECATUR MEM HOS	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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
4/15/2021 2:59 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	-16,963,353	0		1.00
2.00	5,633,788	9		2.00
3.00	-1,121,563	0		3.00
3.01	-2,021,752	0		3.01
3.02	160,862	0		3.02
3.03	8,114	0		3.03
3.04	333,506	0		3.04
3.05	16,462	0		3.05
3.06	40,585	0		3.06
3.07	20,446	0		3.07
3.08	2,454	0		3.08
3.09	368,414	0		3.09
3.10	-725,499	0		3.10
3.11	197,659	0		3.11
3.12	5,255	0		3.12
3.13	66,415	0		3.13
3.14	34,066	0		3.14
3.15	296,872	0		3.15
3.16	22,235	0		3.16
3.18	-93,313	0		3.18
3.19	9,520	0		3.19
3.20	7,009	0		3.20
3.21	49,202	0		3.21
3.22	-83,201	0		3.22
3.23	6,686	0		3.23
3.24	2,654	0		3.24
3.25	38,132	0		3.25
3.27	29,206	0		3.27
3.28	248,500	0		3.28
3.29	30,150	0		3.29
3.30	3,460	0		3.30
3.31	120,274	0		3.31
3.32	33,902	0		3.32
3.33	11,694	0		3.33
3.34	-337,584	9		3.34
3.35	5,123	0		3.35
3.36	-119,879	0		3.36
3.37	-112,511	0		3.37
3.38	-20,504	0		3.38
3.39	-14,867	0		3.39
3.40	-103,074	0		3.40
3.41	-18,784	0		3.41
3.42	-13,620	0		3.42
3.43	-19,389	0		3.43
3.44	-3,615	0		3.44
3.45	-2,964	0		3.45
3.46	-17,116	0		3.46
3.47	-3,191	0		3.47
3.48	-2,617	0		3.48
3.49	-184,368	0		3.49
3.50	-43,208	0		3.50
3.51	-27,988	0		3.51
3.52	-30,150	0		3.52
3.53	-7,066	0		3.53
3.54	-4,577	0		3.54
3.55	-120,611	0		3.55
3.56	-21,980	0		3.56
3.57	-15,937	0		3.57
3.58	-20	0		3.58
3.59	-4	0		3.59
3.60	-4	0		3.60
3.61	-193,161	0		3.61
3.62	-35,202	0		3.62
3.63	-25,524	0		3.63
3.64	-10,336	0		3.64
3.65	-1,982	0		3.65
3.66	-1,998	0		3.66
3.67	153	0		3.67
3.68	267	0		3.68
3.69	898	0		3.69

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
4/15/2021 2:59 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
3.70	10,805	0		3.70
3.71	7,825	0		3.71
3.72	4,294	0		3.72
3.73	2,022	0		3.73
3.74	-41,762	0		3.74
4.00	942,815	0		4.00
4.01	62,174	0		4.01
4.03	59,559	0		4.03
4.04	8,138	0		4.04
4.05	31,922	0		4.05
4.06	5,268	0		4.06
4.07	5,189	0		4.07
4.08	5,031	0		4.08
4.09	191,317	0		4.09
4.10	13,975	0		4.10
4.11	771,962	0		4.11
4.12	-2,728	0		4.12
4.13	-3,769	0		4.13
4.14	-17,665	0		4.14
4.15	0	0		4.15
5.00	-12,662,177			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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	HEALTHCARE		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: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
4/15/2021 2:59 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	ADMINISTRATIVE & GENERAL	49,028,771	48,033,132	995,639	136,700	2,034	1.00
2.00	30.00	ADULTS & PEDIATRICS	464,726	251,920	212,806	136,700	1,079	2.00
3.00	31.00	INTENSIVE CARE UNIT	2,070,475	1,851,010	219,465	154,100	1,148	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	47,250	0	47,250	154,100	189	4.00
5.00	40.00	SUBPROVIDER - IPF	11,438	9,250	2,188	142,500	17	5.00
6.00	41.00	SUBPROVIDER - IRF	2,813	625	2,188	136,700	17	6.00
7.00	43.00	NURSERY	34,155	8,599	25,556	136,700	183	7.00
8.00	50.00	OPERATING ROOM	349,602	101,176	248,426	204,100	1,074	8.00
9.00	53.00	ANESTHESIOLOGY	15,835,730	15,784,282	51,448	200,300	288	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	13,406	0	13,406	231,100	107	10.00
11.00	60.00	LABORATORY	614,974	950	614,024	219,500	4,996	11.00
12.00	65.00	RESPIRATORY THERAPY	99,968	3,295	96,673	136,700	461	12.00
13.00	66.00	PHYSICAL THERAPY	258,086	0	258,086	136,700	1,060	13.00
14.00	69.00	ELECTROCARDIOLOGY	514,350	407,605	106,745	136,700	495	14.00
15.00	69.01	GI UNIT	45,294	9,508	35,786	136,700	151	15.00
16.00	69.02	VASCULAR LAB	19,994	6,305	13,689	136,700	66	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	135,837	0	135,837	136,700	797	17.00
18.00	74.00	RENAL DIALYSIS	24,600	0	24,600	136,700	120	18.00
19.00	91.00	EMERGENCY	3,548,386	3,270,108	278,278	136,700	610	19.00
20.00	105.00	KIDNEY ACQUISITION	174,161	27,918	146,243	136,700	676	20.00
22.00	76.97	CARDIAC REHABILITATION	70,036	23,864	46,172	136,700	217	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	679,685	523,560	156,125	231,100	565	25.00
200.00			74,043,737	70,313,107	3,730,630		16,350	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
4/15/2021 2:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	133,677	6,684	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	70,913	3,546	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	85,051	4,253	0	0	0	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	14,002	700	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	1,165	58	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	1,117	56	0	0	0	6.00
7.00	43.00	NURSERY	12,027	601	0	0	0	7.00
8.00	50.00	OPERATING ROOM	105,386	5,269	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	27,734	1,387	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	11,888	594	0	0	0	10.00
11.00	60.00	LABORATORY	527,222	26,361	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	30,298	1,515	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	69,664	3,483	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	32,532	1,627	0	0	0	14.00
15.00	69.01	GI UNIT	9,924	496	0	0	0	15.00
16.00	69.02	VASCULAR LAB	4,338	217	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	52,380	2,619	0	0	0	17.00
18.00	74.00	RENAL DIALYSIS	7,886	394	0	0	0	18.00
19.00	91.00	EMERGENCY	40,090	2,005	0	0	0	19.00
20.00	105.00	KIDNEY ACQUISITION	44,428	2,221	0	0	0	20.00
22.00	76.97	CARDIAC REHABILITATION	14,262	713	0	0	0	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	62,775	3,139	0	0	0	25.00
200.00			1,358,759	67,938	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
4/15/2021 2:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	133,677	861,962	48,895,094		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	70,913	141,893	393,813		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	85,051	134,414	1,985,424		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	0	14,002	33,248	33,248		4.00
5.00	40.00	SUBPROVIDER - IPF	0	1,165	1,023	10,273		5.00
6.00	41.00	SUBPROVIDER - IRF	0	1,117	1,071	1,696		6.00
7.00	43.00	NURSERY	0	12,027	13,529	22,128		7.00
8.00	50.00	OPERATING ROOM	0	105,386	143,040	244,216		8.00
9.00	53.00	ANESTHESIOLOGY	0	27,734	23,714	15,807,996		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	11,888	1,518	1,518		10.00
11.00	60.00	LABORATORY	0	527,222	86,802	87,752		11.00
12.00	65.00	RESPIRATORY THERAPY	0	30,298	66,375	69,670		12.00
13.00	66.00	PHYSICAL THERAPY	0	69,664	188,422	188,422		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	32,532	74,213	481,818		14.00
15.00	69.01	GI UNIT	0	9,924	25,862	35,370		15.00
16.00	69.02	VASCULAR LAB	0	4,338	9,351	15,656		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	52,380	83,457	83,457		17.00
18.00	74.00	RENAL DIALYSIS	0	7,886	16,714	16,714		18.00
19.00	91.00	EMERGENCY	0	40,090	238,188	3,508,296		19.00
20.00	105.00	KIDNEY ACQUISITION	0	44,428	101,815	129,733		20.00
22.00	76.97	CARDIAC REHABILITATION	0	14,262	31,910	55,774		22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	62,775	93,350	616,910		25.00
200.00			0	1,358,759	2,371,871	72,684,978		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	33,917,587	33,917,587				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	39,981,781	324,695	0	40,306,476		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	99,995,404	5,393,881	0	5,056,883	110,446,168	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,746,751	4,089,928	0	1,243,977	24,080,656	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,978,934	145,139	0	32,267	3,156,340	8.00
9.00	00900	HOUSEKEEPING	6,635,777	409,216	0	925,863	7,970,856	9.00
10.00	01000	DIETARY	2,094,260	247,612	0	255,454	2,597,326	10.00
11.00	01100	CAFETERIA	1,298,457	585,323	0	508,241	2,392,021	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,137,739	142,198	0	985,134	6,265,071	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,502,969	538,093	0	502,013	5,543,075	14.00
15.00	01500	PHARMACY	10,158,976	201,464	0	1,588,779	11,949,219	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,932,405	413,442	0	708,439	6,054,286	16.00
17.00	01700	SOCIAL SERVICE	1,037,804	0	0	170,523	1,208,327	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,626,974	195,615	0	1,461,617	11,284,206	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,700,835	0	0	0	1,700,835	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	287,720	7,404	0	52,567	347,691	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,916,734	7,755,999	0	6,351,212	54,023,945	30.00
31.00	03100	INTENSIVE CARE UNIT	10,627,758	1,085,315	0	1,702,297	13,415,370	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,935,333	248,322	0	320,446	2,504,101	33.00
40.00	04000	SUBPROVIDER - IPF	4,616,855	856,872	0	852,467	6,326,194	40.00
41.00	04100	SUBPROVIDER - IRF	2,180,563	260,121	0	381,184	2,821,868	41.00
43.00	04300	NURSERY	1,010,764	65,926	0	146,208	1,222,898	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,831,580	2,859,136	0	3,571,958	52,262,674	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,762,989	66,298	0	453,019	3,282,306	52.00
53.00	05300	ANESTHESIOLOGY	3,219,768	167,250	0	150,987	3,538,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,034,019	1,360,988	0	1,704,427	20,099,434	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,774,195	456,176	0	403,184	5,633,555	55.00
57.00	05700	CT SCAN	3,368,345	115,084	0	230,094	3,713,523	57.00
58.00	05800	MRI	1,447,899	26,438	0	140,181	1,614,518	58.00
60.00	06000	LABORATORY	23,360,002	1,633,956	0	1,838,571	26,832,529	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,152,938	0	0	100,545	3,253,483	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,787,999	276,282	0	846,516	6,910,797	65.00
66.00	06600	PHYSICAL THERAPY	8,538,594	399,175	0	1,569,707	10,507,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,894,828	157,817	0	362,578	2,415,223	67.00
68.00	06800	SPEECH PATHOLOGY	875,928	42,024	0	166,153	1,084,105	68.00
69.00	06900	ELECTROCARDIOLOGY	18,927,319	508,004	0	1,439,935	20,875,258	69.00
69.01	03340	GI UNIT	3,712,093	189,631	0	343,341	4,245,065	69.01
69.02	03650	VASCULAR LAB	1,456,162	139,054	0	174,113	1,769,329	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	971,669	48,109	0	152,187	1,171,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,802,462	20,048	0	65,108	1,887,618	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	28,208,864	0	0	0	28,208,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,835,765	0	0	7,434	25,843,199	73.00
73.01	03640	RENAL TXPLANT LAB	461,687	34,146	0	43,053	538,886	73.01
74.00	07400	RENAL DIALYSIS	1,231,113	181,077	0	225,933	1,638,123	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,298,228	0	0	498,102	6,796,330	75.00
76.97	07697	CARDIAC REHABILITATION	1,160,189	0	0	212,143	1,372,332	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								
91.00	09100	EMERGENCY	14,800,071	738,069	0	2,173,693	17,711,833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,727,810	24,545	0	82,947	1,835,302	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	531,964,896	32,409,872	0	40,201,480	530,352,185	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	215	42,835	0	41	43,091 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	128,413	430,008	0	24,052	582,473 192.00
192.01	19201	SIU SCHOOL OF MEDICINE	2,079,625	0	0	0	2,079,625 192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	161,047	101,560	0	1,183	263,790 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	740,402	0	0	740,402 192.05
192.06	19205	VNA OF CENTRAL IL	83	26,438	0	0	26,521 192.06
192.07	19206	GAMBRO	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	132,123	0	0	132,123 192.08
192.09	19207	SIU MAP PROGRAM	25	0	0	0	25 192.09
192.10	19209	AUDIOLOGY	0	34,349	0	0	34,349 192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	513,836	0	0	79,720	593,556 192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0 192.12
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)	534,848,140	33,917,587	0	40,306,476	534,848,140 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	110,446,168					5.00
6.00	00600	MAINTENANCE & REPAIRS	6,266,750	30,347,406				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	821,406	156,709	0	4,134,455		8.00
9.00	00900	HOUSEKEEPING	2,074,336	529,007	0	0	10,574,199	9.00
10.00	01000	DIETARY	675,928	267,351	0	0	81,367	10.00
11.00	01100	CAFETERIA	622,500	631,984	0	0	226,944	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,630,422	153,533	0	0	52,634	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,442,530	580,988	0	13,871	199,175	14.00
15.00	01500	PHARMACY	3,109,665	217,524	0	7,320	74,572	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,575,567	446,400	0	0	153,035	16.00
17.00	01700	SOCIAL SERVICE	314,455	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,936,602	211,209	0	17,831	72,407	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	442,625	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	90,483	7,994	0	0	2,741	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,058,989	8,374,287	0	2,107,563	2,871,035	30.00
31.00	03100	INTENSIVE CARE UNIT	3,491,216	1,171,833	0	303,879	401,404	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	651,667	268,118	0	71,307	91,991	33.00
40.00	04000	SUBPROVIDER - IPF	1,646,329	925,179	0	52,411	317,271	40.00
41.00	04100	SUBPROVIDER - IRF	734,363	280,857	0	121,059	96,284	41.00
43.00	04300	NURSERY	318,247	71,182	0	255,401	24,403	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,600,838	3,087,057	0	479,632	1,058,308	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	854,187	71,583	0	0	24,540	52.00
53.00	05300	ANESTHESIOLOGY	920,730	180,582	0	230	61,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,230,677	1,832,982	0	198,858	628,385	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,466,076	492,541	0	51,278	168,853	55.00
57.00	05700	CT SCAN	966,407	163,280	0	73,316	55,976	57.00
58.00	05800	MRI	420,162	87,426	0	0	29,971	58.00
60.00	06000	LABORATORY	6,982,897	1,794,362	0	0	615,145	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	846,686	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,798,466	298,306	0	0	102,266	65.00
66.00	06600	PHYSICAL THERAPY	2,734,466	430,996	0	7,369	147,754	66.00
67.00	06700	OCCUPATIONAL THERAPY	628,538	170,398	0	3,158	58,416	67.00
68.00	06800	SPEECH PATHOLOGY	282,127	45,374	0	0	15,555	68.00
69.00	06900	ELECTROCARDIOLOGY	5,432,577	548,500	0	73,180	188,037	69.00
69.01	03340	GI UNIT	1,104,736	204,748	0	44,635	70,192	69.01
69.02	03650	VASCULAR LAB	460,450	150,139	0	0	51,471	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	304,992	51,944	0	19,445	17,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491,234	21,647	0	0	7,421	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	7,341,075	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,725,434	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	140,240	36,868	0	0	12,639	73.01
74.00	07400	RENAL DIALYSIS	426,305	195,512	0	34,791	67,026	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,768,677	610,520	0	0	209,299	75.00
76.97	07697	CARDIAC REHABILITATION	357,136	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								
91.00	09100	EMERGENCY	4,609,327	796,906	0	197,921	273,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	477,619	26,501	0	0	9,085	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,276,139	25,592,327	0	4,134,455	8,538,513	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,214	46,250	0	0	15,855	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	151,583	464,287	0	0	159,167	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	541,202	2,298,255	0	0	787,890	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	68,649	109,656	0	0	37,592	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
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To 09/30/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	192,682	432,602	0	0	274,060	192.05
192.06	19205	VNA OF CENTRAL IL	6,902	261,875	0	0	89,776	192.06
192.07	19206	GAMBRO	0	368,465	0	0	233,439	192.07
192.08	19208	FOUNDATION	34,384	142,655	0	0	48,905	192.08
192.09	19207	SIU MAP PROGRAM	7	593,947	0	0	376,288	192.09
192.10	19209	AUDIOLOGY	8,939	37,087	0	0	12,714	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	154,467	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	110,446,168	30,347,406	0	4,134,455	10,574,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,621,972					10.00
11.00	01100	CAFETERIA	0	3,873,449				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	87,445	0	8,189,105		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	103,696	0	0	7,883,335	14.00
15.00	01500	PHARMACY	0	123,679	0	0	26,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	120,703	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	20,928	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	271,924	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-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	4,897	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,463,534	788,227	0	2,775,108	235,006	30.00
31.00	03100	INTENSIVE CARE UNIT	159,396	174,275	0	613,567	93,453	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	29,700	33,715	0	118,700	17,113	33.00
40.00	04000	SUBPROVIDER - IPF	319,562	98,090	0	345,343	4,948	40.00
41.00	04100	SUBPROVIDER - IRF	203,348	46,943	0	165,270	6,861	41.00
43.00	04300	NURSERY	103,686	17,558	0	61,817	9,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,051	372,328	0	1,310,851	3,511,568	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,699	0	160,890	24,196	52.00
53.00	05300	ANESTHESIOLOGY	0	21,810	0	76,786	136,550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	201,833	0	710,590	470,819	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	61	34,864	0	0	18,427	55.00
57.00	05700	CT SCAN	0	33,179	0	0	46,026	57.00
58.00	05800	MRI	0	17,605	0	0	5,991	58.00
60.00	06000	LABORATORY	10,015	270,806	0	0	946,880	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,503	0	0	23,783	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	96,169	0	0	71,595	65.00
66.00	06600	PHYSICAL THERAPY	0	150,749	0	0	8,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	35,290	0	0	662	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,960	0	0	513	68.00
69.00	06900	ELECTROCARDIOLOGY	193	153,252	0	539,554	1,528,330	69.00
69.01	03340	GI UNIT	162	35,935	0	126,517	99,561	69.01
69.02	03650	VASCULAR LAB	0	15,716	0	55,330	33,055	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,472	0	0	4,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,149	0	18,129	121,355	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	4,409	0	0	19,387	73.01
74.00	07400	RENAL DIALYSIS	9,721	19,479	0	68,581	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	203	50,234	0	176,857	290,958	75.00
76.97	07697	CARDIAC REHABILITATION	0	22,267	0	78,394	2,428	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								
91.00	09100	EMERGENCY	81,599	223,485	0	786,821	124,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	8,535	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,436,231	3,750,808	0	8,189,105	7,882,973	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,890	0	0	278	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	205	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	185,741	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	76,280	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	32,912	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	11,354	0	0	84	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,621,972	3,873,449	0	8,189,105	7,883,335	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	15,508,696					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,349,993				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,543,710			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,517	5,257,989	1,065,022	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,535	622,909	24,061	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,452	109,385	33,242	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,201	581,995	189,323	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,048	345,690	27,385	0	0	41.00
43.00	04300	NURSERY	3,302	54,275	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,325	202,070	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,596	0	6,174	0	0	52.00
53.00	05300	ANESTHESIOLOGY	78,333	44,255	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,086	135,270	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	533	84,335	8,073	0	0	55.00
57.00	05700	CT SCAN	19,131	187,040	0	0	0	57.00
58.00	05800	MRI	1,771	38,410	0	0	0	58.00
60.00	06000	LABORATORY	152	169,505	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2	5,010	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31,284	16,700	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	155	28,390	5,540	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	835	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	51,088	201,235	0	0	0	69.00
69.01	03340	GI UNIT	12,094	31,730	177,292	0	0	69.01
69.02	03650	VASCULAR LAB	104	6,680	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	6	835	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65	1,670	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,024,296	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	7,647	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,441	55,945	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	88	4,175	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								
91.00	09100	EMERGENCY	47,444	163,660	7,598	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,508,696	8,349,993	1,543,710	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	15,508,696	8,349,993	1,543,710	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,794,179					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		2,143,460				22.00
23.00	02300	PARAMED ED PRGM- (EMS)			0			23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)				453,806		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,505,002	942,479	0	0	101,580,703	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	20,503,898	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	3,937,491	33.00
40.00	04000	SUBPROVIDER - IPF	1,264,902	183,266	0	0	12,256,014	40.00
41.00	04100	SUBPROVIDER - IRF	28,109	4,073	0	0	4,883,158	41.00
43.00	04300	NURSERY	0	0	0	0	2,142,066	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,232,528	468,346	0	0	79,683,576	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,478,171	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,059,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,179	81,451	0	0	30,167,564	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,958,596	55.00
57.00	05700	CT SCAN	0	0	0	0	5,257,878	57.00
58.00	05800	MRI	0	0	0	0	2,215,854	58.00
60.00	06000	LABORATORY	171,612	24,864	0	0	37,818,767	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,139,467	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	181,968	26,365	0	0	9,533,916	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	14,020,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,312,520	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,440,634	68.00
69.00	06900	ELECTROCARDIOLOGY	153,859	22,292	0	0	29,767,355	69.00
69.01	03340	GI UNIT	0	0	0	0	6,152,667	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	2,542,274	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,588,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,554,288	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	35,549,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	453,806	48,046,735	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	752,429	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,467,185	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	9,968,464	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,836,820	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								
91.00	09100	EMERGENCY	1,029,675	149,185	0	0	26,203,144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	2,357,042	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,129,834	1,902,321	0	453,806	520,177,163	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	116,410	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,359,678	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	5,706,972	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	479,892	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	185,741	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,716,026	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	417,986	192.06
192.07	19206	GAMBRO	0	0	0	0	601,904	192.07
192.08	19208	FOUNDATION	0	0	0	0	358,067	192.08
192.09	19207	SIU MAP PROGRAM	1,664,345	241,139	0	0	2,875,751	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	93,089	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	759,461	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,794,179	2,143,460	0	453,806	534,848,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(EMS)			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,447,481	94,133,222	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,503,898	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,937,491	33.00
40.00	04000	SUBPROVIDER - IPF	-1,448,168	10,807,846	40.00
41.00	04100	SUBPROVIDER - IRF	-32,182	4,850,976	41.00
43.00	04300	NURSERY	0	2,142,066	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,700,874	75,982,702	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,478,171	52.00
53.00	05300	ANESTHESIOLOGY	0	5,059,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-643,630	29,523,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,958,596	55.00
57.00	05700	CT SCAN	0	5,257,878	57.00
58.00	05800	MRI	0	2,215,854	58.00
60.00	06000	LABORATORY	-196,476	37,622,291	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,139,467	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-208,333	9,325,583	65.00
66.00	06600	PHYSICAL THERAPY	0	14,020,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,312,520	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,440,634	68.00
69.00	06900	ELECTROCARDIOLOGY	-176,151	29,591,204	69.00
69.01	03340	GI UNIT	0	6,152,667	69.01
69.02	03650	VASCULAR LAB	0	2,542,274	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,588,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,554,288	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	35,549,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,046,735	73.00
73.01	03640	RENAL TXPLANT LAB	0	752,429	73.01
74.00	07400	RENAL DIALYSIS	0	2,467,185	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	9,968,464	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,836,820	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,178,860	25,024,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	2,357,042	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,032,155	505,145,008	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	116,410	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,359,678	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,706,972	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	479,892	192.03
192.04	19203	MEALS ON WHEELS	0	185,741	192.04
192.05	19204	ACS HOME CARE	0	1,716,026	192.05
192.06	19205	VNA OF CENTRAL IL	0	417,986	192.06
192.07	19206	GAMBRO	0	601,904	192.07
192.08	19208	FOUNDATION	0	358,067	192.08
192.09	19207	SIU MAP PROGRAM	-1,905,484	970,267	192.09
192.10	19209	AUDIOLOGY	0	93,089	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	759,461	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-16,937,639	517,910,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,339	324,695	0	327,034	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,833,754	5,393,881	0	9,227,635	5.00
6.00	00600	MAINTENANCE & REPAIRS	462,915	4,089,928	0	4,552,843	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	145,139	0	145,139	8.00
9.00	00900	HOUSEKEEPING	56,457	409,216	0	465,673	9.00
10.00	01000	DIETARY	13,578	247,612	0	261,190	10.00
11.00	01100	CAFETERIA	34,187	585,323	0	619,510	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	65,966	142,198	0	208,164	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,989	538,093	0	881,082	14.00
15.00	01500	PHARMACY	730,117	201,464	0	931,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	147,792	413,442	0	561,234	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	195,615	0	195,615	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	0	7,404	0	7,404	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,279,516	7,755,999	0	9,035,515	30.00
31.00	03100	INTENSIVE CARE UNIT	296,827	1,085,315	0	1,382,142	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,710	248,322	0	257,032	33.00
40.00	04000	SUBPROVIDER - IPF	13,027	856,872	0	869,899	40.00
41.00	04100	SUBPROVIDER - IRF	11,772	260,121	0	271,893	41.00
43.00	04300	NURSERY	18,768	65,926	0	84,694	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,857,054	2,859,136	0	6,716,190	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,967	66,298	0	101,265	52.00
53.00	05300	ANESTHESIOLOGY	578,564	167,250	0	745,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,796,131	1,360,988	0	3,157,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	350,128	456,176	0	806,304	55.00
57.00	05700	CT SCAN	417,983	115,084	0	533,067	57.00
58.00	05800	MRI	69,855	26,438	0	96,293	58.00
60.00	06000	LABORATORY	355,124	1,633,956	0	1,989,080	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,311	0	0	21,311	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	174,231	276,282	0	450,513	65.00
66.00	06600	PHYSICAL THERAPY	246,159	399,175	0	645,334	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	157,817	0	157,817	67.00
68.00	06800	SPEECH PATHOLOGY	847	42,024	0	42,871	68.00
69.00	06900	ELECTROCARDIOLOGY	769,027	508,004	0	1,277,031	69.00
69.01	03340	GI UNIT	315,649	189,631	0	505,280	69.01
69.02	03650	VASCULAR LAB	136,579	139,054	0	275,633	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	61,730	48,109	0	109,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,432	20,048	0	28,480	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	15,403	34,146	0	49,549	73.01
74.00	07400	RENAL DIALYSIS	15,672	181,077	0	196,749	74.00
75.00	07500	ASC (NON-DISTINCT PART)	541,280	0	0	541,280	75.00
76.97	07697	CARDIAC REHABILITATION	10,331	0	0	10,331	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							
91.00	09100	EMERGENCY	149,955	738,069	0	888,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	24,545	0	24,545	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,245,126	32,409,872	0	49,654,998	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,835	0	42,835	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	430,008	0	430,008	195 192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0 192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	101,560	0	101,560	10 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	740,402	0	740,402	0 192.05
192.06	19205	VNA OF CENTRAL IL	0	26,438	0	26,438	0 192.06
192.07	19206	GAMBRO	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	132,123	0	132,123	0 192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10	19209	AUDIOLOGY	0	34,349	0	34,349	0 192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	49,758	0	0	49,758	647 192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0 192.12
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)	17,294,884	33,917,587	0	51,212,471	327,034 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,268,668					5.00
6.00	00600	MAINTENANCE & REPAIRS	525,897	5,088,834				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	68,931	26,278	0	240,610		8.00
9.00	00900	HOUSEKEEPING	174,076	88,707	0	0	735,969	9.00
10.00	01000	DIETARY	56,723	44,831	0	0	5,663	10.00
11.00	01100	CAFETERIA	52,239	105,975	0	0	15,795	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	136,823	25,745	0	0	3,663	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	121,055	97,424	0	807	13,863	14.00
15.00	01500	PHARMACY	260,959	36,476	0	426	5,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	132,220	74,855	0	0	10,651	16.00
17.00	01700	SOCIAL SERVICE	26,389	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	246,436	35,417	0	1,038	5,040	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,145	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	7,593	1,341	0	0	191	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,179,979	1,404,250	0	122,651	199,827	30.00
31.00	03100	INTENSIVE CARE UNIT	292,978	196,500	0	17,685	27,938	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	54,687	44,960	0	4,150	6,403	33.00
40.00	04000	SUBPROVIDER - IPF	138,158	155,140	0	3,050	22,082	40.00
41.00	04100	SUBPROVIDER - IRF	61,627	47,096	0	7,045	6,701	41.00
43.00	04300	NURSERY	26,707	11,936	0	14,863	1,698	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,141,365	517,656	0	27,913	73,659	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,682	12,003	0	0	1,708	52.00
53.00	05300	ANESTHESIOLOGY	77,266	30,281	0	13	4,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	438,952	307,365	0	11,573	43,736	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	123,031	82,592	0	2,984	11,752	55.00
57.00	05700	CT SCAN	81,100	27,380	0	4,267	3,896	57.00
58.00	05800	MRI	35,259	14,660	0	0	2,086	58.00
60.00	06000	LABORATORY	585,996	300,889	0	0	42,814	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	71,053	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	150,925	50,022	0	0	7,118	65.00
66.00	06600	PHYSICAL THERAPY	229,473	72,272	0	429	10,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,746	28,573	0	184	4,066	67.00
68.00	06800	SPEECH PATHOLOGY	23,676	7,609	0	0	1,083	68.00
69.00	06900	ELECTROCARDIOLOGY	455,895	91,976	0	4,259	13,087	69.00
69.01	03340	GI UNIT	92,708	34,333	0	2,598	4,885	69.01
69.02	03650	VASCULAR LAB	38,640	25,176	0	0	3,582	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	25,595	8,710	0	1,132	1,239	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,224	3,630	0	0	516	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	616,053	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	564,390	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	11,769	6,182	0	0	880	73.01
74.00	07400	RENAL DIALYSIS	35,775	32,785	0	2,025	4,665	74.00
75.00	07500	ASC (NON-DISTINCT PART)	148,425	102,376	0	0	14,567	75.00
76.97	07697	CARDIAC REHABILITATION	29,970	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								
91.00	09100	EMERGENCY	386,809	133,630	0	11,518	19,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	40,081	4,444	0	0	632	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,170,480	4,291,475	0	240,610	594,284	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	941	7,755	0	0	1,104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,721	77,854	0	0	11,078	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	45,417	385,385	0	0	54,838	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	5,761	18,388	0	0	2,616	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	16,170	72,541	0	0	19,075	192.05
192.06	19205	VNA OF CENTRAL IL	579	43,913	0	0	6,248	192.06
192.07	19206	GAMBRO	0	61,786	0	0	16,247	192.07
192.08	19208	FOUNDATION	2,885	23,921	0	0	3,404	192.08
192.09	19207	SIU MAP PROGRAM	1	99,597	0	0	26,190	192.09
192.10	19209	AUDIOLOGY	750	6,219	0	0	885	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	12,963	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	9,268,668	5,088,834	0	240,610	735,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
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4/15/2021 2:59 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	370,480					10.00
11.00	01100	CAFETERIA	0	797,643				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	18,007	0	400,396		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,354	0	0	1,139,658	14.00
15.00	01500	PHARMACY	0	25,469	0	0	3,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,856	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,310	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	55,996	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-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	1,009	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	251,987	162,315	0	135,686	33,974	30.00
31.00	03100	INTENSIVE CARE UNIT	16,304	35,888	0	30,000	13,510	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,038	6,943	0	5,804	2,474	33.00
40.00	04000	SUBPROVIDER - IPF	32,687	20,199	0	16,885	715	40.00
41.00	04100	SUBPROVIDER - IRF	20,800	9,667	0	8,081	992	41.00
43.00	04300	NURSERY	10,606	3,616	0	3,022	1,344	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,631	76,672	0	64,092	507,651	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,411	0	7,867	3,498	52.00
53.00	05300	ANESTHESIOLOGY	0	4,491	0	3,754	19,740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,563	0	34,743	68,064	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6	7,179	0	0	2,664	55.00
57.00	05700	CT SCAN	0	6,833	0	0	6,654	57.00
58.00	05800	MRI	0	3,625	0	0	866	58.00
60.00	06000	LABORATORY	1,024	55,766	0	0	136,886	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,163	0	0	3,438	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,804	0	0	10,350	65.00
66.00	06600	PHYSICAL THERAPY	0	31,043	0	0	1,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,267	0	0	96	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,669	0	0	74	68.00
69.00	06900	ELECTROCARDIOLOGY	20	31,559	0	26,381	220,944	69.00
69.01	03340	GI UNIT	17	7,400	0	6,186	14,393	69.01
69.02	03650	VASCULAR LAB	0	3,236	0	2,705	4,779	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,392	0	0	708	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,060	0	886	17,544	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	908	0	0	2,803	73.01
74.00	07400	RENAL DIALYSIS	994	4,011	0	3,353	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	21	10,344	0	8,647	42,063	75.00
76.97	07697	CARDIAC REHABILITATION	0	4,585	0	3,833	351	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								
91.00	09100	EMERGENCY	8,346	46,021	0	38,471	17,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,758	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	351,481	772,389	0	400,396	1,139,606	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	389	0	0	40	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
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Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	42	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	18,999	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	15,708	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	6,777	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	2,338	0	0	12	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	370,480	797,643	0	400,396	1,139,658	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
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To 09/30/2020Worksheet B
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	1,276,855				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	809,564			16.00
17.00	01700	SOCIAL SERVICE	0	0	32,083		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,264	509,783	22,134		30.00
31.00	03100	INTENSIVE CARE UNIT	2,679	60,393	500		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	696	10,605	691		33.00
40.00	04000	SUBPROVIDER - IPF	99	56,427	3,935		40.00
41.00	04100	SUBPROVIDER - IRF	86	33,516	569		41.00
43.00	04300	NURSERY	272	5,262	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,485	19,591	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	708	0	128		52.00
53.00	05300	ANESTHESIOLOGY	6,449	4,291	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,242	13,115	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44	8,177	168		55.00
57.00	05700	CT SCAN	1,575	18,134	0		57.00
58.00	05800	MRI	146	3,724	0		58.00
60.00	06000	LABORATORY	13	16,434	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	486	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	2,576	1,619	0		65.00
66.00	06600	PHYSICAL THERAPY	13	2,753	115		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	81	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,206	19,510	0		69.00
69.01	03340	GI UNIT	996	3,076	3,685		69.01
69.02	03650	VASCULAR LAB	9	648	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5	162	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,236,972	0	0		73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	630	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	777	5,424	0		75.00
76.97	07697	CARDIAC REHABILITATION	7	405	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							
91.00	09100	EMERGENCY	3,906	15,867	158		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,276,855	809,564	32,083	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0		192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

 Worksheet B
 Part II
 Date/Time Prepared:
 4/15/2021 2:59 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,276,855	809,564	32,083	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	551,402					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		37,145				22.00
23.00	02300	PARAMED ED PRGM- (EMS)			0			23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)				17,965		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					13,118,877	30.00
31.00	03100	INTENSIVE CARE UNIT					2,090,330	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					400,083	33.00
40.00	04000	SUBPROVIDER - IPF					1,326,193	40.00
41.00	04100	SUBPROVIDER - IRF					471,166	41.00
43.00	04300	NURSERY					165,206	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					9,182,889	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					211,946	52.00
53.00	05300	ANESTHESIOLOGY					897,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					4,131,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					1,048,173	55.00
57.00	05700	CT SCAN					684,773	57.00
58.00	05800	MRI					157,796	58.00
60.00	06000	LABORATORY					3,143,821	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					99,267	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
65.00	06500	RESPIRATORY THERAPY					699,796	65.00
66.00	06600	PHYSICAL THERAPY					1,005,624	66.00
67.00	06700	OCCUPATIONAL THERAPY					253,772	67.00
68.00	06800	SPEECH PATHOLOGY					79,330	68.00
69.00	06900	ELECTROCARDIOLOGY					2,156,552	69.00
69.01	03340	GI UNIT					678,343	69.01
69.02	03650	VASCULAR LAB					355,821	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					151,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					94,035	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS					616,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					1,801,422	73.00
73.01	03640	RENAL TXPLANT LAB					72,440	73.01
74.00	07400	RENAL DIALYSIS					282,820	74.00
75.00	07500	ASC (NON-DISTINCT PART)					877,966	75.00
76.97	07697	CARDIAC REHABILITATION					51,203	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY					1,587,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					72,133	105.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	47,966,097	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					52,635	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					532,285	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					485,640	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					128,377	192.03
192.04	19203	MEALS ON WHEELS					18,999	192.04
192.05	19204	ACS HOME CARE					863,896	192.05
192.06	19205	VNA OF CENTRAL IL					83,955	192.06
192.07	19206	GAMBRO					78,033	192.07
192.08	19208	FOUNDATION					162,333	192.08
192.09	19207	SIU MAP PROGRAM					125,788	192.09
192.10	19209	AUDIOLOGY					42,203	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY					65,718	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM					0	192.12
200.00		Cross Foot Adjustments	551,402	37,145	0	17,965	606,512	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	551,402	37,145	0	17,965	51,212,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	13,118,877	30.00
31.00	03100	INTENSIVE CARE UNIT	2,090,330	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	400,083	33.00
40.00	04000	SUBPROVIDER - IPF	1,326,193	40.00
41.00	04100	SUBPROVIDER - IRF	471,166	41.00
43.00	04300	NURSERY	165,206	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	9,182,889	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,946	52.00
53.00	05300	ANESTHESIOLOGY	897,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,131,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,048,173	55.00
57.00	05700	CT SCAN	684,773	57.00
58.00	05800	MRI	157,796	58.00
60.00	06000	LABORATORY	3,143,821	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	99,267	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	699,796	65.00
66.00	06600	PHYSICAL THERAPY	1,005,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	253,772	67.00
68.00	06800	SPEECH PATHOLOGY	79,330	68.00
69.00	06900	ELECTROCARDIOLOGY	2,156,552	69.00
69.01	03340	GI UNIT	678,343	69.01
69.02	03650	VASCULAR LAB	355,821	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	151,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,035	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	616,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,801,422	73.00
73.01	03640	RENAL TXPLANT LAB	72,440	73.01
74.00	07400	RENAL DIALYSIS	282,820	74.00
75.00	07500	ASC (NON-DISTINCT PART)	877,966	75.00
76.97	07697	CARDIAC REHABILITATION	51,203	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,587,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	72,133	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,966,097	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,635	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	532,285	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	485,640	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	128,377	192.03
192.04	19203	MEALS ON WHEELS	0	18,999	192.04
192.05	19204	ACS HOME CARE	0	863,896	192.05
192.06	19205	VNA OF CENTRAL IL	0	83,955	192.06
192.07	19206	GAMBRO	0	78,033	192.07
192.08	19208	FOUNDATION	0	162,333	192.08
192.09	19207	SIU MAP PROGRAM	0	125,788	192.09
192.10	19209	AUDIOLOGY	0	42,203	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	65,718	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	606,512	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	51,212,471	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,003,232					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,604	0	195,258,634			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	159,543	0	24,497,314	-110,446,168	424,401,972	5.00
6.00	00600	MAINTENANCE & REPAIRS	120,974	0	6,026,260	0	24,080,656	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	156,314	0	3,156,340	8.00
9.00	00900	HOUSEKEEPING	12,104	0	4,485,205	0	7,970,856	9.00
10.00	01000	DIETARY	7,324	0	1,237,510	0	2,597,326	10.00
11.00	01100	CAFETERIA	17,313	0	2,462,097	0	2,392,021	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	4,772,336	0	6,265,071	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	2,431,927	0	5,543,075	14.00
15.00	01500	PHARMACY	5,959	0	7,696,602	0	11,949,219	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	3,431,927	0	6,054,286	16.00
17.00	01700	SOCIAL SERVICE	0	0	826,073	0	1,208,327	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	7,080,587	0	11,284,206	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,700,835	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	219	0	254,653	0	347,691	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,411	0	30,767,387	0	54,023,945	30.00
31.00	03100	INTENSIVE CARE UNIT	32,102	0	8,246,526	0	13,415,370	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,345	0	1,552,353	0	2,504,101	33.00
40.00	04000	SUBPROVIDER - IPF	25,345	0	4,129,651	0	6,326,194	40.00
41.00	04100	SUBPROVIDER - IRF	7,694	0	1,846,589	0	2,821,868	41.00
43.00	04300	NURSERY	1,950	0	708,282	0	1,222,898	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	17,303,817	0	52,262,674	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	2,194,584	0	3,282,306	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	731,435	0	3,538,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,256	0	8,256,845	0	20,099,434	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	1,953,167	0	5,633,555	55.00
57.00	05700	CT SCAN	3,404	0	1,114,655	0	3,713,523	57.00
58.00	05800	MRI	782	0	679,086	0	1,614,518	58.00
60.00	06000	LABORATORY	48,330	0	8,906,685	0	26,832,529	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	487,077	0	3,253,483	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	4,100,823	0	6,910,797	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	7,604,213	0	10,507,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	1,756,457	0	2,415,223	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	804,904	0	1,084,105	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	6,975,551	0	20,875,258	69.00
69.01	03340	GI UNIT	5,609	0	1,663,263	0	4,245,065	69.01
69.02	03650	VASCULAR LAB	4,113	0	843,466	0	1,769,329	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	737,249	0	1,171,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	315,408	0	1,887,618	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	28,208,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	36,015	0	25,843,199	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	208,562	0	538,886	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	1,094,501	0	1,638,123	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	2,412,982	0	6,796,330	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,027,696	0	1,372,332	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								
91.00	09100	EMERGENCY	21,831	0	10,530,132	0	17,711,833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	401,826	0	1,835,302	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	958,636	0	194,749,992	-110,446,168	419,906,017	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	200	0	43,091	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	116,518	0	582,473	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	2,079,625	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	5,732	0	263,790	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	740,402	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	26,521	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	0	132,123	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	25	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	0	34,349	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	386,192	0	593,556	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	33,917,587	0	40,306,476		110,446,168	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.808319	0.000000	0.206426		0.260240	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			327,034		9,268,668	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001675		0.021839	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	831,358					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	2,446,845			8.00
9.00	00900	HOUSEKEEPING	14,492	0	0	844,980		9.00
10.00	01000	DIETARY	7,324	0	0	6,502	357,321	10.00
11.00	01100	CAFETERIA	17,313	0	0	18,135	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	0	4,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	8,209	15,916	0	14.00
15.00	01500	PHARMACY	5,959	0	4,332	5,959	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	0	12,229	0	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
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	10,553	5,786	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- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	219	0	0	219	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,411	0	1,247,293	229,423	243,037	30.00
31.00	03100	INTENSIVE CARE UNIT	32,102	0	179,841	32,076	15,725	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,345	0	42,201	7,351	2,930	33.00
40.00	04000	SUBPROVIDER - IPF	25,345	0	31,018	25,353	31,526	40.00
41.00	04100	SUBPROVIDER - IRF	7,694	0	71,645	7,694	20,061	41.00
43.00	04300	NURSERY	1,950	0	151,151	1,950	10,229	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	283,855	84,569	5,431	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	0	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	136	4,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,214	0	117,688	50,214	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	30,347	13,493	6	55.00
57.00	05700	CT SCAN	4,473	0	43,390	4,473	0	57.00
58.00	05800	MRI	2,395	0	0	2,395	0	58.00
60.00	06000	LABORATORY	49,156	0	0	49,156	988	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	0	8,172	0	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	4,361	11,807	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	1,869	4,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	43,309	15,026	19	69.00
69.01	03340	GI UNIT	5,609	0	26,416	5,609	16	69.01
69.02	03650	VASCULAR LAB	4,113	0	0	4,113	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	11,508	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	0	593	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	20,590	5,356	959	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,725	0	0	16,725	20	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								
91.00	09100	EMERGENCY	21,831	0	117,133	21,831	8,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	0	726	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	701,094	0	2,446,845	682,309	338,997	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	0	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	0	12,719	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	SIU SCHOOL OF MEDICINE	62,960	0	0	62,960	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	0	3,004	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	18,324	192.04
192.05	19204	ACS HOME CARE	11,851	0	0	21,900	0	192.05
192.06	19205	VNA OF CENTRAL IL	7,174	0	0	7,174	0	192.06
192.07	19206	GAMBRO	10,094	0	0	18,654	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	3,908	0	192.08
192.09	19207	SIU MAP PROGRAM	16,271	0	0	30,069	0	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210	SOUTHGTH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	30,347,406	0	4,134,455	10,574,199	3,621,972	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.503415	0.000000	1.689709	12.514141	10.136466	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,088,834	0	240,610	735,969	370,480	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.121110	0.000000	0.098335	0.870990	1.036827	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	245,976					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,553	0	147,708			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,585	0	0	81,005,068		14.00
15.00	01500	PHARMACY	7,854	0	0	274,533	26,656,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,665	0	0	19	0	16.00
17.00	01700	SOCIAL SERVICE	1,329	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,268	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-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	311	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,055	0	50,055	2,414,804	193,394	30.00
31.00	03100	INTENSIVE CARE UNIT	11,067	0	11,067	960,280	55,921	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,141	0	2,141	175,849	14,527	33.00
40.00	04000	SUBPROVIDER - IPF	6,229	0	6,229	50,839	2,064	40.00
41.00	04100	SUBPROVIDER - IRF	2,981	0	2,981	70,502	1,802	41.00
43.00	04300	NURSERY	1,115	0	1,115	95,532	5,676	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,644	0	23,644	36,083,049	72,749	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,902	0	2,902	248,626	14,774	52.00
53.00	05300	ANESTHESIOLOGY	1,385	0	1,385	1,403,118	134,639	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,817	0	12,817	4,837,889	25,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,214	0	0	189,342	916	55.00
57.00	05700	CT SCAN	2,107	0	0	472,941	32,882	57.00
58.00	05800	MRI	1,118	0	0	61,557	3,044	58.00
60.00	06000	LABORATORY	17,197	0	0	9,729,648	262	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	667	0	0	244,378	3	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,107	0	0	735,670	53,771	65.00
66.00	06600	PHYSICAL THERAPY	9,573	0	0	83,265	266	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,241	0	0	6,803	0	67.00
68.00	06800	SPEECH PATHOLOGY	823	0	0	5,267	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,732	0	9,732	15,704,332	87,810	69.00
69.01	03340	GI UNIT	2,282	0	2,282	1,023,036	20,787	69.01
69.02	03650	VASCULAR LAB	998	0	998	339,657	178	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,046	0	0	50,296	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	327	0	327	1,246,981	112	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	25,823,759	73.00
73.01	03640	RENAL TXPLANT LAB	280	0	0	199,208	0	73.01
74.00	07400	RENAL DIALYSIS	1,237	0	1,237	0	13,144	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,190	0	3,190	2,989,736	16,228	75.00
76.97	07697	CARDIAC REHABILITATION	1,414	0	1,414	24,953	152	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								
91.00	09100	EMERGENCY	14,192	0	14,192	1,279,232	81,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	542	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	238,188	0	147,708	81,001,342	26,656,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	120	0	0	2,858	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	13	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	4,844	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	2,090	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	721	0	0	868	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,873,449	0	8,189,105	7,883,335	15,508,696	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.747264	0.000000	55.441174	0.097319	0.581801	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	797,643	0	400,396	1,139,658	1,276,855	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.242768	0.000000	2.710727	0.014069	0.047901	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	10,000					16.00
17.00	01700	SOCIAL SERVICE	0	9,752				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0				23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,297	6,728	0	0	4,397	30.00
31.00	03100	INTENSIVE CARE UNIT	746	152	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	131	210	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	697	1,196	0	0	855	40.00
41.00	04100	SUBPROVIDER - IRF	414	173	0	0	19	41.00
43.00	04300	NURSERY	65	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	242	0	0	0	2,185	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162	0	0	0	380	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	101	51	0	0	0	55.00
57.00	05700	CT SCAN	224	0	0	0	0	57.00
58.00	05800	MRI	46	0	0	0	0	58.00
60.00	06000	LABORATORY	203	0	0	0	116	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	20	0	0	0	123	65.00
66.00	06600	PHYSICAL THERAPY	34	35	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	241	0	0	0	104	69.00
69.01	03340	GI UNIT	38	1,120	0	0	0	69.01
69.02	03650	VASCULAR LAB	8	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	67	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	5	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								
91.00	09100	EMERGENCY	196	48	0	0	696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	9,752	0	0	8,875	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	1,125	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	8,349,993	1,543,710	0	0	14,794,179	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	834.999300	158.296760	0.000000	0.000000	1,479.417900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	809,564	32,083	0	0	551,402	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	80.956400	3.289889	0.000000	0.000000	55.140200	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(EMS) (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)	
			SERVICES-OTHER			
			PRGM COSTS			
			APPRV (ASSIGNED TIME)			
			22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00	02300	PARAMED ED PRGM-(EMS)		0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,397	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	855	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	19	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,185	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	380	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	116	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	123	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	104	0	0	69.00
69.01	03340	GI UNIT	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	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						
91.00	09100	EMERGENCY	696	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,875	0	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
4/15/2021 2:59 pm

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM-(EMS) (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)		
		SERVICES-OTHER				
		PRGM COSTS APPRV (ASSIGNED TIME)				
		22.00				
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	1,125	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
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)	2,143,460	0	453,806	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	214.346000	0.000000	4,538.060000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,145	0	17,965	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.714500	0.000000	179.650000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,133,222		94,133,222	141,893	94,275,115	30.00
31.00	03100	INTENSIVE CARE UNIT	20,503,898		20,503,898	134,414	20,638,312	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,937,491		3,937,491	33,248	3,970,739	33.00
40.00	04000	SUBPROVIDER - IPF	10,807,846		10,807,846	1,023	10,808,869	40.00
41.00	04100	SUBPROVIDER - IRF	4,850,976		4,850,976	1,071	4,852,047	41.00
43.00	04300	NURSERY	2,142,066		2,142,066	13,529	2,155,595	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,982,702		75,982,702	143,040	76,125,742	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,171		4,478,171	0	4,478,171	52.00
53.00	05300	ANESTHESIOLOGY	5,059,188		5,059,188	23,714	5,082,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,523,934		29,523,934	93,350	29,617,284	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,958,596		7,958,596	1,518	7,960,114	55.00
57.00	05700	CT SCAN	5,257,878		5,257,878	0	5,257,878	57.00
58.00	05800	MRI	2,215,854		2,215,854	0	2,215,854	58.00
60.00	06000	LABORATORY	37,622,291		37,622,291	86,802	37,709,093	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,139,467		4,139,467	0	4,139,467	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,325,583	0	9,325,583	66,375	9,391,958	65.00
66.00	06600	PHYSICAL THERAPY	14,020,998	0	14,020,998	188,422	14,209,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,312,520	0	3,312,520	0	3,312,520	67.00
68.00	06800	SPEECH PATHOLOGY	1,440,634	0	1,440,634	0	1,440,634	68.00
69.00	06900	ELECTROCARDIOLOGY	29,591,204		29,591,204	74,213	29,665,417	69.00
69.01	03340	GI UNIT	6,152,667		6,152,667	25,862	6,178,529	69.01
69.02	03650	VASCULAR LAB	2,542,274		2,542,274	9,351	2,551,625	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,588,362		1,588,362	83,457	1,671,819	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,554,288		2,554,288	0	2,554,288	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	35,549,939		35,549,939	0	35,549,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,046,735		48,046,735	0	48,046,735	73.00
73.01	03640	RENAL TXPLANT LAB	752,429		752,429	0	752,429	73.01
74.00	07400	RENAL DIALYSIS	2,467,185		2,467,185	16,714	2,483,899	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,968,464		9,968,464	0	9,968,464	75.00
76.97	07697	CARDIAC REHABILITATION	1,836,820		1,836,820	31,910	1,868,730	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								
91.00	09100	EMERGENCY	25,024,284		25,024,284	238,188	25,262,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,863,103		2,863,103		2,863,103	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,357,042		2,357,042		2,357,042	105.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	508,008,111	0	508,008,111	1,408,094	509,416,205	200.00
201.00		Less Observation Beds	2,863,103		2,863,103		2,863,103	201.00
202.00		Total (see instructions)	505,145,008	0	505,145,008	1,408,094	506,553,102	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,914,746		151,914,746		30.00
31.00	03100	INTENSIVE CARE UNIT	38,686,813		38,686,813		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,760,151		6,760,151		33.00
40.00	04000	SUBPROVIDER - IPF	23,012,698		23,012,698		40.00
41.00	04100	SUBPROVIDER - IRF	8,733,377		8,733,377		41.00
43.00	04300	NURSERY	4,084,744		4,084,744		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	175,914,306	145,655,637	321,569,943	0.236287	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,114,491	98,621	11,213,112	0.399369	0.000000
53.00	05300	ANESTHESIOLOGY	22,086,742	32,027,414	54,114,156	0.093491	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,615,337	97,300,446	144,915,783	0.203732	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,153,845	60,532,393	62,686,238	0.126959	0.000000
57.00	05700	CT SCAN	86,942,786	134,806,333	221,749,119	0.023711	0.000000
58.00	05800	MRI	16,180,146	27,862,717	44,042,863	0.050311	0.000000
60.00	06000	LABORATORY	95,503,531	122,052,243	217,555,774	0.172932	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,597,808	3,411,145	14,008,953	0.295487	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	63,884,319	12,007,609	75,891,928	0.122880	0.000000
66.00	06600	PHYSICAL THERAPY	16,186,452	20,600,622	36,787,074	0.381139	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,014,337	539,684	13,554,021	0.244394	0.000000
68.00	06800	SPEECH PATHOLOGY	4,353,660	76,892	4,430,552	0.325159	0.000000
69.00	06900	ELECTROCARDIOLOGY	118,829,000	144,800,000	263,629,000	0.112246	0.000000
69.01	03340	GI UNIT	4,342,294	22,896,289	27,238,583	0.225881	0.000000
69.02	03650	VASCULAR LAB	9,476,213	4,595,408	14,071,621	0.180667	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	4,643,169	762,598	5,405,767	0.293827	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,640,824	928,569	9,569,393	0.266923	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	155,750,681	89,714,375	245,465,056	0.144827	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	121,385,313	90,385,012	211,770,325	0.226881	0.000000
73.01	03640	RENAL TXPLANT LAB	16,015	382,929	398,944	1.886052	0.000000
74.00	07400	RENAL DIALYSIS	11,267,593	3,140,279	14,407,872	0.171239	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	282,854	40,339,748	40,622,602	0.245392	0.000000
76.97	07697	CARDIAC REHABILITATION	2,491,179	2,760,939	5,252,118	0.349729	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	50,944,913	74,140,261	125,085,174	0.200058	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,442,032	4,535,329	5,977,361	0.478991	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,288,252,369	1,136,353,492	2,424,605,861		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,288,252,369	1,136,353,492	2,424,605,861		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/15/2021 2:59 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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.236732		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.399369		52.00
53.00	05300	ANESTHESIOLOGY	0.093929		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204376		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126983		55.00
57.00	05700	CT SCAN	0.023711		57.00
58.00	05800	MRI	0.050311		58.00
60.00	06000	LABORATORY	0.173331		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.295487		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.123754		65.00
66.00	06600	PHYSICAL THERAPY	0.386261		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244394		67.00
68.00	06800	SPEECH PATHOLOGY	0.325159		68.00
69.00	06900	ELECTROCARDIOLOGY	0.112527		69.00
69.01	03340	GI UNIT	0.226830		69.01
69.02	03650	VASCULAR LAB	0.181331		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.309266		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266923		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.144827		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226881		73.00
73.01	03640	RENAL TXPLANT LAB	1.886052		73.01
74.00	07400	RENAL DIALYSIS	0.172399		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.245392		75.00
76.97	07697	CARDIAC REHABILITATION	0.355805		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.201962		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.478991		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,133,222		94,133,222	141,893	94,275,115	30.00
31.00	03100	INTENSIVE CARE UNIT	20,503,898		20,503,898	134,414	20,638,312	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,937,491		3,937,491	33,248	3,970,739	33.00
40.00	04000	SUBPROVIDER - IPF	10,807,846		10,807,846	1,023	10,808,869	40.00
41.00	04100	SUBPROVIDER - IRF	4,850,976		4,850,976	1,071	4,852,047	41.00
43.00	04300	NURSERY	2,142,066		2,142,066	13,529	2,155,595	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,982,702		75,982,702	143,040	76,125,742	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,171		4,478,171	0	4,478,171	52.00
53.00	05300	ANESTHESIOLOGY	5,059,188		5,059,188	23,714	5,082,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,523,934		29,523,934	93,350	29,617,284	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,958,596		7,958,596	1,518	7,960,114	55.00
57.00	05700	CT SCAN	5,257,878		5,257,878	0	5,257,878	57.00
58.00	05800	MRI	2,215,854		2,215,854	0	2,215,854	58.00
60.00	06000	LABORATORY	37,622,291		37,622,291	86,802	37,709,093	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,139,467		4,139,467	0	4,139,467	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,325,583	0	9,325,583	66,375	9,391,958	65.00
66.00	06600	PHYSICAL THERAPY	14,020,998	0	14,020,998	188,422	14,209,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,312,520	0	3,312,520	0	3,312,520	67.00
68.00	06800	SPEECH PATHOLOGY	1,440,634	0	1,440,634	0	1,440,634	68.00
69.00	06900	ELECTROCARDIOLOGY	29,591,204		29,591,204	74,213	29,665,417	69.00
69.01	03340	GI UNIT	6,152,667		6,152,667	25,862	6,178,529	69.01
69.02	03650	VASCULAR LAB	2,542,274		2,542,274	9,351	2,551,625	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,588,362		1,588,362	83,457	1,671,819	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,554,288		2,554,288	0	2,554,288	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	35,549,939		35,549,939	0	35,549,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,046,735		48,046,735	0	48,046,735	73.00
73.01	03640	RENAL TXPLANT LAB	752,429		752,429	0	752,429	73.01
74.00	07400	RENAL DIALYSIS	2,467,185		2,467,185	16,714	2,483,899	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,968,464		9,968,464	0	9,968,464	75.00
76.97	07697	CARDIAC REHABILITATION	1,836,820		1,836,820	31,910	1,868,730	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								
91.00	09100	EMERGENCY	25,024,284		25,024,284	238,188	25,262,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,863,103		2,863,103		2,863,103	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,357,042		2,357,042		2,357,042	105.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	508,008,111	0	508,008,111	1,408,094	509,416,205	200.00
201.00		Less Observation Beds	2,863,103		2,863,103		2,863,103	201.00
202.00		Total (see instructions)	505,145,008	0	505,145,008	1,408,094	506,553,102	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,914,746		151,914,746		30.00
31.00	03100	INTENSIVE CARE UNIT	38,686,813		38,686,813		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,760,151		6,760,151		33.00
40.00	04000	SUBPROVIDER - IPF	23,012,698		23,012,698		40.00
41.00	04100	SUBPROVIDER - IRF	8,733,377		8,733,377		41.00
43.00	04300	NURSERY	4,084,744		4,084,744		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	175,914,306	145,655,637	321,569,943	0.236287	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,114,491	98,621	11,213,112	0.399369	0.000000
53.00	05300	ANESTHESIOLOGY	22,086,742	32,027,414	54,114,156	0.093491	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,615,337	97,300,446	144,915,783	0.203732	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,153,845	60,532,393	62,686,238	0.126959	0.000000
57.00	05700	CT SCAN	86,942,786	134,806,333	221,749,119	0.023711	0.000000
58.00	05800	MRI	16,180,146	27,862,717	44,042,863	0.050311	0.000000
60.00	06000	LABORATORY	95,503,531	122,052,243	217,555,774	0.172932	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,597,808	3,411,145	14,008,953	0.295487	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	63,884,319	12,007,609	75,891,928	0.122880	0.000000
66.00	06600	PHYSICAL THERAPY	16,186,452	20,600,622	36,787,074	0.381139	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,014,337	539,684	13,554,021	0.244394	0.000000
68.00	06800	SPEECH PATHOLOGY	4,353,660	76,892	4,430,552	0.325159	0.000000
69.00	06900	ELECTROCARDIOLOGY	118,829,000	144,800,000	263,629,000	0.112246	0.000000
69.01	03340	GI UNIT	4,342,294	22,896,289	27,238,583	0.225881	0.000000
69.02	03650	VASCULAR LAB	9,476,213	4,595,408	14,071,621	0.180667	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	4,643,169	762,598	5,405,767	0.293827	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,640,824	928,569	9,569,393	0.266923	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	155,750,681	89,714,375	245,465,056	0.144827	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	121,385,313	90,385,012	211,770,325	0.226881	0.000000
73.01	03640	RENAL TXPLANT LAB	16,015	382,929	398,944	1.886052	0.000000
74.00	07400	RENAL DIALYSIS	11,267,593	3,140,279	14,407,872	0.171239	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	282,854	40,339,748	40,622,602	0.245392	0.000000
76.97	07697	CARDIAC REHABILITATION	2,491,179	2,760,939	5,252,118	0.349729	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	50,944,913	74,140,261	125,085,174	0.200058	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,442,032	4,535,329	5,977,361	0.478991	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,288,252,369	1,136,353,492	2,424,605,861		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,288,252,369	1,136,353,492	2,424,605,861		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/15/2021 2:59 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
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03340	GI UNIT	0.000000			69.01
69.02	03650	VASCULAR LAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03640	RENAL TXPLANT LAB	0.000000			73.01
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						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/15/2021 2:59 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,118,877	0	13,118,877	89,859	145.99	30.00
31.00	INTENSIVE CARE UNIT	2,090,330		2,090,330	10,531	198.49	31.00
33.00	BURN INTENSIVE CARE UNIT	400,083		400,083	1,844	216.96	33.00
40.00	SUBPROVIDER - IPF	1,326,193	0	1,326,193	9,772	135.71	40.00
41.00	SUBPROVIDER - IRF	471,166	0	471,166	5,739	82.10	41.00
43.00	NURSERY	165,206		165,206	2,357	70.09	43.00
200.00	Total (lines 30 through 199)	17,571,855		17,571,855	120,102		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	36,831	5,376,958				30.00
31.00	INTENSIVE CARE UNIT	5,004	993,244				31.00
33.00	BURN INTENSIVE CARE UNIT	130	28,205				33.00
40.00	SUBPROVIDER - IPF	3,066	416,087				40.00
41.00	SUBPROVIDER - IRF	2,731	224,215				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	47,762	7,038,709				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,182,889	321,569,943	0.028556	60,837,060	1,737,263
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,946	11,213,112	0.018902	0	0
53.00	05300	ANESTHESIOLOGY	897,633	54,114,156	0.016588	7,928,083	131,511
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,131,302	144,915,783	0.028508	19,941,845	568,502
55.00	05500	RADIOLOGY-THERAPEUTIC	1,048,173	62,686,238	0.016721	751,051	12,558
57.00	05700	CT SCAN	684,773	221,749,119	0.003088	35,013,781	108,123
58.00	05800	MRI	157,796	44,042,863	0.003583	6,454,849	23,128
60.00	06000	LABORATORY	3,143,821	217,555,774	0.014451	38,231,942	552,490
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	99,267	14,008,953	0.007086	4,135,091	29,301
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	699,796	75,891,928	0.009221	29,172,597	269,001
66.00	06600	PHYSICAL THERAPY	1,005,624	36,787,074	0.027336	5,526,439	151,071
67.00	06700	OCCUPATIONAL THERAPY	253,772	13,554,021	0.018723	4,261,116	79,781
68.00	06800	SPEECH PATHOLOGY	79,330	4,430,552	0.017905	1,389,628	24,881
69.00	06900	ELECTROCARDIOLOGY	2,156,552	263,629,000	0.008180	49,199,398	402,451
69.01	03340	GI UNIT	678,343	27,238,583	0.024904	1,732,633	43,149
69.02	03650	VASCULAR LAB	355,821	14,071,621	0.025286	3,445,260	87,117
70.00	07000	ELECTROENCEPHALOGRAPHY	151,931	5,405,767	0.028105	1,829,575	51,420
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,035	9,569,393	0.009827	3,621,657	35,590
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	616,053	245,465,056	0.002510	71,313,502	178,997
73.00	07300	DRUGS CHARGED TO PATIENTS	1,801,422	211,770,325	0.008506	45,037,818	383,092
73.01	03640	RENAL TXPLANT LAB	72,440	398,944	0.181579	0	0
74.00	07400	RENAL DIALYSIS	282,820	14,407,872	0.019630	6,663,735	130,809
75.00	07500	ASC (NON-DISTINCT PART)	877,966	40,622,602	0.021613	0	0
76.97	07697	CARDIAC REHABILITATION	51,203	5,252,118	0.009749	1,042,795	10,166
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							
91.00	09100	EMERGENCY	1,587,401	125,085,174	0.012691	18,923,048	240,152
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	398,415	5,977,361	0.066654	751,080	50,062
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	30,720,524	2,191,413,332		417,203,983	5,300,615

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/15/2021 2:59 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00		
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		
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	89,859	0.00	36,831		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	10,531	0.00	5,004		31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	1,844	0.00	130		33.00		
40.00	04000	SUBPROVIDER - IPF	0	0	9,772	0.00	3,066		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,739	0.00	2,731		41.00		
43.00	04300	NURSERY	0	0	2,357	0.00	0		43.00		
200.00		Total (lines 30 through 199)	0	0	120,102		47,762		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
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/15/2021 2:59 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03340	GI UNIT		0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB		0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	453,806	73.00
73.01	03640	RENAL TXPLANT LAB		0	0	0	0	0	73.01
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									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		0	0	0	0	453,806	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/15/2021 2:59 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	321,569,943	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,213,112	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,114,156	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	144,915,783	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	62,686,238	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	221,749,119	0.000000	57.00
58.00	05800	MRI	0	0	0	44,042,863	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	217,555,774	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,008,953	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	75,891,928	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	36,787,074	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,554,021	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,430,552	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	263,629,000	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	27,238,583	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	14,071,621	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,405,767	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,569,393	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	245,465,056	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	453,806	453,806	211,770,325	0.002143	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	398,944	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	14,407,872	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	40,622,602	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,252,118	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								
91.00	09100	EMERGENCY	0	0	0	125,085,174	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,977,361	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	453,806	453,806	2,191,413,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	60,837,060	0	33,895,074	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	7,928,083	0	7,220,573	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	19,941,845	0	29,599,003	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	751,051	0	21,974,156	0
57.00	05700	CT SCAN	0.000000	35,013,781	0	35,940,722	0
58.00	05800	MRI	0.000000	6,454,849	0	6,796,398	0
60.00	06000	LABORATORY	0.000000	38,231,942	0	11,548,839	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,135,091	0	854,809	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	29,172,597	0	3,535,899	0
66.00	06600	PHYSICAL THERAPY	0.000000	5,526,439	0	237,057	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,261,116	0	4,796	0
68.00	06800	SPEECH PATHOLOGY	0.000000	1,389,628	0	1,474	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	49,199,398	0	49,518,436	0
69.01	03340	GI UNIT	0.000000	1,732,633	0	5,911,657	0
69.02	03650	VASCULAR LAB	0.000000	3,445,260	0	1,387,555	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,829,575	0	122,143	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,621,657	0	258,871	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	71,313,502	0	32,870,213	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002143	45,037,818	96,516	32,841,949	70,380
73.01	03640	RENAL TXPLANT LAB	0.000000	0	0	17,192	0
74.00	07400	RENAL DIALYSIS	0.000000	6,663,735	0	1,923,846	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	6,275,350	0
76.97	07697	CARDIAC REHABILITATION	0.000000	1,042,795	0	604,553	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	18,923,048	0	14,380,240	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	751,080	0	928,066	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		417,203,983	96,516	298,648,871	70,380

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 4/15/2021 2:59 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		0.236287	33,895,074	0	0	8,008,965	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.399369	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.093491	7,220,573	0	0	675,059	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.203732	29,599,003	0	503	6,030,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.126959	21,974,156	0	0	2,789,817	55.00
57.00	05700	CT SCAN		0.023711	35,940,722	0	881	852,190	57.00
58.00	05800	MRI		0.050311	6,796,398	0	0	341,934	58.00
60.00	06000	LABORATORY		0.172932	11,548,839	722	0	1,997,164	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.295487	854,809	0	0	252,585	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.122880	3,535,899	0	0	434,491	65.00
66.00	06600	PHYSICAL THERAPY		0.381139	237,057	0	0	90,352	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.244394	4,796	0	0	1,172	67.00
68.00	06800	SPEECH PATHOLOGY		0.325159	1,474	0	0	479	68.00
69.00	06900	ELECTROCARDIOLOGY		0.112246	49,518,436	0	503	5,558,246	69.00
69.01	03340	GI UNIT		0.225881	5,911,657	0	0	1,335,331	69.01
69.02	03650	VASCULAR LAB		0.180667	1,387,555	0	0	250,685	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.293827	122,143	0	0	35,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.266923	258,871	0	0	69,099	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.144827	32,870,213	0	0	4,760,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.226881	32,841,949	0	10,696	7,451,214	73.00
73.01	03640	RENAL TXPLANT LAB		1.886052	17,192	0	0	32,425	73.01
74.00	07400	RENAL DIALYSIS		0.171239	1,923,846	0	0	329,437	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.245392	6,275,350	0	0	1,539,921	75.00
76.97	07697	CARDIAC REHABILITATION		0.349729	604,553	0	0	211,430	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									
91.00	09100	EMERGENCY		0.200058	14,380,240	41	0	2,876,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.478991	928,066	0	0	444,535	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000		0	0		94.00
200.00		Subtotal (see instructions)			298,648,871	763	12,583	46,370,060	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			298,648,871	763	12,583	46,370,060	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/15/2021 2:59 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	102		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	21		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	125	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	56		69.00
69.01	03340	GI UNIT	0	0		69.01
69.02	03650	VASCULAR LAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,427		73.00
73.01	03640	RENAL TXPLANT LAB	0	0		73.01
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					
91.00	09100	EMERGENCY	8	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
200.00		Subtotal (see instructions)	133	2,606		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	133	2,606		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Prepared: 4/15/2021 2:59 pm		
				Component CCN: 14-S148				
				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	9,182,889	321,569,943	0.028556	648	19	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,946	11,213,112	0.018902	0	0	52.00
53.00	05300	ANESTHESIOLOGY	897,633	54,114,156	0.016588	187,266	3,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,131,302	144,915,783	0.028508	46,418	1,323	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,048,173	62,686,238	0.016721	0	0	55.00
57.00	05700	CT SCAN	684,773	221,749,119	0.003088	182,148	562	57.00
58.00	05800	MRI	157,796	44,042,863	0.003583	18,603	67	58.00
60.00	06000	LABORATORY	3,143,821	217,555,774	0.014451	456,930	6,603	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	99,267	14,008,953	0.007086	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	699,796	75,891,928	0.009221	87,388	806	65.00
66.00	06600	PHYSICAL THERAPY	1,005,624	36,787,074	0.027336	34,084	932	66.00
67.00	06700	OCCUPATIONAL THERAPY	253,772	13,554,021	0.018723	24,231	454	67.00
68.00	06800	SPEECH PATHOLOGY	79,330	4,430,552	0.017905	5,860	105	68.00
69.00	06900	ELECTROCARDIOLOGY	2,156,552	263,629,000	0.008180	88,628	725	69.00
69.01	03340	GI UNIT	678,343	27,238,583	0.024904	0	0	69.01
69.02	03650	VASCULAR LAB	355,821	14,071,621	0.025286	39,077	988	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	151,931	5,405,767	0.028105	7,403	208	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,035	9,569,393	0.009827	2,370	23	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	616,053	245,465,056	0.002510	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,801,422	211,770,325	0.008506	415,368	3,533	73.00
73.01	03640	RENAL TXPLANT LAB	72,440	398,944	0.181579	0	0	73.01
74.00	07400	RENAL DIALYSIS	282,820	14,407,872	0.019630	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	877,966	40,622,602	0.021613	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	51,203	5,252,118	0.009749	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								
91.00	09100	EMERGENCY	1,587,401	125,085,174	0.012691	369,211	4,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,977,361	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	30,322,109	2,191,413,332		1,965,633	24,140	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0148

Component CCN: 14-S148

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

Worksheet D
Part IV
Date/Time Prepared:
4/15/2021 2:59 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	453,806	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
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								
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
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	453,806	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/15/2021 2:59 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	321,569,943	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,213,112	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,114,156	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	144,915,783	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	62,686,238	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	221,749,119	0.000000	57.00
58.00	05800	MRI	0	0	0	44,042,863	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	217,555,774	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,008,953	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	75,891,928	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	36,787,074	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,554,021	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,430,552	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	263,629,000	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	27,238,583	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	14,071,621	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,405,767	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,569,393	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	245,465,056	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	453,806	453,806	211,770,325	0.002143	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	398,944	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	14,407,872	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	40,622,602	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,252,118	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								
91.00	09100	EMERGENCY	0	0	0	125,085,174	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,977,361	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	453,806	453,806	2,191,413,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/15/2021 2:59 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	648	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	187,266	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	46,418	0	837	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	182,148	0	0	0	57.00
58.00	05800	MRI		0.000000	18,603	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	456,930	0	481	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	87,388	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	34,084	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	24,231	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	5,860	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	88,628	0	2,792	0	69.00
69.01	03340	GI UNIT		0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR LAB		0.000000	39,077	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	7,403	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	2,370	0	848	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002143	415,368	890	119	0	73.00
73.01	03640	RENAL TXPLANT LAB		0.000000	0	0	0	0	73.01
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									
91.00	09100	EMERGENCY		0.000000	369,211	0	1,896	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
200.00		Total (lines 50 through 199)			1,965,633	890	6,973	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 4/15/2021 2:59 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	0.236287	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.399369	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.093491	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203732	837	0	0	0	171	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126959	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.023711	0	0	0	0	0	57.00
58.00	05800	MRI	0.050311	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.172932	481	0	0	0	83	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.295487	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.122880	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.381139	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244394	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.325159	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112246	2,792	0	0	0	313	69.00
69.01	03340	GI UNIT	0.225881	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.180667	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.293827	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266923	848	0	0	0	226	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.144827	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226881	119	0	0	0	27	73.00
73.01	03640	RENAL TXPLANT LAB	1.886052	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.171239	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.245392	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.349729	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.200058	1,896	0	0	0	379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.478991	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0		94.00
200.00		Subtotal (see instructions)		6,973	0	0	0	1,199	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)		6,973	0	0	0	1,199	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part V Date/Time Prepared: 4/15/2021 2:59 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	03340	GI UNIT	0	0					69.01
69.02	03650	VASCULAR LAB	0	0					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
73.01	03640	RENAL TXPLANT LAB	0	0					73.01
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									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:

Worksheet D

Component CCN: 14-T148

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/15/2021 2:59 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	9,182,889	321,569,943	0.028556	27,188	776
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,946	11,213,112	0.018902	0	0
53.00	05300	ANESTHESIOLOGY	897,633	54,114,156	0.016588	4,887	81
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,131,302	144,915,783	0.028508	121,359	3,460
55.00	05500	RADIOLOGY-THERAPEUTIC	1,048,173	62,686,238	0.016721	43,449	727
57.00	05700	CT SCAN	684,773	221,749,119	0.003088	123,758	382
58.00	05800	MRI	157,796	44,042,863	0.003583	23,458	84
60.00	06000	LABORATORY	3,143,821	217,555,774	0.014451	381,204	5,509
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	99,267	14,008,953	0.007086	4,759	34
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	699,796	75,891,928	0.009221	272,396	2,512
66.00	06600	PHYSICAL THERAPY	1,005,624	36,787,074	0.027336	1,834,669	50,153
67.00	06700	OCCUPATIONAL THERAPY	253,772	13,554,021	0.018723	1,694,259	31,722
68.00	06800	SPEECH PATHOLOGY	79,330	4,430,552	0.017905	658,832	11,796
69.00	06900	ELECTROCARDIOLOGY	2,156,552	263,629,000	0.008180	42,547	348
69.01	03340	GI UNIT	678,343	27,238,583	0.024904	0	0
69.02	03650	VASCULAR LAB	355,821	14,071,621	0.025286	55,224	1,396
70.00	07000	ELECTROENCEPHALOGRAPHY	151,931	5,405,767	0.028105	4,248	119
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,035	9,569,393	0.009827	83,891	824
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	616,053	245,465,056	0.002510	2,538	6
73.00	07300	DRUGS CHARGED TO PATIENTS	1,801,422	211,770,325	0.008506	490,034	4,168
73.01	03640	RENAL TXPLANT LAB	72,440	398,944	0.181579	0	0
74.00	07400	RENAL DIALYSIS	282,820	14,407,872	0.019630	221,338	4,345
75.00	07500	ASC (NON-DISTINCT PART)	877,966	40,622,602	0.021613	0	0
76.97	07697	CARDIAC REHABILITATION	51,203	5,252,118	0.009749	5,102	50
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							
91.00	09100	EMERGENCY	1,587,401	125,085,174	0.012691	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,977,361	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	30,322,109	2,191,413,332		6,095,140	118,492

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0148
Component CCN: 14-T148

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

Worksheet D
Part IV
Date/Time Prepared:
4/15/2021 2:59 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	453,806	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
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								
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
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	453,806	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/15/2021 2:59 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	321,569,943	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,213,112	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,114,156	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	144,915,783	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	62,686,238	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	221,749,119	0.000000	57.00
58.00	05800	MRI	0	0	0	44,042,863	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	217,555,774	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,008,953	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	75,891,928	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	36,787,074	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,554,021	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,430,552	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	263,629,000	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	27,238,583	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	14,071,621	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,405,767	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,569,393	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	245,465,056	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	453,806	453,806	211,770,325	0.002143	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	398,944	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	14,407,872	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	40,622,602	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,252,118	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								
91.00	09100	EMERGENCY	0	0	0	125,085,174	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,977,361	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	453,806	453,806	2,191,413,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/15/2021 2:59 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	27,188	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	4,887	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	121,359	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	43,449	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	123,758	0	0	0	57.00
58.00	05800	MRI		0.000000	23,458	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	381,204	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	4,759	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	272,396	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,834,669	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,694,259	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	658,832	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	42,547	0	0	0	69.00
69.01	03340	GI UNIT		0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR LAB		0.000000	55,224	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,248	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	83,891	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	2,538	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002143	490,034	1,050	0	0	73.00
73.01	03640	RENAL TXPLANT LAB		0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0.000000	221,338	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	5,102	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									
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
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
200.00		Total (lines 50 through 199)			6,095,140	1,050	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/15/2021 2:59 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)		89,859	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,859	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.		84,147	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,983	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)		36,831	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)		94,275,115	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)		94,275,115	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		138,734,190	28.00	
29.00	Private room charges (excluding swing-bed charges)		136,787,155	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		1,947,035	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.679538	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,625.57	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		652.71	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		972.86	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		661.10	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		55,629,582	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		38,645,533	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)		1,049.14	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,640,875	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)		38,640,875	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

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

Worksheet D-1

Date/Time Prepared:
4/15/2021 2:59 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	20,638,312	10,531	1,959.77	5,004	9,806,689
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT	3,970,739	1,844	2,153.33	130	279,933
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)					69,893,718
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					118,621,215
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,398,407
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,397,131
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,795,538
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					106,825,677
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,729
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,049.14
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,863,103

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

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

Worksheet D-1

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	13,118,877	94,275,115	0.139155	2,863,103	398,415
91.00	Nursing School cost	0	94,275,115	0.000000	2,863,103	0
92.00	Allied health cost	0	94,275,115	0.000000	2,863,103	0
93.00	All other Medical Education	0	94,275,115	0.000000	2,863,103	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1
		Component CCN: 14-S148		Date/Time Prepared: 4/15/2021 2:59 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)		9,772	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,772	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.		9,092	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		680	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,066	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)		10,808,869	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)		10,808,869	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		17,132,280	28.00
29.00	Private room charges (excluding swing-bed charges)		15,986,500	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,145,780	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.630907	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,758.30	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,684.97	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		73.33	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		46.26	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		420,596	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,388,273	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)		1,106.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,391,333	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)		3,391,333	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1
			Component CCN: 14-S148		Date/Time Prepared: 4/15/2021 2:59 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					332,279
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,723,612
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					416,087
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,030
52.00 Total Program excludable cost (sum of lines 50 and 51)					441,117
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,282,495
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: 14-0148 Component CCN: 14-S148		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/15/2021 2:59 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	1,326,193	10,808,869	0.122695	0	0	90.00
91.00	Nursing School cost	0	10,808,869	0.000000	0	0	91.00
92.00	Allied health cost	0	10,808,869	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,808,869	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/15/2021 2:59 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)		5,739	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,739	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.		4,251	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,488	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,731	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)		4,852,047	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)		4,852,047	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		8,805,585	28.00
29.00	Private room charges (excluding swing-bed charges)		6,686,465	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,119,120	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.551019	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,572.92	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,424.14	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		148.78	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		81.98	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		348,497	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,503,550	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)		845.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,308,924	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,308,924	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1
			Component CCN: 14-T148		Date/Time Prepared: 4/15/2021 2:59 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,669,500
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,978,424
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					224,215
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					119,542
52.00 Total Program excludable cost (sum of lines 50 and 51)					343,757
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,634,667
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: 14-0148 Component CCN: 14-T148		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/15/2021 2:59 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	471,166	4,852,047	0.097107	0	0	90.00	
91.00	Nursing School cost	0	4,852,047	0.000000	0	0	91.00	
92.00	Allied health cost	0	4,852,047	0.000000	0	0	92.00	
93.00	All other Medical Education	0	4,852,047	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/15/2021 2:59 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		60,585,242	30.00
31.00	03100	INTENSIVE CARE UNIT		17,873,493	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		707,993	33.00
40.00	04000	SUBPROVIDER - IPF		41,351	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	0.236732	60,837,060	14,402,079 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.399369	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.093929	7,928,083	744,677 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204376	19,941,845	4,075,635 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126983	751,051	95,371 55.00
57.00	05700	CT SCAN	0.023711	35,013,781	830,212 57.00
58.00	05800	MRI	0.050311	6,454,849	324,750 58.00
60.00	06000	LABORATORY	0.173331	38,231,942	6,626,781 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.295487	4,135,091	1,221,866 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.123754	29,172,597	3,610,226 65.00
66.00	06600	PHYSICAL THERAPY	0.386261	5,526,439	2,134,648 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244394	4,261,116	1,041,391 67.00
68.00	06800	SPEECH PATHOLOGY	0.325159	1,389,628	451,850 68.00
69.00	06900	ELECTROCARDIOLOGY	0.112527	49,199,398	5,536,261 69.00
69.01	03340	GI UNIT	0.226830	1,732,633	393,013 69.01
69.02	03650	VASCULAR LAB	0.181331	3,445,260	624,732 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.309266	1,829,575	565,825 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266923	3,621,657	966,704 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.144827	71,313,502	10,328,121 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226881	45,037,818	10,218,225 73.00
73.01	03640	RENAL TXPLANT LAB	1.886052	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.172399	6,663,735	1,148,821 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.245392	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0.355805	1,042,795	371,032 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					
91.00	09100	EMERGENCY	0.201962	18,923,048	3,821,737 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.478991	751,080	359,761 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		417,203,983	69,893,718 200.00
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)		417,203,983	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/15/2021 2:59 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
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		5,886,561		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	0.236732	648	153	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.399369	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.093929	187,266	17,590	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204376	46,418	9,487	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.126983	0	0	55.00
57.00	05700 CT SCAN	0.023711	182,148	4,319	57.00
58.00	05800 MRI	0.050311	18,603	936	58.00
60.00	06000 LABORATORY	0.173331	456,930	79,200	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.295487	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.123754	87,388	10,815	65.00
66.00	06600 PHYSICAL THERAPY	0.386261	34,084	13,165	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.244394	24,231	5,922	67.00
68.00	06800 SPEECH PATHOLOGY	0.325159	5,860	1,905	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112527	88,628	9,973	69.00
69.01	03340 GI UNIT	0.226830	0	0	69.01
69.02	03650 VASCULAR LAB	0.181331	39,077	7,086	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.309266	7,403	2,289	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266923	2,370	633	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.144827	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226881	415,368	94,239	73.00
73.01	03640 RENAL TXPLANT LAB	1.886052	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.172399	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.245392	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.355805	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					
91.00	09100 EMERGENCY	0.201962	369,211	74,567	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.478991	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,965,633	332,279	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)		1,965,633		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/15/2021 2:59 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
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,140,495		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.236732	27,188	6,436	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.399369	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.093929	4,887	459	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204376	121,359	24,803	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.126983	43,449	5,517	55.00
57.00	05700 CT SCAN	0.023711	123,758	2,934	57.00
58.00	05800 MRI	0.050311	23,458	1,180	58.00
60.00	06000 LABORATORY	0.173331	381,204	66,074	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.295487	4,759	1,406	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.123754	272,396	33,710	65.00
66.00	06600 PHYSICAL THERAPY	0.386261	1,834,669	708,661	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.244394	1,694,259	414,067	67.00
68.00	06800 SPEECH PATHOLOGY	0.325159	658,832	214,225	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112527	42,547	4,788	69.00
69.01	03340 GI UNIT	0.226830	0	0	69.01
69.02	03650 VASCULAR LAB	0.181331	55,224	10,014	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.309266	4,248	1,314	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266923	83,891	22,392	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.144827	2,538	368	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226881	490,034	111,179	73.00
73.01	03640 RENAL TXPLANT LAB	1.886052	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.172399	221,338	38,158	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.245392	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.355805	5,102	1,815	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					
91.00	09100 EMERGENCY	0.201962	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.478991	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,095,140	1,669,500	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)		6,095,140		202.00

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

Provider CCN: 14-0148

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	23,686	1,049.14	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,004	1,959.77	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,153.33	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		30,690		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.236287	532,068	125,721	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.399369	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.093491	87,987	8,226	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.203732	63,553	12,948	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.126959	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.023711	189,144	4,485	15.00
16.00	MRI		58.00	0.050311	4,003	201	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.172932	468,213	80,969	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.295487	19,675	5,814	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.122880	43,841	5,387	23.00
24.00	PHYSICAL THERAPY		66.00	0.381139	836	319	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.244394	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.325159	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.112246	88,397	9,922	27.00
27.01	GI UNIT		69.01	0.225881	0	0	27.01
27.02	VASCULAR LAB		69.02	0.180667	4,842	875	27.02
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.293827	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.266923	994	265	29.00
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS		72.00	0.144827	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.226881	72,139	16,367	31.00
31.01	RENAL TXPLANT LAB		73.01	1.886052	299,200	564,307	31.01
32.00	RENAL DIALYSIS		74.00	0.171239	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.245392	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.349729	1,504	526	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
38.00	EMERGENCY		91.00	0.200058	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.478991	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,876,396	836,332	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 4/15/2021 2:59 pm	
				Kidney		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS			2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					0	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	0	0.000000	0	51.00	
52.00	EMERGENCY			24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART			25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER			26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)				0		0	55.00	
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I			836,332		1,907,086		56.00	
57.00	Interns and Residents (inpatient)			0		0		57.00	
58.00	Interns and Residents (outpatient)			0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)			2,357,042		2,356,825		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)			0		0		60.00	
61.00	Total (sum of lines 56 thru 60)			3,193,374		4,263,911		61.00	
62.00	Total Usable Organs (see instructions)				60			62.00	
63.00	Medicare Usable Organs (see instructions)				46			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)				0.766667			64.00	
65.00	Medicare Cost/Charges (see instructions)			2,448,254		3,269,000		65.00	
66.00	Revenue for Organs Sold			67,774		0		66.00	
67.00	Subtotal (line 65 minus line 66)			2,380,480		3,269,000		67.00	
68.00	Organs Furnished Part B			0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)			2,380,480	0	3,269,000	0	69.00	
Cost Center Description				Living Related		Cadaveric	Revenue		
				1.00		2.00	3.00		
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)				7	31		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)				0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals				0	0		72.00	
73.00	Organs Purchased from OPOs				0	27		73.00	
74.00	Total (sum of lines 70 through 73)				7	58		74.00	
75.00	Organs Transplanted				7	27	0	75.00	
76.00	Organs Sold to Other Hospitals				0	0	0	76.00	
77.00	Organs Sold to OPOs				0	26	0	77.00	
78.00	Organs Sold to Transplant Hospitals				0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals				0	0	0	79.00	
80.00	Organs Sold Outside the U.S.				0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)				0	0		81.00	
82.00	Organs Used for Research				0	0		82.00	
83.00	Unusable/Discarded Organs				0	5		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)				7	58		84.00	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/15/2021 2:59 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)		80,032,416		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		4,481,257		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	2.04
3.00	Managed Care Simulated Payments		36,934,503		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		384.54		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)			87.55	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			87.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			201.19	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			87.55	12.00
13.00	Total allowable FTE count for the prior year.			87.55	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.			87.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.			87.55	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			87.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.227675	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.229051	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.227675	21.00
22.00	IME payment adjustment (see instructions)			9,359,071	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			4,319,158	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) .			14.30	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			113.64	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)			14.30	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.037187	26.00
27.00	IME payments adjustment factor. (see instructions)			0.009832	27.00
28.00	IME add-on adjustment amount (see instructions)			786,879	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			363,140	28.01
29.00	Total IME payment (sum of lines 22 and 28)			10,145,950	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			4,682,298	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.23	31.00
32.00	Sum of lines 30 and 31			22.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.61	33.00
34.00	Disproportionate share adjustment (see instructions)			1,522,617	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/15/2021 2:59 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	2,166,678	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,166,678	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,166,678		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	98,348,918			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)			103,031,216	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,056,885	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).			3,836,596	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			9,100	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)			2,380,480	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			96,516	58.00
59.00	Total (sum of amounts on lines 49 through 58)			117,410,793	59.00
60.00	Primary payer payments			163,546	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			117,247,247	61.00
62.00	Deductibles billed to program beneficiaries			7,465,964	62.00
63.00	Coinsurance billed to program beneficiaries			397,683	63.00
64.00	Allowable bad debts (see instructions)			2,085,685	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,355,695	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,696,881	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			110,739,295	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	MSP PASS THRU RECONCILIATION			-283	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-609,836	70.93
70.94	HRR adjustment amount (see instructions)			-304,157	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/15/2021 2:59 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,048,085	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		108,776,934	71.00
71.01	Sequestration adjustment (see instructions)		1,261,812	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		106,696,888	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)		818,234	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		492,302	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/15/2021 2:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,739	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		46,299,680	2.00
3.00	OPPS payments		44,893,373	3.00
4.00	Outlier payment (see instructions)		173,254	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		70,380	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,739	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,346	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)		13,346	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)		13,346	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,607	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)		2,739	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)		45,137,007	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)		7,940,099	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)		37,199,647	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,384,328	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)		38,583,975	30.00
31.00	Primary payer payments		3,098	31.00
32.00	Subtotal (line 30 minus line 31)		38,580,877	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)		1,444,028	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		938,618	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,111,433	36.00
37.00	Subtotal (see instructions)		39,519,495	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-363	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)		39,519,858	40.00
40.01	Sequestration adjustment (see instructions)		458,430	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		39,116,586	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-55,158	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

Health Financial Systems		MEMORIAL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2019	Worksheet E	
		Component CCN: 14-S148	To 09/30/2020	Part B Date/Time Prepared: 4/15/2021 2:59 pm	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,199	2.00
3.00	OPPS payments			691	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	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)			0	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)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	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)			0	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)			691	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)			138	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)			553	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)			553	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			553	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)			553	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)			553	40.00
40.01	Sequestration adjustment (see instructions)			6	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			552	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)			-5	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)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/15/2021 2:59 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		99,199,421		36,702,667	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		7,080,357		2,401,700	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	06/03/2020	417,110	06/03/2020	12,219	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)		417,110		12,219	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)		106,696,888		39,116,586	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		818,234		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		55,158	6.02
7.00	Total Medicare program liability (see instructions)		107,515,122		39,061,428	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:

Worksheet E-1

Component CCN: 14-S148

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/15/2021 2:59 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		2,544,382		552	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)		2,544,382		552	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		194,986		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		5	6.02
7.00	Total Medicare program liability (see instructions)		2,739,368		547	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0148
 Component CCN: 14-T148

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/15/2021 2:59 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				0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,815,017		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	06/03/2020	51,279		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)		51,279		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,866,296		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1,263		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,865,033		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
4/15/2021 2:59 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: 14-0148 Component CCN: 14-S148	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 4/15/2021 2:59 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)			2,612,542 1.00
2.00	Net IPF PPS Outlier Payments			36,584 2.00
3.00	Net IPF PPS ECT Payments			125,225 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)			4.19 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)			8.92 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)			4.19 8.00
9.00	Average Daily Census (see instructions)			26.699454 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.077962 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			203,679 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,978,030 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)			2,978,030 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,978,030 18.00
19.00	Deductibles			228,492 19.00
20.00	Subtotal (line 18 minus line 19)			2,749,538 20.00
21.00	Coinurance			125,213 21.00
22.00	Subtotal (line 20 minus line 21)			2,624,325 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			225,081 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			146,303 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			195,656 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,770,628 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			890 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)			2,771,518 31.00
31.01	Sequestration adjustment (see instructions)			32,150 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,544,382 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)			194,986 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			36,584 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: 14-0148 Component CCN: 14-T148	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part III Date/Time Prepared: 4/15/2021 2:59 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,531,121	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0381	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		298,148	3.00
4.00	Outlier Payments		56,102	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)		0.83	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)		0.39	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)		0.39	9.00
10.00	Average Daily Census (see instructions)		15.680328	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.025282	11.00
12.00	Teaching Adjustment (see instructions)		114,556	12.00
13.00	Total PPS Payment (see instructions)		4,999,927	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)		4,999,927	17.00
18.00	Primary payer payments		25,502	18.00
19.00	Subtotal (line 17 less line 18).		4,974,425	19.00
20.00	Deductibles		26,664	20.00
21.00	Subtotal (line 19 minus line 20)		4,947,761	21.00
22.00	Coinurance		35,981	22.00
23.00	Subtotal (line 21 minus line 22)		4,911,780	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		14,308	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		9,300	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,088	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,921,080	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)		1,050	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,922,130	32.00
32.01	Sequestration adjustment (see instructions)		57,097	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		4,866,296	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)		-1,263	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		56,102	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4 Date/Time Prepared: 4/15/2021 2:59 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.					112.84	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					9.26	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)					103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					206.68	6.00
7.00	Enter the lesser of line 5 or line 6					103.58	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.	90.04	104.80	194.84		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.	45.12	52.52	97.64		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	45.12	52.52			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	47.50	51.66			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	47.44	52.71			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	46.69	52.30			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	46.69	52.30			17.00	
18.00	Per resident amount	87,975.65	87,975.65			18.00	
19.00	Approved amount for resident costs	4,107,583	4,601,126	8,708,709		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)			103.10		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)			8,708,709		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)	47,762	4,029	19,012			26.00
27.00	Total Inpatient Days (see instructions)	115,412	115,412	115,412			27.00
28.00	Ratio of inpatient days to total inpatient days	0.413839	0.034910	0.164732			28.00
29.00	Program direct GME amount	3,604,003	304,021	1,434,603	5,342,627	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		21,281	100,422	121,703	30.00	
31.00	Net Program direct GME amount				5,220,924	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/15/2021 2:59 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)			14,407,872	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)			126,323,251	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			2,380,480	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			189,048	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			128,514,683	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			46,373,998	42.00
43.00	Primary payer payments (see instructions)			3,098	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			46,370,900	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			174,885,583	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.734850	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.265150	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			5,220,924	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,836,596	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,384,328	50.00

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

Provider CCN: 14-0148

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

Worksheet G

Date/Time Prepared:
4/15/2021 2:59 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	25,798,251	0	0	0	1.00
2.00	Temporary investments	129,924,879	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	111,649,726	0	0	0	4.00
5.00	Other receivable	16,800,013	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-21,821,000	0	0	0	6.00
7.00	Inventory	12,113,284	0	0	0	7.00
8.00	Prepaid expenses	5,981,073	0	0	0	8.00
9.00	Other current assets	3,203,412	0	0	0	9.00
10.00	Due from other funds	14,225,471	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	297,875,109	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,734,698	0	0	0	12.00
13.00	Land improvements	43,491,133	0	0	0	13.00
14.00	Accumulated depreciation	-25,478,339	0	0	0	14.00
15.00	Buildings	426,925,337	0	0	0	15.00
16.00	Accumulated depreciation	-229,925,327	0	0	0	16.00
17.00	Leasehold improvements	1,767,838	0	0	0	17.00
18.00	Accumulated depreciation	-1,318,784	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	195,535,283	0	0	0	23.00
24.00	Accumulated depreciation	-163,830,484	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)	252,901,355	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	24,596,325	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	377,767,542	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	402,363,867	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	953,140,331	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	41,119,578	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,267,809	0	0	0	38.00
39.00	Payroll taxes payable	619,226	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	33,191,644	0	0	0	43.00
44.00	Other current liabilities	38,699,335	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	136,897,592	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	220,841,436	0	0	0	46.00
47.00	Notes payable	61,814,886	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)	282,656,322	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	419,553,914	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	533,586,417				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)	533,586,417	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	953,140,331	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0148

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

Worksheet G-1

Date/Time Prepared:
4/15/2021 2:59 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		562,229,672		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		39,668,962				2.00
3.00	Total (sum of line 1 and line 2)		601,898,634		0		3.00
4.00	CHANGE IN VALUE/INTEREST RATE SWAP	55,450		0		0	4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS	24,207,612		0		0	5.00
6.00	CHANGE IN MIN PENSION LEVEL	142,754,605		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)		167,017,667		0		10.00
11.00	Subtotal (line 3 plus line 10)		768,916,301		0		11.00
12.00	TRANSFERS TO RELATED ORGANIZATIONS	231,412,447		0		0	12.00
13.00	OTHER DEDUCTIONS/ADDITIONS	3,917,437		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)		235,329,884		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		533,586,417		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN VALUE/INTEREST RATE SWAP		0				4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS		0				5.00
6.00	CHANGE IN MIN PENSION LEVEL		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	TRANSFERS TO RELATED ORGANIZATIONS		0				12.00
13.00	OTHER DEDUCTIONS/ADDITIONS		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: 14-0148

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/15/2021 2:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	161,921,323		161,921,323	1.00
2.00	SUBPROVIDER - IPF	19,006,981		19,006,981	2.00
3.00	SUBPROVIDER - IRF	8,807,805		8,807,805	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	189,736,109		189,736,109	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	43,343,756		43,343,756	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	2,307,427		2,307,427	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)	45,651,183		45,651,183	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	235,387,292		235,387,292	17.00
18.00	Ancillary services	1,099,853,051	1,238,618,391	2,338,471,442	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	-27,059,213	-28,151,506	-55,210,719	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,308,181,130	1,210,466,885	2,518,648,015	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		681,775,630		29.00
30.00	PURCHASED SERVICES HAMP	39,871,168			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		39,871,168		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		721,646,798		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0148

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

Worksheet G-3

Date/Time Prepared:
4/15/2021 2:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,518,648,015	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,870,996,007	2.00
3.00	Net patient revenues (line 1 minus line 2)	647,652,008	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	721,646,798	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-73,994,790	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	3,499,390	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	35,846	21.00
22.00	Rental of hospital space	1,317,896	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	CAPITATION	63,895,441	24.01
24.02	AUTOPSY REVENUE	-270	24.02
24.03	MISCELLANEOUS INCOME	1,863,711	24.03
24.04	OTHER	-11,526,444	24.04
24.05	CHILD CARE	1,102,833	24.05
24.08	OTHER OPERATING REVENUE	615,469	24.08
24.10	GAIN/LOSS ON FAIR VALUE	-119,551	24.10
24.12	REALIZED GAIN/LOSS	17,888,571	24.12
24.13	UNREALIZED GAIN/LOSS	19,279,342	24.13
24.14	DEFERRED COMP INT/DIVIDENDS	101,492	24.14
24.18	OPERATIONS INVESTMENT INTEREST	144,063	24.18
24.20	WORKERS COMP INTEREST	43,510	24.20
24.21	INVESTMENT INCOME EXPENSE	-861,781	24.21
24.22	SELF INSURANCE INTEREST	102,485	24.22
24.23	BOND FUN INTEREST	4,045,252	24.23
24.24	BOND SERIES INTEREST INCOME	118	24.24
24.29	DEFERRED TAX BENEFIT	-304,694	24.29
24.30	GAIN/LOSS ON EXTINGUISHMENT OF DEBT	-7,052,658	24.30
24.31	CHNG IN INT IN NET ASSETS OF FOUNDAT	2,420,500	24.31
24.32	NON-OPER NET PERIODIC BENEFIT COST	-1,413,091	24.32
24.50	COVID-19 PHE Funding	18,586,322	24.50
25.00	Total other income (sum of lines 6-24)	113,663,752	25.00
26.00	Total (line 5 plus line 25)	39,668,962	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	39,668,962	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0148	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/15/2021 2:59 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,336,206	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		736,032	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)		277.55	3.00
4.00	Number of interns & residents (see instructions)		101.85	4.00
5.00	Indirect medical education percentage (see instructions)		10.92	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)		691,914	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.23	8.00
9.00	Sum of lines 7 and 8		22.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.62	10.00
11.00	Disproportionate share adjustment (see instructions)		292,733	11.00
12.00	Total prospective capital payments (see instructions)		8,056,885	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